

OREGON VETERINARY EXAMINING BOARD

2015 Veterinary License Renewal Application

■ Sign, date and return this application with payment. Completion of all sections is required. Make corrections or additions as needed. Your signature on this document attests that you have personally completed the application. If you have questions, contact us at 971-673-0224 or www.ovmeb.info@state.or.us

✓	Renewal \$ _____	\$150 (0253)
	Late Fee \$ _____	(0254)
Total enclosed \$ _____		

Enclose check or money order for **\$150.00**, plus applicable late fee, payable to **OVMEB**. Return to:
OVMEB
800 NE Oregon St., Ste. 407
Portland, Oregon 97232



VETERINARIANS MUST REPORT 30 HOURS OF CE TO RENEW FOR 2015. See next page.

LICENSE NO. _____

Send mail to:

Home Business

Check below ***only*** if you are changing your current license status.

- Active (Veterinarian) —Will practice in Oregon more than 30 days in 2015.
- Inactive—Will not practice in Oregon in 2015. (Inactive license fee is \$100)
- Lapsed—Will not practice in Oregon in 2015. Not renewing and not including renewal fee.

NAME

Last _____ First _____ Mid. Init. _____

CONTACT INFORMATION - BOARD ONLY You may deny public access to your private, confidential information. Shall the Board to restrict this information from disclosure to the public? Yes No

Street _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

I am doing relief work only at this time. I understand all licensees must notify the Board within 30 days of a change of home or work address and telephone number.

FACILITY INFORMATION

PRACTICE TYPE: Small Animal Large Animal Mixed

Corporation Name _____

Practice Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-Mail _____

Co-Owner/Business Partner(s) _____

Are you the practice owner/co-owner? No Yes If you own or hold an interest in one or more veterinary practices in Oregon, you must complete and return the Veterinary Practice Ownership Information page.

Continuing Education

■ CE requirements may be viewed online at www.oregon.gov/ovmeb Click on Veterinary Practice Act and scroll down to Division 10, Licenses and Permits. If you have not completed CE by the deadline, renew anyway to avoid late fees, and indicate in the box at right when and how you will complete CE by March 31, 2015.

Deadlines and Late Fees

■ Renewal forms must be received by December 31st. Late or incomplete renewal forms are subject to fees (below).

■ Forms received without payment are incomplete until payment is received.

■ If a corrected form or payment is returned after the deadline, late fees will apply.

Received/Postmarked	Add Late Fee
January 1-31.....	\$50.00
February 1-28.....	\$100.00
March 1-31	\$150.00

Continuing Education Credits

Fill in the name or title, location, and total number of CE credit hours earned in year 2013 and/or 2014. A minimum of 30 hours must be reported. If you completed your internship in 2013 or 2014, you do not need to report CE.

Description of CE (Use additional sheets if necessary.)	Number of Hours
Total CE Credits Earned 2013-2014:	

The Following Questions Must Be Answered

Explain 'yes' answers separately. Law Enforcement Data System (LEDS) checks will be conducted on all 2015 renewals (there is no cost to licensees). Questions relate to your Oregon veterinary license and any other professional licenses you hold. Untruthful responses or omissions may result in denial of license renewal or disciplinary action.

Check here if you previously reported matters which occurred prior to 2014 relative to the questions below.

If a matter relative to these questions occurred prior to 2014, and you have not already reported it, do so now, including an explanation of why the matter was not reported.

During calendar year 2014:

- Were you arrested, charged with or convicted of a felony or misdemeanor? Yes No
- Were you treated for controlled substance or alcohol abuse? Yes No
- Was your veterinary license or other professional license suspended, revoked or otherwise disciplined? Yes No
- Are there any other facts not disclosed by your previous answers that might bear adversely on your competence or eligibility for a license to practice veterinary medicine? Yes No

➤ **The veterinarian must sign and date this application.**

I certify that the information given herein is true, correct and complete.

Signature _____

Date _____

**OREGON VETERINARY MEDICAL EXAMINING BOARD
VETERINARY PRACTICE OWNERSHIP INFORMATION**

See OAR 875-015-0005 for authority and details.

Provide the following information for each veterinary facility/practice in Oregon that you own or co-own, or in which you have any ownership interest. Attach additional copies if needed.

Sole proprietor Partnership Corporation or LLC Other _____

Business Name _____

Facility Name (if different) _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Co-owner/Business Partner(s)

Name _____

Street Address _____

City _____ State _____ Zip _____

Sole proprietor Partnership Corporation or LLC Other _____

Business Name _____

Facility Name (if different) _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Co-owner/Business Partner(s)

Name _____

Street Address _____

City _____ State _____ Zip _____