



KENTUCKY BOARD OF VETERINARY EXAMINERS

4047 Iron Works Parkway, Suite 104, Lexington, KY 40511

Office: 502-564-5433 • Fax: 502-753-1458

kbve.ky.gov • [vet@ky.gov](mailto:veter@ky.gov)

Application for an Allied Animal Health Professional (AAHP) Provider Permit

OFFICIAL USE ONLY

Instructions: This application must be completed by the individual seeking to be permitted as an allied animal health professional (AAHP) provider in Kentucky pursuant to KRS Chapter 321. Completion of all fields on this application are mandatory. Insufficient answers or omissions of data requested shall be sufficient grounds for rejection of this application. **Review the check list in the back of the application to ensure the submission is complete. Be sure to print SINGLE SIDED; DO NOT staple.**

I. Contact Information					
First Name	Middle Name	Last Name			
Date of Birth (required) Format: MM/DD/YYYY	Gender (check one)		Other Names Used, if any (E.g., Maiden name, nickname, etc.)		
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other / Self-described <input type="checkbox"/> Decline Disclosure				
U.S. Citizen?	Social Security Number (Required for U.S. Citizens)		Date(s) of Use for Other Names		
<input type="checkbox"/> Yes <input type="checkbox"/> No					
U.S. Military Service Indicate Branch:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Military, indicate time frame served:		MM/YYYY – MM/YYYY
Personal Email Address					
Cell Phone			Home Phone, if different		
Personal Address Type	Street	City	ST	Zip	Country
Mailing Address					
Permanent Home Address, if different					
Business / Employer Name					
Business Address					
Office Manager Name			Business Phone		
Business Email Address				Anticipated Start Date	

Submit Complete Application to:
Kentucky Board of Veterinary Examiners
4047 Iron Works Parkway, Suite 104
Lexington, Kentucky 40511



II. Background Information

1. In what other jurisdictions do you hold or have ever held a license/permit/registration to practice on animals? For each credential listed*, contact the issuing jurisdiction to request a Licensure Verification Letter (a.k.a., Letter of Good Standing) be issued directly to the Kentucky Board of Veterinary Examiners (KBVE). If none, check: N/A

Credential Type	Jurisdiction / State	Credential Number	Credential Status <small>(active, lapsed, revoked, etc.)</small>	Disciplinary action on license? <small>(Y / N)</small>	Dates of Licensure <small>MM/DD/YYYY</small>	
					Issued	Expiration

*If you have more jurisdictions to list, attach a separate sheet to the application.

2. Do you hold any other professional (non-animal practice) licenses or certificates in Kentucky or any other state or jurisdiction? Yes or No If yes, complete the table below.

Credential Type	Jurisdiction / State	Credential Number	Credential Status	Disciplinary action on license? <small>(Y / N)</small>	Dates of Licensure <small>MM/DD/YYYY</small>	
					Original Issuance	Expiration

3. Have you ever had your credential(s) to practice revoked, suspended, restricted, or denied in any jurisdiction, been placed on probation, or entered into a voluntary surrender of your credential? Yes No
4. Has any disciplinary action ever been taken against a professional credential held by you, in this or any other jurisdiction? Yes No
5. Have you ever been denied the right to take a professional credentialing examination? Yes No
6. Have you ever been refused a credential or the renewal thereof in any jurisdiction? Yes No
7. Are you now or have you ever been a defendant in civil litigation in which the basis of the complaint against you was an alleged negligence, malpractice, or lack of professional competence? Yes No
8. Is there currently a complaint against any professional credential you hold pending in any jurisdiction? Yes No

9. Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation (e.g., speeding ticket, parking ticket, etc.)? (KRS 321.181(27)) Yes No
10. Are you now, or have you ever been, addicted to or undergone treatment for the use of narcotics, drugs, prescription drugs, or the excessive use of intoxicating substances, including alcohol? Yes No
11. If you answered “yes” to any question in Section II: Background information, complete the table below and, if applicable, submit formal documentation of final orders/outcomes. Attach additional pages as necessary.

State	Date(s)	Charge and Circumstances	Number of Attachment(s)

III. Education and Testing Information

12. Complete the table below about your education.

School Type	School Name & Location (City, State)	Dates of Attendance (MM/YYYY)		Graduation Date (MM/YYYY)	Degree Obtained / Pending
		From	To		
Undergraduate					
Graduate					
AAHP Approved Program					
Other Specialty Training: _____					

13. Do you hereby swear or affirm that you have read and understand the Laws and Regulations relating to the Kentucky Board of Veterinary Examiners in KRS Chapter 321 and 201 KAR Chapter 16? Yes No

NOTE: You may access the statutes and regulations governing the Board at kbve.ky.gov.



IV. Experience

14. Indicate the AAHP provider scope for which you are applying:

Animal Chiropractor Provider (ACP) (Legacy pathway open only until June 30, 2026)

15. Detail your employment experience as an AAHP provider for the last five (5) years by completing the table below. Attach additional sheets as necessary.

Company Name	City, State	Phone	Supervisor	Dates of Employment

16. Indicate your species areas of practice. Select all that apply, and provide percentage of your time. Total percentage for all categories should equal **100%**.

