



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

### Reinstatement Application for Veterinary Technicians

**Instructions:** This application must be completed by the individual seeking to have their license as a veterinary technician reinstated pursuant to KRS Chapter 321. Completion of all fields on this application is 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              |           | Kentucky License Number: |                                   |    |     |
|                                      |   |           | Date Expired:            |                                   |    |     |
| Personal Email Address               |   |           |                          |                                   |    |     |
| Cell Phone                           |   |           | Home Phone, if different |                                   |    |     |
| Personal Address Type                | Street                                      |           | City                     |                                   | ST | Zip |
| 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 a registration/certificate/license (collectively, “license”) to practice as a veterinary technician, veterinary technologist, or veterinary nurse. If none, check here:  N/A

| License Type<br>(LVT, RVT, CVT,<br>or Veterinary<br>Technician) | Jurisdiction<br>/ State | License<br>Number | Licensure<br>Status<br>(active, lapsed,<br>revoked, etc.) | Disciplinary<br>action on<br>license?<br>(Y / N) | Dates of Licensure<br>MM/DD/YYYY |            |
|---|-------------------------|-------------------|---|--|----------------------------------|------------|
|   |                         |                   |   |  | Original<br>Issuance             | Expiration |
|   |                         |                   |   |  |                                  |            |
|   |                         |                   |   |  |                                  |            |
|   |                         |                   |   |  |                                  |            |

NOTE: If you listed a jurisdiction(s), you must ensure a Licensure Verification Letter (a.k.a., Letter of Good Standing) is sent from each jurisdiction’s licensing board **directly** to the Kentucky Board of Veterinary Examiners (KBVE), 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.

| License Type | Jurisdiction<br>/ State | License<br>Number | Licensure<br>Status | Disciplinary<br>action on<br>license?<br>(Y / N) | Dates of Licensure<br>MM/DD/YYYY |            |
|--------------|-------------------------|-------------------|---------------------|--|----------------------------------|------------|
|              |                         |                   |                     |  | Original<br>Issuance             | 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. Detail your employment experience since the expiration of your Kentucky license by completing the table below.

| Company Name | City, State | Phone | Supervisor | Dates of Employment |
|--------------|-------------|-------|------------|---------------------|
|              |             |       |            |                     |
|              |             |       |            |                     |



**6. 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): \_\_\_\_\_, \_\_\_\_%; \_\_\_\_\_, \_\_\_\_%; \_\_\_\_\_, \_\_\_\_%

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

- Private Practice \_\_\_\_%     Corporate Practice \_\_\_\_%     Relief \_\_\_\_%
- Academia \_\_\_\_%     Industry \_\_\_\_%     Military \_\_\_\_%
- Regulatory / Government (non-military) \_\_\_\_%     Nonprofit \_\_\_\_%

**IV. Continuing Education**

**8. List continuing education (CE) † completed in the last 12 months immediately preceding the date of this application. Reinstatement requires six (6) hours in this time period.**

| CE Course Title | Course Provider | Date(s) of CE<br>MM/DD/YYYY | Number<br>Hours | Indicate CE Approver:<br>AVMA, RACE, or<br>Board Approved |
|-----------------|-----------------|-----------------------------|-----------------|---|
|                 |                 |                             |                 |   |
|                 |                 |                             |                 |   |
|                 |                 |                             |                 |   |
|                 |                 |                             |                 |   |
|                 |                 |                             |                 |   |
|                 |                 |                             |                 |   |

† If you have more CE to list than will fit in this table, please attach a separate page to the application.

**V. Application Check List\***

**All applications must submit:**

- Continuing Education.** Copies of all CE certificates of completion listed in Section IV. Do not send originals.
- 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

**\*Checklist continued on the next page.**



**If your license 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.kybve.com](http://www.kybve.com) on the Forms page and look under the Background Checks heading for more information. Date Requested: \_\_\_\_\_
- AAVSB VAULT Credential Report.** Submit an official AAVSB VAULT Credential Report. Contact the AAVSB to initiate a report transfer (i.e., VAULT Basic Transfer Service) from [www.aavsb.org/licensure-assistance](http://www.aavsb.org/licensure-assistance).
- Licensure Verification Letters from all jurisdictions, past and current,** if you have ever held or currently hold a license in another jurisdiction. Documentation must be sent directly from the licensing jurisdiction to the KBVE office. If no other veterinary technician / technology / nursing licenses ever held anywhere, check the box:  N/A

**If your license has been ‘Inactive’ for more than two (2) years, you must also submit the following documents:**

- AAVSB VAULT Credential Report.** If more than one year part the date of expiration, submit an official AAVSB Credential Report. Contact the AAVSB to initiate a report transfer (i.e., VAULT Basic Transfer Service) from [www.aavsb.org/licensure-assistance](http://www.aavsb.org/licensure-assistance).

**All Reinstatement Application must submit the appropriate fees:**

- Fee payment.** Check one box below for the licensee’s situation; all fees pursuant to 201 KAR 16:512. All payments should be made payable to the **Kentucky State Treasurer**. Checks may be personal, business, cashier’s check, money order, bank draft, etc., in U.S. dollars. Send check attached to the application to the KBVE. Do not send cash.

**Reinstatement fees\* -**

- \$90. For certificates in **Expired status less than five (5) years;**
- \$90. For certificates in **Inactive status less than 12 months; or**
- \$75. For certificates in **Inactive status greater than 12 months.**

\* Military personnel are eligible for a discounted rate in accordance with 201 KAR 16:512, Section 8 with the submission of a DD-214 or current military assignment details.

**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 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 Board’s website at [www.kybve.com](http://www.kybve.com).**

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

\_\_\_\_\_  
Date