Relief Veterinarian Service Permit

Do not return the following 3 informational pages with your application; it is for your information only

Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
(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 users call Maine relay 711
FAX (207) 624-8637
Web address: www.maine.gov/professionallicensing
Email: vetmed.lic@maine.gov
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 State 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

☐ 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.

The State 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 (including the use of any white out substance) in any way will not be accepted.

PROCESSING TIME:
Your application has greater chance of being processed expeditiously if it is complete and all supporting documents are attached. Action on this application is posted to the web in real time. Please visit our website if you wish to monitor progress. If the status appears as Pending, this means that your application was received by this office and it is pending or under review. Once reviewed and if everything about your application is complete and complies with requirements, the authority to administer will be issued and the status will show as ACTIVE.

Please refrain from calling our office to “check” on your application as these calls only serve to slow our ability to review and process applications. Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation’s website www.maine.gov/professionallicensing. We appreciate your thoughtful attention to this request.

IMPORTANT INFORMATION REGARDING YOUR LICENSE: The Office no longer prints licenses. Upon issuance of your license, you will be notified by email using the email address you provide in this application from noreply@maine.gov that your license has been issued with your license attached to the email (a paper license will not be sent by regular mail). The email with your license will contain the access code that is required to renew your license online when the time comes. You may also update your contact information and email address using this access code, go online to www.maine.gov/professionallicensing.

Approximately sixty (60) days prior to the expiration of your license a courtesy renewal reminder will be sent to you by email. It is important that you maintain a current email on file or risk not receiving the renewal reminder. You do not need to wait for a renewal reminder to renew your license. The online renewal opens sixty (60) days prior to the license expiring and you may renew online anytime.
VERIFICATION OF LICENSURE

* * A copy of your license is not considered a license verification * *

If you hold or have held a professional 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, NBE, CCT, NAVLE, 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.

A sample license verification is available on the Board’s website in the applications and forms section.

IMPORTANT: Applications submitted without all of the Verifications of Licensure from the licensing jurisdiction(s) will not be accepted and your application returned as incomplete.

You may also obtain an electronically produced License Verification directly from the State Board website. For electronic License Deliveries please be sure that it contains the State web-address, date the License Verification was printed, and any indication of disciplinary history, e.g. no discipline or discipline. If discipline is indicated, please submit a copy of the discipline imposed such as the Board Order or Agreement.
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 e-mailed to you.

- **How long does it take to process an application?** You can check our website: [www.maine.gov/professionallicensing](http://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.

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.
# Payment Options

**Make checks payable to "Maine State Treasurer"** - If you wish to pay by Mastercard or Visa, fill out the following:

<table>
<thead>
<tr>
<th>NAME OF CARDHOLDER (please print)</th>
<th>FIRST</th>
<th>MIDDLE INITIAL</th>
<th>LAST</th>
</tr>
</thead>
</table>

I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my

- [ ] VISA
- [ ] MASTERCARD

the following amount: $__________

- [ ] I understand that fees are non-refundable

Card number: XXXX-XXXX-XXXX-XXXX  Expiration Date: mm/ yyyy

**SIGNATURE** DATE
SECTION 1: EDUCATION

Please check all that apply:

☐ DVM  ☐ VDM  ☐ ECFVG  ☐ PAVE

<table>
<thead>
<tr>
<th>Name of Educational Provider</th>
<th>Date of Graduation</th>
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Contact Address: Street or P.O. Box

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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Official transcript demonstrating your education must be submitted with your application.

SECTION 2: LICENSE VERIFICATION

DO YOU HOLD OR HAVE EVER HELD A PROFESSIONAL LICENSE?  ☐ Yes  ☐ No

If Yes, complete the following. Use a separate sheet of paper if necessary.

1. State, Territory, Country  License Number/Type  Date Issued  Expiration Date
   |                               |                 |           |                |
2. State, Territory, Country  License Number/Type  Date Issued  Expiration Date
   |                               |                 |           |                |
3. State, Territory, Country  License Number/Type  Date Issued  Expiration Date
   |                               |                 |           |                |

For each of the above, you must submit with this application an official Verification of Licensure from the licensing jurisdiction. IMPORTANT: Applications submitted without all of the Verification of Licensure from the licensing jurisdiction(s) will not be accepted and your application returned as incomplete. A copy of your license is not considered a license verification.
SECTION 4: CHECK APPROPRIATE RESPONSE TO THE QUESTIONS BELOW. ANY YES RESPONSE MUST BE FULLY EXPLAINED BY WRITTEN STATEMENT ON A SEPARATE SHEET OF PAPER, SIGNED AND DATED, AND SUBMITTED WITH YOUR APPLICATION.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>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?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Have you ever had your United States Drug Enforcement Administration privileges restricted or revoked or limited in any way?</td>
<td>☐</td>
<td>☐</td>
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SECTION 5: SPECIFIC LOCATION (Substituting for a Maine Licensed Veterinarian)

| Name of Practice                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| Practice Address                                                                                                             | City | State | Zip |
| Veterinarian that will be absent or incapacitated                                                                                                                                                               | Lic. No. |

Signature of Veterinarian that will be absent or incapacitated

Beginning Date of Employment          Ending Date of Employment
SECTION 6: NOTICES

PLEASE NOTE - 10 Day Notification Requirement

Pursuant to 10 MRS §8003-G - any change in name, address, email address, criminal convictions, disciplinary actions, or any material change set forth in your original application for licensure must be reported to the Office within 10 days.

You can access this Law for your review at:
http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html

Permit Duration, Extensions and Substituting for a Maine-licensed Veterinarian

The initial term of a permit issued may not exceed 30 days. Extensions may be granted at the discretion of the board. You must refile a new application together with a letter requesting an extension and the reason for the requested extension. Pursuant to 32 MRS § 4853 (7-A) "Relief veterinary service" means the practice of veterinary medicine in Maine on a temporary basis by a qualified veterinarian not licensed to practice in this State for the purpose of substituting for a Maine-licensed veterinarian at a specified location during the licensee's absence or period of incapacitation.

SECTION 7: 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 State 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. Applications that are incomplete, altered (including the use of any white out substance), defaced, or compromised will not be accepted and will be returned. This includes, but is not limited to, unanswered questions, lack of appropriate signature, information is illegible, missing supporting documents, and/or missing or wrong fee.

<table>
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<tr>
<th>Printed Name of Applicant</th>
<th>Title</th>
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<th>Signature of Applicant</th>
<th>Date</th>
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