

APPLICATION TO ANNUALLY RENEW CERTIFICATION / LICENSURE

LOUISIANA BOARD OF VETERINARY MEDICINE

301 MAIN STREET, SUITE 1050 BATON ROUGE, LOUISIANA 70801
(225) 342-2176 www.lsbvm.org

Please PRINT and complete all information on form. If information is not applicable to you, enter "NA". DO NOT LEAVE BLANKS.
Mail completed form with payment of appropriate fee(s) and proof of continuing education if applicable to address above.
Annual renewal period is July 1 through September 30 - Renewals will not be accepted prior to July 1.

Indicate type of certificate/license being renewed:

- Veterinarian (DVM) Veterinary Technician (RVT) Animal Euthanasia Technician (CAET) Equine Dentist (RED)

Name License/Certificate Number:

Name of Clinic/Facility

Clinic/Facility Address

City State Zip

Clinic Telephone Fax

Clinic/Facility Physical Address if different from above

Home Address

City State Zip

Home Telephone

Email address

Indicate here if you prefer to receive all correspondence from the Board at the home address indicated instead of the professional address.

All certificate holders/licenseses!

REQUIRED INFORMATION: If an item does not apply to you, enter "NA" in space provided. DEA and State Narcotic numbers should be provided by Louisiana practicing veterinarians and animal euthanasia technicians, if applicable.

SOCIAL SECURITY NO.:
DATE OF BIRTH:
DEA REG. NO.:
LA/DHH-CDS REG. NO.:

List all other States in which you are currently licensed:

Table with columns STATE and LICENSE NO. containing 4 rows for listing other states.

Veterinarians ONLY!

PRACTICE CODES: Please use codes given on code list provided.

PROFESSION TYPE: EMPLOYMENT DESCRIPTION: EMPLOYMENT FUNCTION:

SPECIAL COMPETENCE STATUS: If you are currently certified in a particular field of veterinary medicine by an AVMA recognized specialty organization, you may register your special competency with the LBVM in accordance with Board promulgated rule 1063. Registration of this certification would allow you to legally indicate the specialty on or in various items such as letterhead, business cards, and advertisements.

Specialty Organization

All certificate holders/licenseses!

Form with multiple Yes/No questions regarding disciplinary actions, investigations, and substance abuse.

Animal Euthanasia Technicians ONLY!

- Yes No (1) Are you currently using sodium pentobarbital for euthanasia?
 Yes No (2) Are you currently using Tiletamine HCl and Zolazepam HCl and/or Ketamine HCl for capture/restraint?
 Yes No If "Yes", have you completed a Board-approved chemical capture course?
 Yes No (3) Are you currently using any other controlled substances for capture, restraint, or euthanasia?
 If "Yes", list agents _____
 (4) If "Yes" to any question above, under whose authority are you obtaining the controlled substances (name of CAET with DEA & CDS registration)?
 Self Other _____

RENEWAL: **Veterinarians ONLY!** Indicate here if a change of status is being made at this time.

SELECT A STATUS AND PAY THE FEE SHOWN. Annual renewal fees must be paid to renew certificates/licenses.

Make Check Payable to **LBVM (Louisiana Board of Veterinary Medicine).**

- DVM - ACTIVE** A veterinarian who has met all requirements for annual licensure and is entitled to practice in the state of Louisiana.
Annual fee is **\$250**. Twenty (20) hours of CE are required.
- DVM - INACTIVE** A veterinarian who wish to retain a Louisiana license, but who has not met all of the requirements for active status and, therefore, is not entitled to practice veterinary medicine in the state of Louisiana.
Annual fee is **\$125**. Twenty (20) hours of CE are required.
- DVM - INACTIVE-RETIRED** Annual fee is **\$125**. No CE hours are required.
An Affidavit of Retirement is required to be on file annually with the renewal form. Reversal of Retired status requires full Board review and approval.
- DVM - INACTIVE-DISABLED** Annual fee is **\$125**. Twenty (20) CE hours are required.
An Affidavit of Disability and a Physician's Statement are required to be filed annually with renewal form. Reversal of incapacitated status requires a physician's statement and Board review and approval. May qualify for CE exemption.
- DVM - ACTIVE DUTY MILITARY** May qualify for fee and CE exemption.
An Affidavit from the Commanding Officer or Active Military Order is required to be on file annually with the renewal form.
- RVT** Annual fee is **\$30**. Ten (10) hours of CE are required.
- CAET** Annual fee is **\$50**. Six (6) hours of CE are required.
- RED** Annual fee is **\$125**. Six (6) hours of CE are required.

CONTINUING EDUCATION: All licensee and certificate holders -

Attach acceptable proof of attendance for the minimum number of hours of approved continuing education as indicated in above section. Enter the total number of hours attached in the space at right.
 Renewals submitted with less than the required number of hours will be returned as partial/ incomplete renewals.
Veterinarians ONLY! – If hours were taken after the June 30 CE deadline, a late CE fee of **\$25** must be included with this renewal submission.

The LATE RENEWAL FEE is due on all renewals not postmarked by midnight SEPTEMBER 30. PLEASE NOTE: Partial submissions will not be accepted or processed. Renewals returned to you because they are incomplete are not processed. Please mail EARLY. Late fees will apply to returned forms not re-submitted to the board office postmarked by September 30.
 Late fees are as follows: DVMs - \$150 RVTs - \$20 CAETs - \$25 REDs - \$100.

ALL RENEWAL FORMS MUST BE SIGNED:

The renewal period is July 1 through **September 30** each year. Renewals will not be accepted prior to July 1.

Your Legal Signature

Date Signed

Verification of your renewal should be mailed to you within approximately three-four weeks. If you do not receive it in that time frame, please contact the board office.

FOR OFFICE USE:

Fiscal Year: _____ License Status: _____ Fee Status: _____ CE Status: _____

Check No.: _____ Amount: \$ _____ Pmt Description: _____ By: _____

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Check No.: _____ Amount: \$ _____ Pmt Description: _____ By: _____