

**OKLAHOMA STATE BOARD OF
VETERINARY MEDICAL EXAMINERS**

2920 N Lincoln Blve, Suite C Oklahoma City, OK 73105

PH# (405) 522-8831 FAX# (405) 522-8034

Website: www.okvetboard.com

REINSTATEMENT APPLICATION INSTRUCTIONS

Applicant must submit:

- The completed “Reinstatement Application” form.
 - The application must show the notary seal impressed partially on the photograph and partially on the application to insure that the photo on the application is the same photo notarized. The photo must be firmly affixed to the application and must not exceed the space provided, nor obscure other information on the application.
 - Any “Yes” answer to questions 1-11 must be explained in full to include any charges, dates, county/state, outcome, and your driver’s license number on a separate sheet of paper.
 - If you are not a US Citizen, you must provide your I-94 number and your Alien Registration number. We also request you send a copy of your Alien Registration card and a copy of your passport.
 - The application must contain all necessary information to account for all time in education and work history since the Oklahoma license lapsed.
 - Sign the Applicant Affirmation on page 2. All natural persons applying for a license from the Oklahoma State Board of Veterinary Medical Examiners (“Board”) are required, by the provisions of 56 O.S. Supp 2007 § 71, to provide the Board with verification of lawful presence in the United States by signing the application before a notary public or other officer authorized to notarize affidavits under State law. The Board’s licensing office is staffed with notaries who are available to provide notary service at no cost to applicants.
- Three (3) “Recommendation” forms. Each recommendation must be a representation of clinical skills and competence and authored by a colleague who is currently a licensed veterinarian and in good standing in a U.S. state or Canada.
- A “Verification of Licensure” form for each current or previously issued veterinary license or certification. It is recommended that you call those boards; they may have a fee for this service. Online verifications are acceptable, if available.
- A “Continuing Education Information” form must be completed indicating twenty (20) hours of continuing education (CE) for each year since your license lapsed.
- The reinstatement fee of \$625.00 in the form of a personal check, money order, or cashier’s check made out to OSBVME or submitted online at www.okvetboard.com. **ALL FEES ARE NON-REFUNDABLE.** Fees could change without notice. Contact the Board office for current fee schedule.

Miscellaneous Application Information:

- All documents must be complete and accurate to the best of your knowledge. For those items which do not apply to you, mark N/A (not applicable) in the space provided.
- All forms must have original signatures. Stamped or initialed signatures are **NOT** acceptable.
- The office of the Board may contact other sources for verification of information contained in your application.
- Applications for reinstatement of licensure are reviewed for content by Board staff. Complete applications are then forwarded to the Board President or Secretary/Treasurer for his/her approval/disapproval. If approved, your license will be reactivated that day. Your application will be placed on the next available Board agenda for Board ratification.
- Even though your application is complete and all requirements are satisfied, there is no guarantee that the Board will approve your application. The Board may find exceptions or make discoveries which will cause them not to approve an application. In such event, the Board will clearly state the basis upon which such exceptions have been made and you will be notified by mail. The Board may, at its discretion, require further proof of clinical competency. You will be notified if this applies to you.
- Applicants will receive only one (1) notice as to any deficiencies in the application, if further information is needed, or if there is a negative Board decision. It will be the applicant’s responsibility to contact the Board office as to the status of his/her application.

*****KEEP THIS OFFICE INFORMED OF YOUR CURRENT MAILING ADDRESS AT ALL TIMES. THIS OFFICE CAN NOT BE RESPONSIBLE FOR UNDELIVERABLE OR MISDIRECTED MAIL. THE OSBVME WILL, AT ALL TIMES, USE THE ADDRESS ON THE APPLICATION UNLESS A WRITTEN CHANGE OF ADDRESS IS RECEIVED BY THIS OFFICE. THE OSBVME CONTINUOUSLY UPDATES ITS FORMS AND INSTRUCTIONS. IT SHALL BE THE APPLICANTS RESPONSIBILITY TO CONTACT THE BOARD OFFICE FOR CURRENT REVISIONS AND UPDATED FORMS*****



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REINSTATEMENT APPLICATION

PRINT OR TYPE ANSWERS TO ALL QUESTIONS ON THIS FORM IN FULL

Name: _____ - -				
FIRST	MIDDLE	LAST	MAIDEN	SS#

Address: _____				
NUMBER AND STREET	CITY	STATE	ZIP	EMAIL
() -	() -	() -	/ /	
HOME PHONE	CELL PHONE	DAY PHONE	DATE OF BIRTH	BIRTH CITY STATE COUNTRY

