



State of Maine

BOARD OF VETERINARY MEDICINE

Applicant information to assist in completing your application

Veterinarian Reinstatement

Do not return the following informational pages with your application; it is for your information only

Department of Professional and Financial Regulation
Office of Licensing and Registration
(Mailing address) 35 State House Station, Augusta, ME 04333
(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345

Office Direct Line (207) 624-8689 or Main Receptionist (207) 624-8603
TTY/Hearing Impaired 1-888-577-6690
FAX (207) 624-8637

Web address: www.maine.gov/professionallicensing
Email: vetmed.lic@maine.gov

APPLICATION INSTRUCTIONS

Veterinarian Reinstatement

Information checklist for documents to be submitted to the Board in one package at time of application. (This is an abbreviated checklist and does not replace the requirements outlined in the Board of Veterinary Medicine Laws and Rules. Please review them carefully for more detailed and clarifying information.)

Fax submissions of applications and supporting documentation will not be accepted.

Completed Application

Complete, sign and submit with the appropriate fees and documentation.

Proof of Education

Official transcripts

Examination Scores

Submit proof of successfully passing the NBE, CCT or NAVLE. For NBE, CCT or NAVLE scores contact the American Association of Veterinary State Boards at (877) 698-8482 or go to www.aavsb.org to have your scores forwarded directly to the Board. An adjusted score of 70% or more is considered passing in Maine.

Foreign Graduates

Applicants who are not graduates of schools of veterinary medicine accredited by the American Veterinary Medical Association (AVMA) must submit a certificate issued by the Educational Commission for Foreign Veterinary Graduates (ECFVG) or successful completion of the Program for the Assessment of Veterinary Educations Equivalence ("PAVE").

Any other supporting documentation such as: verification of licensure or criminal conviction information

Submit verification from every state in which you currently hold or have ever held any type of professional license (except Maine).

Court judgment and decision of any criminal conviction and a written statement regarding the crime.

Verification of Experience – Endorsement Candidates ONLY

This form is to be completed by a veterinarian, currently licensed in your state, who is familiar with your practice. The verifying veterinarian must be from the same state in which the applicant is currently licensed and practicing. This form applies to candidates that have taken only the NBE and are being considered for licensure by ENDORSEMENT.

I

CONTINUING EDUCATION

As a Veterinarian you will be required to satisfy the Continuing Education requirements identified in Chapter 4 of the Board's rules. Please be sure to review this chapter carefully.

INITIAL EACH PAGE OF YOUR APPLICATION WHERE NOTED. Be sure to initial the bottom of each page where noted on your application. This is critical to insuring that each page of your application is intact with the correlating application and will help us with expediting your application review.

The Board of Veterinary Medicine requires that all supporting documents and fees be submitted with the filing of your application. **Your application will be considered incomplete and will be returned if supporting documents and/or fees are omitted.** Documents that have been modified or altered in any way will not be accepted.

PROCESSING TIME:

- ✓ Please allow approximately three (3) weeks processing time from date of receipt.
- ✓ Please do not call our office regarding the status of your application as numerous calls causes delays with processing applications. Information regarding the status of applications may be found at the Office of Licensing and Registration's website www.maine.gov/professionallicensing We appreciate your thoughtful attention to this request.
- ✓ Once your license is issued it is immediately visible online. Licenses are printed off site and require at least 14 days for delivery.

LAWS & RULES RELATED TO VETERINARY MEDICINE

Maine Veterinary Board Laws and Rules

<http://www.maine.gov/pfr/professionallicensing/professions/veterinarians/laws.htm> or
www.maine.gov/professionallicensing

- Title 10 Department of Business Regulation Law §§8001 - 8009
- The Maine Board of Veterinary Medicine Law - 32 MRSA Chapter 71-A via Internet
- The Board's Rules - Chapters 1 through 7

Disclosure: the board is not enforcing Ch. 2, Sec. 4 the written jurisprudence examination has been replaced with an attestation statement on the application for licensure.)

