OKLAHOMA NON-VETERINARY EQUINE DENTAL CARE PROVIDER RENEWAL

FYE 2015

OK State Board of Veterinary Medical Examiners
2920 N. Lincoln Blvd., Suite C Oklahoma City, OK 73105
(405) 522-8831 Fax (405) 524-8034 www.okvetboard.com

$200.00 Due on or before 6/30/14

Office Use: #2014_____

Provide **both** home and employment addresses below and check one address box to indicate the correspondence address. Your home address will be used for correspondence unless otherwise indicated.

Submit a check, money order, or cashier's check made out to OSBVME with your original, signed renewal form.

☐ HOME INFORMATION

Name: _____ Lic #: _____

Address: _____

City: _____ St: _____ Zip:_____

Ph#: (_____) _____-_____ Cell #: (_____) _____-_____

E-mail: _____

Are you a US Citizen? **Y N** If no, enclose a signed Citizenship Affidavit with this renewal. The affidavit is available at www.okvetboard.com.

☐ EMPLOYMENT INFORMATION

This information will be available to the public through the Open Records Act.

Name: _____

Address: _____

City: _____ St: _____ Zip:_____

Ph#: (_____) _____-_____ Fax #: (_____) _____-_____

E-mail: _____

Website: _____

ADDITIONAL EMPLOYMENT INFORMATION

(if working at another employment more than 30 total days in the year)

Name: _____

Address: _____

City: _____ St: _____ Zip:_____

Ph#: (_____) _____-_____ Fax #: (_____) _____-_____

E-mail: _____

Website: _____

CONTINUING EDUCATION

List your required **four (4) hours of Continuing Education (CE)** in a course approved by the Texas Institute of Equine Dentistry, the Academy of Equine Dentistry, or the International Association of Equine Dentistry received between July 1, 2013 through June 30, 2014. Enclose copies of all certificates to verify hours received.

Course Title:_____

Organization: _____

Date(s) _____ CE Hrs:_____

Course Title:_____

Organization: _____

Date(s) _____ CE Hrs:_____

Course Title:_____

Organization: _____

Date(s) _____ CE Hrs:_____

Course Title:_____

Organization: _____

Date(s) _____ CE Hrs:_____

Course Title:_____

Organization: _____

Date(s) _____ CE Hrs:_____

TOTAL HOURS (Must equal or exceed 4 hrs)..... ☐

Please note under the authority granted in 59 O.S. § 698.12 (1), certification as a non veterinary equine dental care provider is not mandatory to practice teeth floating on farm animals in the State of Oklahoma.

I do hereby attest that all information or statements made on this form or any information given in connection therewith, to be true and correct and that I have obtained the above CE between July 1, 2013 and June 30, 2014. Any misrepresentation or fraudulent statement on any part of this form may be grounds for disciplinary action as set forth by the Veterinary Practice Act, Title 59 Sec 698.1 et seq., and may be punished by fine or imprisonment.

Signature_____ Date____/____/____