



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

### Renewal Application for Veterinarians

**Instructions: ONLINE RENEWAL PREFERRED.** If you are unable to complete the online application, this application must be completed by the individual seeking to have their license as a veterinarian renewed 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 on the last page to ensure your application is complete. Be sure to print SINGLE SIDED; DO NOT staple.**

**OFFICIAL USE ONLY**

**RENEWAL NOTICE:** KRS 321.211 requires each licensed veterinarian to renew his or her license by September 30 every even year. **Failure to renew shall constitute sufficient cause for termination of licensure. Licenses not renewed by November 30 of an even year (includes 60 day grace period) will terminate and the licensee is hereby advised at such time to CEASE AND DESIST the practice of veterinary medicine in Kentucky.**

I. Contact Information						
First Name		Middle Name		Last Name		
KY License Number		Current Expiration Date		Birthdate (required)		
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 do you hold or have ever held a license. If none, check here:  N/A

License Type	Jurisdiction / State	License Number	Licensure Status <small>(active, lapsed, revoked, etc.)</small>	Disciplinary action since last renewal? <small>(Y / N)</small>	Dates of Licensure <small>MM/DD/YYYY</small>	
					Original Issuance	Expiration
Veterinarian						
Veterinarian						
Veterinarian						
Veterinarian						
Veterinarian						

\*If you have more jurisdictions to list, attach a separate sheet to the application.

2. Do you hold any other professional (non-veterinarian) licenses in Kentucky or any other state or jurisdiction?  Yes or  No If yes, complete the table below.

License Type	Jurisdiction / State	License Number	Licensure Status	Disciplinary action since last renewal? <small>(Y / N)</small>	Dates of Licensure <small>MM/DD/YYYY</small>	
					Original Issuance	Expiration

3. If you hold either of the following credentials, provide the information requested in the table.

Credential	Registration Number(s)	Address	Expiration
DEA Registration(s)			
Credential	Accreditation Number	Category (I or II)	Expiration
USDA APHIS Accreditation			

\*If you have more credentials to list, attach a separate sheet to the application.

4. Since your last renewal, have you had your license to practice veterinary medicine revoked, suspended, restricted, or denied in any jurisdiction, been placed on probation, or entered into a voluntary surrender of your license?  Yes  No

5. Since your last renewal, has any disciplinary action been taken against a veterinary license held by you, in this or any other jurisdiction?  Yes  No

6. Is there currently a complaint against your professional conduct or competence as a veterinary pending in any jurisdiction?  Yes  No

7. Since your last renewal, have you been convicted of a felony or misdemeanor other than a minor traffic violation?  Yes  No



8. 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

9. 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/outcome. Attach additional pages as necessary.

State	Date(s)	Charge and Circumstances	Number of Attachment(s)

### III. Experience

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

11. 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 \_\_\_\_%     Relief \_\_\_\_%  
 Academia \_\_\_\_%     Industry (i.e., pharmaceutical, products, supplier) \_\_\_\_%  
 Regulatory / Government (non-military) \_\_\_\_%     Military \_\_\_\_%     Nonprofit \_\_\_\_%

### IV. Continuing Education

12. Pursuant to 201 KAR 16:570 and 16:590, list in the table on the next page the continuing education (CE) completed during the current renewal cycle: October 1 of the last even numbered year to Sept 30 (or if utilizing the grace period designated in KRS 321.211, by November 30) of the current even numbered year.

Each veterinarian licensed by the Board shall be required to biennially complete thirty (30) hours of continuing education to be eligible for renewal of his or her license. Of the required hours, at least twenty (20) hours shall be directly related to the practice of veterinary medicine and no more than ten (10) hours shall be in related areas such as practice management. For more on CE requirements, visit the Board’s website at [www.kybve.com/continuing-education.html](http://www.kybve.com/continuing-education.html).

**DO NOT attach certificates of completion unless you are audited;** it is the license holder’s responsibility to keep proof of completion for CE on file for four (4) years. Ensure all certificates are signed and include the Kentucky license number.



**NOTE:** If you completed a **fellowship, internship, or residency** during the renewal period, include a letter from the provider for Board review and possible credit. The letter should be on company letter head and include:

- (1) Name of licensee, (2) License number, (3) Dates of internship or residency, and (4) A general list of duties and responsibilities during the fellowship, internship, or residency, (5) Average number of hours per week, (6) Be signed by a supervisor or someone knowledgeable about the type activities which occurred, and (7) Contact information for the signatory.

**NOTE: First Year Graduates in first renewal cycle**, pursuant to 201 KAR 16:590:

- If the licensee was initially licensed in the first year of the renewal biennium between October 1 and September 30, only 15 hours of CE are required.
- If the licensee was initially licensed in the second year of the renewal biennium between October 1 and September 30, CE requirements are waived.

**NOTE:** For licensees selecting **Inactive Status**, CE requirements are waived. Check box if in inactive status:  Inactive

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

\*If you have more CE to list, attach a separate page to the application.

13. **Answer the following question in the space provided.**

**Question:** Based on the recent modernization of the Kentucky Veterinary Medicine Practice Act, is an in-person VCPR required to practice telemedicine?

**Answer:** \_\_\_\_\_  
 \_\_\_\_\_



**V. Application Check List**

If the current date is **past November 30** of the renewal cycle,  
 you must apply for reinstatement.  
 Visit [www.kybve.com/forms.html](http://www.kybve.com/forms.html) for a copy of the Reinstatement Application.

- Disciplinary records.** If applicable, complete **copies of any and all records of actions** listed in Section II: Background Information. If no disciplinary records to disclose, check the box:  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 16:510. 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 - \$275 - postmarked by September 30.**
    - Late - \$575 - postmarked by November 30.**
  - **Renewal fee for first time renewal – initially licensed in the second year of the biennium between October 1 and March 31 – active status -** with completed renewal application submitted -
    - On time - \$137.50 - postmarked by September 30.**
    - Late - \$437.50 - postmarked by November 30.**
  - **Renewal fee for first time – initially licensed in the second year of the biennium between April 1 and September 30 – active status -** with completed renewal application submitted -
    - On time - \$0 - postmarked by September 30.**
    - Late - \$300 - postmarked by November 30.**
  - **Renewal fee for inactive or retired status,** with completed renewal application submitted -
    - Inactive status, on time - \$100 - postmarked by September 30.**
    - Inactive status, late - \$200 - postmarked by November 30.**
    - Retired status, onetime fee - \$25 - postmarked by November 30. **Be advised: once a license is retired it cannot be reactivated.**** If a veterinarian holds a retired license and wishes to practice again, he or she must apply to the KBVE for a new license to practice veterinary medicine in Kentucky.

\* Military personnel are eligible for a discounted rate in accordance with 201 KAR 16:510, Section 8. Contact [Vet@ky.gov](mailto:Vet@ky.gov) for more information. Late fees still apply.

**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 [www.kybve.com/practice-act.html](http://www.kybve.com/practice-act.html).**

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

\_\_\_\_\_  
 Date

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