OKLAHOMA PROVISIONAL VETERINARY LICENSE 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

$225.00 Due on or before 6/30/14

Office Use: #2014_____

Submit a check, money order, or cashier's check made out to OSBVME with your original, signed renewal form. You have the option of renewing online through our website at www.okvetboard.com instead of this paper form; online payments can be made by credit card or EFT.

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 employment is checked.

☐ **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.

☐ **BUSINESS NAME / EMPLOYMENT**

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

Name: _____

Address:_____

City: _____ St: _____ Zip:_____

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

E-mail:_____

Website: _____

Do you dispense, administer, and/or prescribe Controlled Dangerous Substances (CDS) in the **State of Oklahoma**? **Y N**

If yes, you must be registered with OK Bureau of Narcotics. Please list the required registration number(s) for the above employment location:

OBNDD# _____ Exp: _____/_____/_____

DEA # _____ Exp: _____/_____/_____

List DEA registration ONLY if it is in your name

ADD'L CLINIC / EMPLOYMENT

- If you work at another facility more than 30 total days in the year, please submit an additional page to this renewal with the clinic name, address, phone, fax, email and website, if available.
- If you have CDS shipped and/or stored at the location, you are required to obtain separate DEA and OBN registrations for that location. List the registration numbers and expiration dates with the clinic information.

Board Certification(s): _____

- Between **7/1/14 and 8/29/14**, non-renewed licenses become inactive and may be reactivated upon completion of the renewal form and payment of a **$500.00**, which includes a $275.00 reactivation fee.
- **After 8/29/14, non-renewed licenses will be "Suspended for Failure to Renew" and may be reinstated upon completion of a reinstatement application and payment of $625.00.**
- If you are retired and interested in filing for the Emeritus (retired, inactive) status, please contact the Board office.

Since the date of your license application or last renewal:

1. Were you charged with, or convicted of a felony, DUI, DWI, or APC?* **Y N**
2. Were you the subject of *any* disciplinary action by *any* government, jurisdictional or licensing authority; federal, state, or municipal?* **Y N**
3. Have you been addicted to or used in excess any drug or chemical substance including alcohol?* **Y N**
4. Have you been treated for a drug or alcohol addiction or participated in a rehabilitation/ recovery program?* **Y N**

* If you answered yes to any of the above questions, please explain fully to include any charges, dates, county/state, outcome, and your driver's license number on a separate sheet of paper.

Check All That Apply

Clinical Practice:

___ Acupuncture ___ Equine ___ Sheep/Goat
___ Avian/Exotic ___ Eq Dentistry ___ Small Animal
___ Bovine ___ Feline only ___ Swine
___ Chiropractic ___ Mobile ___ Wildlife/Zoo
___ Emergency ___ Relief ___ _____

Education:

___ Administration ___ Teaching: _____
___ Intern/Resident ___ Other: _____

Other Employment:

___ Consultant ___ Lab Animal ___ Research
___ Diag Lab ___ Med Rsrv Corps ___ Retired
___ Federal ___ Military ___ State
___ Industry ___ Regulatory ___ _____

CONTINUED ON REVERSE SIDE

RECENT LICENSES ACQUIRED:

STATE: _____ LIC #: _____

STATE: _____ LIC #: _____

STATE: _____ LIC #: _____

Drug Consultant? If yes, for whom?

_____

ANNUAL PHARMACY ACT REGISTRATION

The Pharmacy Board requires a annual registration through this Board (59 O.S. 355.1 B). Circle "YES" below to be registered with the Pharmacy Board with no additional fee:

Do you **dispense** drug(s), **in the State of Oklahoma**, with the following label: "Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian", or "Caution: Federal law prohibits dispensing without prescription" or "RX only"?..... **YES**

CONTINUING EDUCATION

Report your required twenty (20) hours of **Continuing Education (CE) in veterinary medicine** from July 1, 2013 through June 30, 2014. Do not enclose certificates except for online CE. Maintain all your CE certificates in a readily retrievable file for 5 years.

MANDATORY REVIEW OF CDS LAWS: **Two (2)** of the twenty hours shall encompass state or federal controlled dangerous substance (CDS) laws, or review of the Oklahoma Veterinary Practice Act and applicable rules (www.okvetboard.com). (2 hours required)

Title of Mandatory review: _____ CE Hrs:_____

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(Min & Max 2)

COLLEGE AND EXTENSION SEMINARS: One hour credit for each hour of attendance.

A. Meeting Title:_____ Date ____/____/____

Location:_____ CE Hrs:_____

B. Meeting Title:_____ Date ____/____/____

Location:_____ CE Hrs:_____

NATIONAL, REGIONAL, STATE, OR LOCAL SCIENTIFIC MEETINGS: One hour credit for each hour of attendance.

A. Meeting Title:_____ Date ____/____/____

Location:_____ CE Hrs:_____

B. Meeting Title:_____ Date ____/____/____

Location:_____ CE Hrs:_____

INTERACTIVE ONLINE COURSES: One hour credit for each Board approved hour of completed interactive online course. This CE must be R.A.C.E. approved. A copy of the certificate must be submitted to qualify.

Title_____ CE Hrs:_____ Date ____/____/____

Title_____ CE Hrs:_____ Date ____/____/____

PRESENTATIONS AND PUBLICATIONS: One hour credit for each hour spent developing or presenting original, peer-reviewed presentations or publications. (Max 4 hours)

Title_____ Date ____/____/____

Location_____ Given To_____ CE Hrs:_____

(Max 4)

AUTO-TUTORIAL TAPES: One hour credit for each hour of study with auto-tutorial tapes of scientific material related to veterinary practice. (Max 4 hours)

Titles:_____

(Max 4)

JOURNALS AND PERIODICALS: One hour credit for each hour of study of scientific or non-scientific articles in veterinary journals or periodicals pertaining to veterinary medicine. (Max 4 hours)

Titles:_____

(Max 4)

TOTAL HOURS (Must equal or exceed 20 hours)……..…….....…

I do hereby attest that all information or statements made on this form(s) 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(s) 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.

I agree this Provisional license to practice in Oklahoma will not exceed a period of 60 days in any 12 month period.

DVM Signature_____ Date____/____/_____