Laws and Rules Related to the Practice of Veterinary Medicine in Maine

Department of Agriculture - Animal Welfare – Part 9

- State of Maine Animal Laws Rules and Regulations <http://www.mainelegislature.org/legis/statutes/7/title7ch0sec0.html>
- Department of Agriculture - General – the following chapters are available at: <http://www.maine.gov/sos/cec/rules/01/chaps01.htm>
- Chapter 206 - Prevention, Control and Eradication of Diseases of Domestic Animals & Poultry
- Chapter 207 - Control of Equine Infectious Anemia
- Chapter 208 - Handling of Domestic Animal & Poultry Vaccines
- Chapter 209 - Livestock Commission and Community Auctions
- Chapter 210 - Poultry for Immediate Slaughter
- Chapter 216 - Rules Governing the Sale of Dogs and Cats and Importation of Dogs and Cats for Resale
- Chapter 220 - Importation of Certain Deer into Maine

Department of Health and Human Services

- Rabies Management Guide is available on the web at: <http://www.maine.gov/agriculture/ahi/documents/Rabies%20Management%20Guide%202005.pdf>

VERIFICATION OF LICENSURE IN ANOTHER STATE OR JURISDICTION

If you hold or have held a Veterinary license in another state or jurisdiction, you must submit evidence from the State of licensure in the form of a License Verification.

Please contact the state of licensure to request an official License Verification. At a minimum, the license verification must contain:

- Name of State providing the License Verification
- Your name
- License number and expiration date
- Status of your license i.e. active, inactive, lapsed, probation, restricted, suspended, revoked...
- Type of license issued to you
- Date your license was issued
- If appropriate, hours of internship completed with beginning and ending dates
- Method your license was issued i.e. Original State, Reciprocity/Endorsement, Score Transfer
- Examinations taken i.e. VTNE, Jurisprudence, other
- Disciplinary action(s) against your license, if any
- Signature and title of person from the licensing jurisdiction providing License Verification
- State Seal

Please direct the licensing jurisdiction to send the License Verification report to you directly and in turn you must submit this verification with your completed Maine application.

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: www.maine.gov/professionallicensing. Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.

NOTICES

BACKGROUND CHECK: Pursuant to 5 MRS §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRS §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRS §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.

SECTION 3: EXAMINATION

Have you ever taken the NBE, CCT, NAVLE or PAVE?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list the jurisdiction(s) where you took the examination, type of examination, date of examination and score:				
Jurisdiction	Examination Type	Date	Score	

SECTION 4: CHECK APPROPRIATE RESPONSE TO THE QUESTIONS BELOW. ANY YES RESPONSE MUST BE FULLY EXPLAINED BY WRITTEN STATEMENT ON A SEPARATE

Do you currently have any physical or mental impairment related to drugs, alcohol, or finding of mental incompetence that would limit your ability to undertake the practice of veterinary medicine safely?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had your United States Drug Enforcement Administration privileges restricted or revoked or limited in any way?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SHEET OF PAPER, SIGNED AND DATED, AND SUBMITTED WITH YOUR APPLICATION.

INITIALS OF APPLICANT

SECTION 5: NOTICES

Public Information

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRS §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website.

10 Day Notification Requirement

This applicant/licensee must report in writing to the Board the following information no later than 10 days after the change or event, as the case may be:

- a. Change of name or address of the licensee;
- b. A criminal conviction of the licensee or anyone listed on this application as having an ownership interest in the licensee;
- c. A revocation, suspension, or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held by the applicant/licensee or anyone listed on this application as having an ownership interest in the licensee; or
- d. Any material change in the conditions or qualifications set forth in the original application for licensure submitted to the Board.

Notice Regarding Social Security Number Disclosure

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRS section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

Notice Regarding Prescriber information: "OPT OUT"

The 2007 Legislature established a state-sponsored "opt out" process for podiatrists, naturopathic doctors and veterinarians to prevent access to practitioner specific prescribing data, through the Maine Health Data Organization. (P.L. 2007, Chapter 460) Prescribers seeking confidentiality protection with the Maine Health Data Organization to prohibit carriers, pharmacies, and prescription drug information intermediaries from licensing, using, selling, or exchanging for value prescription drug information for any marketing purpose that identifies those prescribers are required to complete an electronic form. The link to the site is: <http://mhdo.maine.gov/imhdo/prescriberoptoutintro.aspx>
[This notice allows the board to provide notice and access to the registration site, and allows registration, but does not allow DHHS to enforce the reporting requirements of the law due to an existing order enjoining enforcement of § 1711-E(2-A) issued by the Federal District Court for the District of Maine.]

INITIALS OF APPLICANT

SECTION 6: APPLICANT’S CERTIFICATION AND SIGNATURE

Read the statement below and sign where indicated as your certification of the information provided on this application.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application I understand that the Board of Veterinary Medicine will rely upon this information for issuance of my license and that this information is truthful and factual. I further understand that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

Printed Name of Applicant	Title
Signature of Applicant	Date

Applications that are incomplete, altered, defaced, or compromised will not be accepted and will be returned. This includes, but not limited to, unanswered questions, lack of appropriate signature, information is illegible, missing supporting documents, and/or missing or wrong fee.