Companion / Small Animal ____% Food Animal ____% Equine ____%
 Other, specify type(s): _____, ____%; _____, ____%; _____, ____%

17. If a legacy candidate applicant, answer the following parts (a) – (d)

- (a) School where trained: _____
- (b) Hours of training: _____
- (c) Length of time of practice (years): _____
- (d) Average number of hours of practice per year: _____
- (e) CE accrued* since original training:

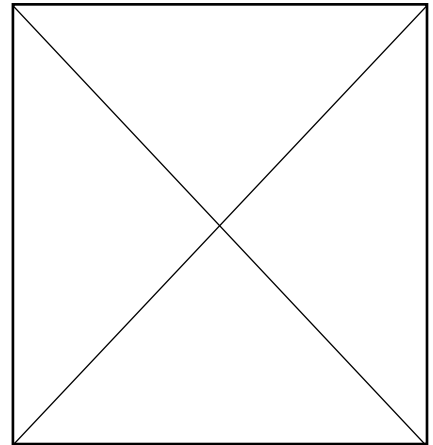
Course Name	Provider	Date	# Hours

*If you have more CE to list, attach a separate sheet to the application.



V. Current Photograph

18. Attach a **COLOR** photograph of the applicant taken in the last 6-months; or provide a clear **COLOR** copy of applicant's current driver's license or passport. Electronically insert or tape the image (on all four sides) in the space provided; DO NOT STAPLE; DO NOT PAPERCLIP. Minimum requirements for the photograph are a 2" x 2" portrait (size of centered square, right), or a color copy of a current driver's license or passport with photo. If the image exceeds the space available to the right, attach the image on a separate sheet of paper, and include applicant's full name printed below the image.



VI. Application Check List

- Portrait image.** A current COLOR image of applicant, attached in Section V or on a separate page.
- State Exam Answer Sheet.** A complete answer sheet with applicant's answers to the state jurisprudence exam for AAHPs. DO NOT attach the entire exam.
- Certificate of Completion from a Board-approved AAHP Program.** Official copy of applicant's Certificate of Completion from a KBVE approved AAHP program. Be advised that, if applicant has not yet graduated, the application will not be considered for a permit by the Board until official transcripts or a copy of the applicant's Certificate of Completion is received in the Board's office.
- Background Check.** Complete and submit the official results of a background check to the KBVE from a Board approved provider. Visit www.kbve.ky.gov on the Forms page and look under the Background Checks heading for more information.
Date Requested: _____
- Disciplinary records.** If applicable, complete copies of any and all records of actions or circumstances listed in Section II: Background Information. If no disciplinary records to disclose, check: N/A
- Licensure Verification Letters from all jurisdictions, past and current,** if you have ever held or currently hold a license in another jurisdiction. Letters must be sent directly from the credentialing jurisdiction to the KBVE's office. If no other credentials ever held anywhere by applicant, check: N/A
- Legacy Candidates.** If a legacy candidate, provide the following attachments or check: N/A
 - Proof of employment or 1099 showing self-employment as an ACP for a minimum of ten (10) years prior to the date of application;
 - Letters of recommendation from at least two (2) licensed veterinarians; and
 - Letters of recommendation from at least two (2) licensed chiropractors.

- Fee payment.** Payments should be made payable to the **Kentucky State Treasurer**. Fees are pursuant to 201 KAR 16:513. Checks may be personal, business, cashier’s check, money order, bank draft, etc., in U.S. dollars; separate checks are not required. Send check attached to the application to the KBVE. Do not send cash.
- Application fee* - \$250. REQUIRED.**
- AAHP State Examination fee* - \$100. REQUIRED.**

**BE ADVISED:
NO ONE IS ALLOWED TO PRACTICE AS AN AAHP PROVIDER
IN THE COMMONWEALTH OF KENTUCKY
WITHOUT HOLDING AN AAHP PERMIT FROM
THE KENTUCKY BOARD OF VETERINARY EXAMINERS.**

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete, and correct. I hereby give permission for the Kentucky Board of Veterinary Examiners (“Board”) to secure additional information concerning me or any of the statements in this application from any source the Board may choose. I further agree to submit to questioning by the Board or any member or designee thereof, and to substantiate my statements if desired by the Board.

I swear or affirm that I am not omitting any information which might be of value to this Board or its determination of my qualifications, whether it is requested or not and I agree that any falsification, omission, or withholding of pertinent information or facts in regard to my qualifications as an applicant shall be sufficient to bar me from this or any future examination given by the Kentucky Board of Veterinary Examiners and any such falsification, omission, or withholding shall serve as sufficient grounds for the denial, revocation, cancellation, or suspension of my Kentucky AAHP Permit.

Further, I understand I am required to abide by KRS Chapter 321 and 201 KAR Chapter 16. For direct links to the laws and regulations that govern my professional activities, I am aware I can review the materials by visiting the Board’s website at www.kbve.ky.gov/Pages/practice-act.

I hereby swear or affirm, that I have read the above statements and agree to the same.

Signature of Applicant

Date

