

REACTIVATION LICENSE APPLICATION

LICENSE NO.:	TIME LAPSED OR INACTIVE:
SS#:	
NAME:	(Please Print in Full)
ADDRESS:	(
	(Street, P.O. Box, Etc.)
	(Town, State & Zip Code)

169.12 License renewal. All licenses shall expire in multiyear intervals as determined by the board but may be renewed by registration with the board and payment of the registration renewal fee established and published by the board. Prior to expiration the secretary shall mail a notice to each licensed veterinarian that the license will expire and provide the licensee with a form for registration.

Any person who shall practice veterinary medicine after license expiration is practicing in violation of this chapter. However, a person may renew an expired license within five years of the date of its expiration by making written application for renewal and paying the current renewal fee plus all delinquent renewal fees. After five years have elapsed since the date of expiration, a license may not be renewed, and the holder must make application for a new license and take the license examination.

The board may by rule waive the payment of the registration renewal fee of a licensed veterinarian during the period when the veterinarian is on active duty with any branch of the armed services of the United States.

Any licensee who is desirous of changing residence to another state or territory shall, upon application to the department and payment of the legal fee, receive a certified statement that the licensee is a duly licensed practitioner in this state.

811—6.3(169) Reactivation fee. All applications for reactivation of a lapsed or inactive license to practice veterinary medicine shall be filed with the secretary of the board, together with the then current license fee, the current reactivation fee, and all applicable penalties for a lapsed or inactive license.

811—11.3(169) Reactivation of license. A veterinarian whose license has lapsed or been placed on inactive status shall furnish evidence of completion of a total number of hours of accredited continuing education computed by multiplying 20 by the number of years since the date of the last issuance of the license for which reactivation is sought.

Make check payable to: Iowa Board of Veterinary Medicine - No Refunds

Triennial License Fee	\$
Reactivation Fee	\$
Late Renewal Fee	<u>\$</u>
TOTAL FEES DUE	\$

I further state I have never had my license to practice veterinary medicine revoked or suspended, that no application either for admission to an examination or for a certificate to practice veterinary medicine has been denied me except as follows:

	Reason:	
State and Date		

I certify and state that prior to the date of this application I have not practiced veterinary medicine in Iowa illegally. I agree, should a certificate be granted me by the Iowa Board of Veterinary Medicine, that I will comply with the Iaws, rules and regulations pertaining to the Practice of Veterinary Medicine in Iowa.

I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT.

Date

Signature

E-Mail Address

Telephone

PLEASE COMPLETE THE BELOW FORM (Print or type all information)

Name of Clinic where employed

Street, City, State & Zip Code of clinic

Clinic Telephone Number

Clinic Fax

Cell Phone Number

Email Address