Military Service: _____ / / / /				
BRANCH	RANK	FROM	TO	

Current Practice: _____ () -				
NAME				PHONE
ADDRESS		CITY	STATE	ZIP

EACH "YES" ANSWER TO QUESTIONS 1-11 MUST BE EXPLAINED IN DETAIL ON A SEPARATE PAGE.	YES	NO
1. Has your application for examination or licensure ever been rejected in any state, territory, province, or foreign country?		
2. Have you ever failed a National or State veterinary examination?		
3. Have you ever been the subject of any disciplinary action by any government, jurisdictional or licensing authority; federal, state or municipal?		
4. Have you ever been arrested for, charged with, or convicted of, a felony or misdemeanor? (Do not include traffic offenses unless the original charge was DUI, DWI or APC)		
5. Are you now or have you in the past been addicted to or used in excess any drug or chemical substance, including alcohol, the excessive use of which has the potential to affect, or actually affected, your ability to practice veterinary medicine with reasonable skill and safety?		
6. Are you now being or have you in the past been treated through a drug or alcohol rehabilitation/recovery program?		
7. Are you now being or have you in the past been treated for emotional or mental disorder which affects or affected your ability to practice veterinary medicine with reasonable skill and safety?		
8. Have you ever been charged with or convicted of a crime directly or indirectly related to the practice of veterinary medicine?		
9. Has your narcotic license or permit (State or Federal) ever been revoked, denied or voluntarily surrendered?		
10. Have you ever been denied membership or had your membership revoked in a state or other veterinary association?		
11. Have you ever been named as a defendant in a civil lawsuit involving unprofessional conduct, moral turpitude or in any way pertaining to the practice of veterinary medicine (including malpractice)?		
12. Are you a US Citizen? If no, list your I-94 number _____ and Alien Registration Number _____		

Previous OK License # _____ Date Issued ____/____/____ Current DEA Registration # _____ Exp ____/____/____
If reinstated, where do you intend to practice: _____ () -

PRACTICE NAME	PHONE		
Address: _____			
NUMBER AND STREET	CITY	STATE	ZIP

PHOTO
taken within
the past 12 months
(Tape - do not staple)

This is to certify that the photograph is a correct likeness of the applicant.
State of _____ County of _____. Sworn to before me
on ____/____/____. My commission expires on ____/____/____.
Notary Public _____ Comm # _____

Note: Notary seal must be impressed partially on the picture and partially on the form.

PRACTICE HISTORY AND NON-MEDICAL ACTIVITY: In chronological order, account for ALL dates since your Oklahoma license expired (including other work, activity, practice, etc.). Attach a separate page if necessary.

FROM	TO	EMPLOYER	CITY, STATE	JOB TITLE/ACTIVITY
___/___/___	___/___/___	_____	_____	_____
___/___/___	___/___/___	_____	_____	_____
___/___/___	___/___/___	_____	_____	_____
___/___/___	___/___/___	_____	_____	_____

VETERINARY RELATED LICENSES OR CERTIFICATES IN OTHER STATES: Attach a separate page if necessary.

PROFESSION	STATE OR COUNTRY	NUMBER	DATE ISSUED	CURRENT STATUS
_____	_____	_____	___/___/___	_____
_____	_____	_____	___/___/___	_____
_____	_____	_____	___/___/___	_____
_____	_____	_____	___/___/___	_____

PHARMACY ACT COMPLIANCE STATEMENT

Any licensed veterinarians, who desires to DISPENSE “dangerous drugs” as defined in the Pharmacy Act pursuant to 59 O.S. 355.1 (B), is required to register with this Board. This is required for dispensing purposes only and not for the activities of prescribing, administering, or the giving of samples, in the State of Oklahoma.

Will you be possibly dispensing any drug, **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”? There are no additional fees or requirements for answering yes.

Yes. Register me with the Pharmacy Board
 No

APPLICANT’S AFFIRMATION

(including verification of lawful presence in the United States)

“The undersigned, of lawful age, being first duly sworn, upon oath state, under penalty of perjury, as follows: I am a United States Citizen, or I am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States. I further swear/affirm that I am the person named in this application; that all statements I have made herein are true; that the photograph is a true resemblance of me and was made within the last twelve (12) months; that in consideration of the issuance to me of a license to practice veterinary medicine in the State of Oklahoma I hereby pledge that I shall abstain from deceptive or fraudulent methods of practice, from immoral, unprofessional and unethical conduct; that I shall abstain from professional association with, and shall not act as a shield for, an unlicensed practitioner or other person and I hereby agree that violation of this pledge shall constitute cause for revocation of my veterinary license. I further swear/affirm that I have not practiced veterinary medicine in any other state or territory of the United States in violation of the laws thereof; that my license to practice veterinary medicine has not been revoked in any other such state or territory; and that I have not been convicted of a felony or a violation of the narcotic laws of the United States. I further state that I am not omitting any information which might be of value to the Board to determine my qualification or eligibility. I agree that any falsification, omission or withholding of pertinent information or facts, concerning my qualifications as an applicant for examination and/or licensure shall be sufficient to bar me from further consideration for licensure by the Oklahoma State Board of Veterinary Medical Examiners. Any such falsification, omission or withholding of pertinent information shall serve as sufficient grounds for fines, revocation, cancellation or suspension of my veterinary license should it be discovered after my license is granted. I hereby authorize all hospitals, clinics, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all government agencies (local, state, federal or foreign) to release to the Oklahoma State Board of Veterinary Medical Examiners or its successors any information, files, or records requested by the Board in connection with this application. **By submitting this application, I am requesting the release of any and all disciplinary actions from any organizations, institutions, clinics or hospitals to the Oklahoma State Board of Veterinary Medical Examiners.** I further authorize the Oklahoma State Board of Veterinary Medical Examiners or its successors to release to the organizations, individuals or groups listed herein, information which is material to this application or any subsequent license.”

