



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

Renewal Application for AAHP Permits

Instructions: This application must be completed by the individual seeking to have their allied animal health professional (AAHP) permit 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 Permit 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 / Employer Name					
Business Address					
Office Manager Name			Business Phone		
Business Email Address					

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 to practice on animals. 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. Since your last renewal, have you 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. Since your last renewal, has any disciplinary action been taken against a professional credential 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 credentialing examination? Yes No
6. Since your last renewal, have you been refused a credential 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 credential 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.)? (KRS 321.181(27)) Yes No



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)

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.

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.

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, bank draft, etc. Note cash is NOT acceptable. **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 - \$200 - 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 PERMIT 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

