



KENTUCKY BOARD OF VETERINARY EXAMINERS

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

Office: 502-564-5433 • Fax: 502-573-1458

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

Reinstatement Application for AAHP Licenses

Instructions: This application must be completed by the individual seeking to have their allied animal health professional (AAHP) license reinstated 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.**

OFFICIAL USE ONLY

I. Contact Information						
First Name	Middle Name	Last Name				
Date of Birth (required) Format: MM/DD/YYYY	Gender (check one)			KY License Number		
	<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 License Expired		
<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 Name or Employer Name						
Business Address						
Business Phone			Anticipated Start Date in KY			
Business Email Address			Business Website			

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 (collectively, "license") to practice on animals? For each license 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

License Type (ACP, EDP, etc.)	Jurisdiction / State	License Number	License Status (active, lapsed, revoked, etc.)	Disciplinary action on license? (Y / N)	Dates of Licensure MM/DD/YYYY	
					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 in Kentucky or any other state or jurisdiction? ☐ Yes or ☐ No If yes, complete the table below.

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

3. Have you ever had your license(s) to practice revoked, suspended, restricted, or denied in any jurisdiction, been placed on probation, or entered into a voluntary surrender of your license? ☐ Yes ☐ No
4. Has any disciplinary action ever been taken against a professional license held by you, in this or any other jurisdiction? ☐ Yes ☐ No
5. Have you ever been denied the right to take a professional licensing examination? ☐ Yes ☐ No
6. Have you ever been refused a license 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 license 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(28)) ☐ 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 Statutes 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 KBVE statutes and regulations at kbve.ky.gov.

IV. Experience

14. Have you practiced as an AAHP provider in Kentucky since your license expired?

☐ Yes or ☐ No If yes, explain below.

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

☐ Animal Chiropractor Provider (ACP) Traditional pathway (Education, testing by board-approved program)

☐ Equine Dental Provider (EDP) Traditional pathway (Education, testing by board-approved program)

NOTE: following initial registration, the Legacy pathway closes and applicants must meet the full requirements of education and testing to be considered for licensure.

16. Detail your employment experience as an AAHP provider since the expiration of your Kentucky license by completing the table below. Attach additional sheets as necessary.

Company Name	City, State	Phone	Supervisor	Dates of Employment

17. 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): _____, ____%; _____, ____%; _____, ____%

V. Continuing Education

18. In the table below, list continuing education (CE) completed in the last 12 months immediately preceding the date of this application.

CE Course Title†	Course Provider	Date(s) of CE MM/DD/YYYY	Number Hours	Indicate CE Approver: AVCA, IVCA, or Board Approved
Total Hours				

† If you have more CEs to list, attach a separate page to the application.

VI. Application Check List

All applications must submit:

- ☐ **Continuing Education.** Copies (not originals) of all CE certificates of completion being applied to reinstatement this cycle. CE applied to reinstatement cannot be used toward requirements for renewal. If originals are submitted, they will not be returned.
- ☐ **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

If your permit has been 'Expired' more than one (1) year, you must also submit the following documents:

- ☐ **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 Applications and Forms page and look under the 'Background Checks' heading for more information.

Date Requested: _____

- ☐ **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 licenses ever held anywhere by applicant, check: ☐ N/A

All Reinstatement Applications must submit the appropriate fees:

- ☐ **Fee payment.** Payments should be made payable to the **Kentucky State Treasurer**. Check one box below as appropriate for the applicant's situation; fees pursuant to 201 KAR 16:513. Checks may be personal, business, cashier's check, money order, etc., in U.S. dollars; separate checks are not required. Send check with the application to the KBVE. Do not send cash.
 - ☐ **\$675.** For certificates in **Expired status less than five (5) years;**
 - ☐ **\$600.** For certificates in **Inactive status less than 24months; or**
 - ☐ **\$400.** For certificates in **Inactive status greater than 24 months.**

BE ADVISED:

**NO ONE IS ALLOWED TO PRACTICE AS AN AAHP PROVIDER
IN THE COMMONWEALTH OF KENTUCKY
WITHOUT HOLDING AN AAHP LICENSE 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 the KBVE AAHP Advisory Committee, 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 any credential issued 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 License, if so awarded.

Further, I understand I am required to abide by KRS Chapter 321 and 201 KAR Chapter 16. For direct links to the statutes 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