Signature _____ Date ___/___/___
 Sworn before me on this _____ day of _____, _____.
 My commission # _____ expires on ___/___/_____.
 Notary Public _____

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RECOMMENDATION

- This form is to be completed by a veterinarian who is personally acquainted with you.
- The certifying veterinarian must hold a current, unmodified license to practice veterinary medicine in the US or Canada.
- This form serves as one (1) of your required three (3) letters of recommendations.
- Original form/signature must be received by the Board.

I, _____ do hereby certify that I am personally
Name of certifying veterinarian - Please type or print
and well-acquainted with the applicant, _____. The
Name of Applicant
following is my recommendation to the Oklahoma State Board of Veterinary Medical Examiners in support
of his/her application for licensure.

(Give a brief narrative stating the applicant's clinical skills & competence in veterinary medicine)

I further certify that I hold a current, unmodified license in the state of _____,
License # _____.

_____/_____/_____
Date Signature

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VERIFICATION OF LICENSURE

- This form must be completed by the state regulatory agency in each state in which you hold or have ever held a license to practice veterinary medicine.
- The signature of the authorizing official must be original.
- A substitute form is acceptable provided it contains ALL the information described below and comes from that Board office or the official Board's website.

Name of applicant _____ License # _____

Profession in which license was issued _____

State issuing license _____ Date license issued ____/____/____

License issued on the basis of _____

Is license current? Yes No If no, briefly explain _____

Dates of disciplinary action (if applicable) _____

Reason for disciplinary action _____

If there has been disciplinary action, please attach a certified copy of the Final Order or charges of a pending case.

I hereby certify that this information is correct to the best of my knowledge and that based on records available to me the applicant was competent to practice while licensed in this state.

Agency
Seal

_____/_____/_____
Date Signature of Agency Official

Printed name of signature Title

CONTINUING EDUCATION INFORMATION FOR REINSTATEMENT OF LICENSURE

Before any license is reinstated, the applicant must certify that he or she has obtained twenty (20) hours of continuing education in veterinary medicine per year for each year the license has been lapsed. If additional space is needed, please attach a separate sheet. Do not send verification of hours unless requested to do so.

COLLEGE AND EXTENSION SEMINARS: One hour of 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 of credit for each hours 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 on or after July 1, 2002. A copy of the certificate indicating the number of course hours must be submitted to qualify.

Title _____ CE Hrs: _____ Date ____/____/____
 Title _____ CE Hrs: _____ Date ____/____/____

PRESENTATIONS AND PUBLICATIONS: One hour of credit for each hour spent developing or presenting original, peer-reviewed presentations or publications. You may submit a copy of the presentation or publication. (Max 4 hours for each year lapsed)

Title _____ Date ____/____/____
 Presentation Given To _____ CE Hrs: _____
 Where Presentation Was Given _____

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

Title: _____ /____/____ CE Hrs _____ Title: _____ /____/____ CE Hrs _____
 Title: _____ /____/____ CE Hrs _____ Title: _____ /____/____ CE Hrs _____

JOURNALS AND PERIODICALS: One hour of credit for each hour of study of scientific articles in veterinary journals or periodicals. (Max 4 hours for each year lapsed)

Title: _____ Yr _____ CE Hrs _____ Title: _____ Yr _____ CE Hrs: _____
 Title: _____ Yr _____ CE Hrs _____ Title: _____ Yr _____ CE Hrs: _____

REVIEW OF CDS LAWS: One hour of credit for each hour of study encompassing state or federal controlled dangerous substance (CDS) laws or review of the Oklahoma Veterinary Practice Act and applicable rules. (Max 2 hours)

Title: _____ CE Hrs: _____ (Max 2)

TOTAL HOURS ON THIS PAGE.....

Under penalties of perjury, I do hereby attest that the above information on this form to be true and correct. A false 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 (U.S. Code, Title 18, Section 1001).

DVM Signature _____ Date ____/____/____

Printed Name _____

FOR OFFICE USE ONLY

Licensed lapsed 6/30/____ 20 hrs FYE____ 20 hrs FYE____ 20 hrs FYE____ 20 hrs FYE____ 20