



# KENTUCKY BOARD OF VETERINARY EXAMINERS

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

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

## Renewal Application for AAHP Licenses

**Instructions:** This application must be completed by the individual seeking to have their allied animal health professional (AAHP) license renewed 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)			Current Date of Expiration for AAHP Permit		
<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		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. List all other jurisdictions in which you hold or have ever held a license/permit/registration (collectively, "license") to practice on animals. 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. Since your last renewal, have you 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. Since your last renewal, has any disciplinary action been taken against a professional license held by you, in this or any other jurisdiction? ☐ Yes ☐ No
5. Since your last renewal, have you been denied the right to take a professional licensing examination? ☐ Yes ☐ No
6. Since your last renewal, have you been refused a license or the renewal thereof in any jurisdiction? ☐ Yes ☐ No
7. Since your last renewal, are you now or have you 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. Since your last renewal, have you been convicted of a felony or misdemeanor other than a minor traffic violation (e.g., speeding ticket, parking ticket, etc.)? ☐ Yes ☐ No  
(KRS 321.181(28))

10. Since your last renewal, are you now, or have you 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. Experience

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

- ☐ Animal Chiropractor Provider (ACP)  
☐ Equine Dental Provider (EDP)

13. 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): \_\_\_\_\_, \_\_\_\_%; \_\_\_\_\_, \_\_\_\_%; \_\_\_\_\_, \_\_\_\_%

### IV. Continuing Education

14. In the table below, list continuing education (CE) completed in the last 12 months immediately preceding the date of this application. Six (6) clinical hours are required, with at least three (3) hours earned in-person. 201 KAR 16: 735, Section 2(3).

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

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

**NOTE:** If selecting **Inactive Status**, CE requirements are waived. Check box if: ☐ Inactive Status

## V. Application Check List

If the current date is **past November 30** of the renewal cycle,  
you must apply for reinstatement.

Visit <https://kbve.ky.gov/forms-verification> for a copy of the Reinstatement Application.

- ☐ **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
- ☐ **Proof of Continuing Education. Only if audited,** copies (not originals) of all CE certificates of completion being applied to renewal this cycle, matching those courses listed in Section IV. If originals are submitted, they will not be returned. ☐ N/A
- ☐ **Fee payment.** Check one box below as appropriate for the licensee's situation; all fees pursuant to 201 KAR 16:513. Payments should be made payable to the **Kentucky State Treasurer**. Checks must be in U.S. dollars and may be personal, business, cashier's check, money order, etc. Do not send cash. **There are no exceptions to the deadlines listed below.**
  - **Renewal fee for active status,** with completed renewal application submitted -
    - ☐ **On time - \$150 - postmarked by September 30.**
    - ☐ **Late - \$450 - postmarked by November 30.**
  - **Renewal fee for first time – initially licensed within 120 days prior to the end of the renewal period – active status -** with completed renewal application submitted -
    - ☐ **On time - \$0 - postmarked by September 30.**
    - ☐ **Late - \$300 - postmarked by November 30.**
  - **Renewal fee for inactive status,** with completed renewal application submitted -
    - ☐ **Inactive status, on time - \$50 - postmarked by September 30.**
    - ☐ **Inactive status, late - \$150 - postmarked by November 30.**

**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 state that the information contained herein is true and accurate to the best of my knowledge, and that should the Kentucky Board of Veterinary Examiners determine that any statement herein is false, then I acknowledge KBVE may suspend, revoke, or terminate any license issued by the board.

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 KBVE website at <https://kbve.ky.gov/Pages/practice-act.aspx>.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date