



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF VETERINARY MEDICINE

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

APPLICATION FOR REINSTATEMENT OF LAPSED VETERINARIAN LICENSE

Instructions

Submit all of the following:

- completed, signed, and notarized *State of Delaware Board of Veterinary Medicine Reinstatement Application for Lapsed License*
- reinstatement fee (non-refundable), by check or money order made payable to "State of Delaware" (see Fee Schedule at dpr.delaware.gov)
- letters of good standing from each State in which you have ever been licensed
- proof of completion of continuing education as follows:
 - *lapse of 12 to 24 months* – 24 hours completed within 2 years prior to the request for reinstatement
 - *lapse of over 24 months* - thirty-six (36) hours of continuing education credits completed within 4 years prior to the request for reinstatement.

Occupational License

Prior to practicing in Delaware, contact the Delaware Division of Revenue at (302) 577-5800 about an occupational or business license in accordance with Chapter 23 of Title 30. This is necessary only if you are establishing a new practice, not if you are joining an established practice.



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IDENTIFYING AND CONTACT INFORMATION

1. Full Name: _____
 Last First MI (maiden name if applicable)
2. Address: _____

 City State Zip
3. Telephone: _____ 4. Email: _____
 daytime evening or cell
5. Have you been issued a U.S. Social Security Number? Yes No
- If Yes, enter your SSN: _____
 - If No, you must file a *Request for Exemption from Social Security Number Requirement*.

EDUCATION

6. Name and address of American Veterinary Medical Association (AVMA) accredited veterinary college attended: _____
7. Was your veterinary college outside the United States? Yes No If yes, enter name and address of veterinary college: _____

8. Enter veterinary degree: _____ Date received: _____

EXAMINATIONS

9. Have you taken and passed the National Board Examination (NBE)? Yes No If yes, where did you take it? _____ When? _____
10. Have you taken and passed the Clinical Competency Test (CCT)? Yes No If yes, where did you take it? _____ When? _____
11. Have you taken and passed the North American Veterinary Licensing Examination (NAVLE)?
 Yes No If yes, where did you take it? _____ When? _____

LICENSURE/PRACTICE

12. List all State(s) in which you have ever held a license to practice veterinary medicine. If never licensed, enter "None."

STATE	LICENSE NUMBER	IS THIS LICENSE <i>CURRENT</i> ?
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

Arrange for a "letter of good standing" to be sent to the Board directly from each State where you hold, or have ever held, a veterinarian license.

- 13. Have you received any administrative penalties, including but not limited to fines, formal reprimands, license suspension or revocation, and probationary limitations? Yes No **If yes, arrange for the State(s) to send information about the disciplinary action to the Board.**
- 14. Have you entered into a consent agreement that places conditions on your professional conduct or practice, including any voluntary surrender of license? Yes No **If Yes, arrange for the State(s) to send information about the disciplinary action to the Board.**
- 15. Are any disciplinary proceedings or unresolved complaints concerning your practice of veterinary medicine pending against you at present? Yes No **If yes, arrange for the State(s) to send information about the disciplinary action(s) to the Board.**
- 16. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes No **If yes, submit a certified copy of your criminal history record.**
- 17. Have your Drug Enforcement Administration (DEA) privileges ever been restricted or revoked? Yes No **If yes, submit a letter giving a full explanation. Include copies of all appropriate records.**
- 18. Have you ever been charged with or investigated for the unlicensed practice of veterinary medicine? Yes No
- 19. Are any criminal charges pending against you relating to an offense, the circumstances of which substantially relate to the practice of veterinary medicine? Yes No **If yes, arrange for the appropriate authorities to provide information about the charge directly to the Board. The information should be in sufficient specificity to enable the Board to make a determination whether the charge is substantially related to the practice of veterinary medicine.**
- 20. Do you have any impairment related to drugs or alcohol that would limit your ability to undertake the practice of veterinary medicine in a manner consistent with the safety of a patient or the public? Yes No **If yes, submit a letter giving a complete explanation. Include copies of all appropriate record.**

CONTINUING EDUCATION

Submit proof of completion of continuing education as follows:

- *lapse of 12 to 24 months* – 24 hours completed within 2 years prior to the request for reinstatement
- *lapse of over 24 months* - thirty-six (36) hours of continuing education credits completed within 4 years prior to the request for reinstatement.

Prior to practicing in Delaware, you must file for and obtain an occupational license from the Division of Revenue in accordance with Chapter 23 of Title 30 (see instructions).

To assure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board’s meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

Please note: When your application is complete, please allow 4-6 weeks to receive your license.

AFFIDAVIT

I certify that the information in this application is complete and true. I understand that the intentional inclusion of false or fraudulent information in this application, or the material omission of information which might have a bearing on licensure, may result in the denial of licensure and will be reported to the Attorney General for further action. I understand that the application fees are not refundable.

Signature of Applicant: _____ Date: _____

Sworn to and subscribed to before me this _____ day of _____ in the year _____

NOTARY PUBLIC _____

AFFIX SEAL

My commission expires: _____

Revised 10/2008