

**KENTUCKY BOARD OF VETERINARY EXAMINERS
P.O. Box 1360
Frankfort, Kentucky 40602**

Licensed Veterinarian Biennial Renewal Form

KRS 321.211 requires each licensed veterinarian to renew his or her license by September 30 every other year. Your current license is due for renewal by **9/30/2016**. Failure to renew your license shall constitute sufficient cause for termination of licensure. Licenses not renewed by **11/30/2016** (completed renewal form and information received postmarked prior to Nov. 30, includes 60 day grace period) will terminate and you are hereby advised at such time you shall CEASE AND DESIST the practice of veterinary medicine in Kentucky.

FOLLOW THESE INSTRUCTIONS AND FILL IN ALL BLANKS:

- Complete this form by filling in the information requested below and on the backside. Incomplete forms will be returned.
- Attach appropriate renewal fee: Forms received without the correct fee will be returned. ***Make all checks payable to the Kentucky State Treasurer.***
 - ✓ **Renewals mailed on or before Sept. 30; (must be postmarked on or before Sept. 30 -no exceptions) - \$200.00**
 - ✓ **Renewals mailed October 1 through Nov. 30; (must be postmarked on or before Nov. 30 -no exceptions) - \$300.00**
- Complete the backside of this renewal application for CE credit (including complete dates and hours earned). We cannot accept hours that have not yet been obtained. Wait and file your renewal documentation after all requirements are met. Each veterinarian shall be responsible for securing necessary documentation to support proof of attendance. DO NOT attach documentation of CE unless you are audited. If you are audited, attach proper documentation.
- Return this form and fee to the address listed above on or before September 30. Any form, which is returned due to incomplete or incorrect information, will be subject to late fees if not returned by the deadlines stated above.

TO BE COMPLETED BY ALL LICENSED VETERINARIANS, (Please Print):

Name: _____ Social Security #: _____

Address: _____
Street or Box Number City State Zip

E-mail address: _____

Name of Practice: _____ License Number: _____

Home Phone Number: _____ Office Phone Number: _____

Have you been charged with, convicted of or pled guilty to a felony since the last renewal of your Kentucky license?

- Yes (Attach documentation)
- No

Have you had disciplinary action taken against you or pending against your veterinary practice/license in any other state or jurisdiction since the last renewal of your Kentucky license?

- Yes (Attach documentation)
- No

(Complete reverse side)

Per 201 KAR 16:050, Section 1. (1)(a):

Each veterinarian licensed by this board shall be required to biennially complete thirty (30) hours of continuing education to be eligible for renewal of his 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.

List below the hours of continuing education obtained, **INCLUDING COMPLETE DATE AND HOURS OBTAINED.** **Incomplete forms will be returned: (DO NOT attach documentation unless you are audited.** It is your responsibility to maintain all documentation)

| COURSE NAME | DATES ATTENDED MONTH/DAY/YEAR | HOURS EARNED |
|-------------|----------------------------------|-----------------|
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**Proof of internships or residency programs must be attached.*

- Total CE hours earned during October 1, 2014 to September 30, 2016 = _____.
- Total CE hours earned during current grace period from October 1, 2016 to November 30, 2016 = _____.

Please mark the appropriate box:

- Currently on an active Status. (Renewal fee required or Continuing Education required)
- First year graduate. (See 201 KAR 16:050, Section 1(4)). Date of graduation: _____
- Requesting Termination. (Renewal fee not required or Continuing Education not required)
- Requesting an Inactive Status. (\$100 fee and Continuing Education is not required)

I hereby swear or affirm under the penalties of perjury, that the statements made in this application are true and complete (Signature required for processing. Forms not signed will be returned and subject to late penalties if not returned by the deadlines stated.)

Signature:

Date:

Online renewal is available by visiting the board’s website at <http://bve.ky.gov> and clicking on the Online Services tab and eServices link

For additional information, please contact the board at (502) 782-8810
or via email at lucie.duvall@ky.gov