



KENTUCKY BOARD OF VETERINARY EXAMINERS

107 Corporate Drive, Second Floor, Frankfort, KY 40601

Office: 502-782-0273 • Fax: 502-695-5887

kybve.com • vet@ky.gov

Reinstatement Application for Animal Euthanasia Specialists

Instructions: This application shall be completed by the individual seeking to be reinstated as a certified animal euthanasia specialist pursuant to KRS Chapter 321. Completion of all fields on this application are mandatory. Insufficient answers or omissions will be sufficient grounds for rejection of this application. **Review the check list at the end of the application to ensure your submission is complete. Be sure to print SINGLE SIDED; DO NOT Staple.**

<u>OFFICIAL USE ONLY</u>

I. Contact Information				
First Name	Middle Name	Last Name		
Gender	Date of Birth (required) Format: MM/DD/YYYY	Social Security Number (required)		
Other Names Used, if any	Date(s) of Use for Other Names	Certificate Number		
		Date Expired		
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				
Business Email Address				
Cell Phone		Home Phone, if different		
Personal Address Type	Street	City	ST	Zip
Mailing Address				
Permanent Home Address, if different				
Name of Employing Registered Animal Control Agency				
Agency Address				
Manager Name		Business Phone		
Business Email Address				



II. Background Information

1. List all other jurisdictions in which you are certified / registered / licensed (collectively, “certified”) to practice as an animal euthanasia specialist. If none, check here: N/A

Certificate Type	Jurisdiction / State	Certificate Number	Certificate Status	Discipline? (Y / N)	Date Issued	Expiration
Euthanasia Specialist						

NOTE: If you listed a jurisdiction(s), you must ensure a Certificate / Licensure Verification Letter (a.k.a., Letter of Good Standing) is sent from each jurisdiction’s certifying board *directly* to the Kentucky Board of Veterinary Examiners (i.e., letter does not route through non-agency address).

2. Do you hold any other professional licenses in Kentucky or any other state or jurisdiction?

Yes or No If yes, complete the table below.

Certificate Type	Jurisdiction / State	Certificate Number	Certificate Status	Discipline? (Y / N)	Date Issued	Expiration

3. Have you ever had a license denied, suspended, or revoked in any jurisdiction, or have you ever received a reprimand as a result of unethical, immoral, or illegal conduct by any licensure board or agency? Yes or No If yes, explain. Attach supporting documents if necessary.

4. Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation?

Yes or No If yes, give details including dates, the court(s), reference to the court records, if any, and attach a copy of the disposition on the matter.

III. Experience

5. Indicate date of most recent training for the required 16-hour Euthanasia Course in the table.

Sponsoring Agency for 16-hour Euthanasia Course	Name of Trainer	Dates Completed (MM/DD-DD/YYYY)

6. Detail your employment experience since the expiration of your Kentucky certificate by completing the table below.

Company Name	City, State	Phone	Supervisor	Dates of Employment



IV. Application Check List

- Background Check.** Complete and submit the official results of a background check to KBVE from a board approved provider. Visit www.kybve.com on the Applications and 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. If no disciplinary records to disclose, check the box: N/A
- For individuals requesting to reinstate an expired certificate, Licensure Verification Letters from all jurisdictions, past and current,** if you have ever held or currently hold a certificate in another jurisdiction. Documentation must be sent directly from the certifying jurisdiction to the Kentucky Board of Veterinary Examiners’ office. If no other licenses or certifications as an animal euthanasia specialist ever held anywhere, or applying to reinstate an inactive certificate, check the box: N/A
- Fee payment.** Check one box below for the applicant’s situation; all fees pursuant to 201 KAR 16:514. All payments should be made payable to the **Kentucky State Treasurer**. Checks may be personal, business, cashier’s check, or money order. Send check attached to the application to the KBVE. Do not send cash.

Reinstatement fees:

- \$75. For certificates in **Expired status less than five (5) years; or**
- \$50. For certificates in **Inactive status as a result of severance of employment from an ACA.**

- Certificate Status Change fee - \$50.** For certificate holders requesting a change from inactive to active status.

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, I acknowledge the board may suspend, revoke, or terminate any certificate 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 statutes and administrative regulations that shall govern my euthanasia activities, I am aware I can review the materials by visiting the KBVE website at www.kybve.com/practice-act.html.

Signature of Applicant

Date

Signature of Manager

Date

Manager Printed Name

Manager Email

Manager Title

Manager Phone

