

**Kentucky Board of Veterinary Examiners
107 Corporate Drive
Frankfort, Kentucky 40601**

APPLICATION FOR REINSTATEMENT FOR VETERINARIANS

Please type or print:

Name		License Number:
Social Security #:		Email Address:
Address:		
Work Number:		Home Number:
Name license was issued under:		
<p>Do you currently hold, or have you ever held, a license in any other state(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list states and have letters of good standing from each state (active, inactive or expired) forwarded to this office. Your license cannot be reinstated until all documents have been received.</p>		
<p>Do you have any complaints currently pending against a license held by you in any other state(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach explanation(s).</p>		
<p>Have you ever had disciplinary action taken against a license held by you in any other state(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach explanation(s).</p>		
<p>Have you been convicted of any felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach documentation.</p>		
Date of expiration of your Kentucky License?		
<p>Have you practiced veterinary medicine in Kentucky since your license expired? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach explanation.</p>		
List all places with addresses of employment and dates since your license expired in Kentucky:		
Attach reinstatement fee of \$400.00 made payable to the Kentucky State Treasurer.		
Attach evidence of completion of thirty (30) hours of continuing education obtained in the last two (2) years.		

SIGNATURE: _____ **DATE:** _____

FOR BOARD USE ONLY:

Fee Receipt: Date: _____ Approved: _____ Denied: _____
Amount: \$ _____ Date of Reinstatement: _____