



State of Maine

STATE BOARD OF VETERINARY MEDICINE

Veterinarian Reinstatement

**For licenses that have expired 91 days up to two years
from the date of expiration**

Do not return the following four 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) 624-8620 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

FAQ's

Have a question? Please visit our list of Frequently Asked Questions.

Can I come to Gardiner to drop off my application?

No, the Gardiner Annex is closed to the public until further notice due to the Covid-19 pandemic. Please mail your paper application to our mailing address
35 State House Station, Augusta, ME 04333

APPLICATION INSTRUCTIONS

Veterinarian Reinstatement

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

Examination Scores

Submit proof of successfully passing the NBE, CCT or NAVLE, or a waiver of examination form.

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.

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

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

Verification of Clinical Veterinary Medicine 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.

PROCESSING TIME:

Your application has a greater chance of being processed expeditiously if it is complete and all supporting documents are attached. Please visit our website at www.maine.gov/professionallicensing to monitor your application's progress in real time in lieu of calling our office on receipt or status progress of your application. If the status appears as "PENDING," this means that your application was received by this office, and is pending or under review. Once reviewed, if your application is complete and complies with requirements, the license will be issued. The status online will show as "ACTIVE," If your application is incomplete, a letter will be sent to you by email.

IMPORTANT INFORMATION REGARDING YOUR LICENSE

The Office no longer prints licenses. Your license will be sent to you at the email address you provide to us on your application. The license will arrive to your email box under this email address: noreply@maine.gov. The attachment with this email is your license where you may open it and print your license. A paper license will not be sent to you, your license is the document attached to the noreply@maine.gov email.

IMPORTANT TO RETAIN FOR FUTURE RENEWALS

The noreply@maine.gov email with your license **will contain the password that is required to renew your license online when the time comes.** Do not lose your password. You may also update your contact information and email address on our website www.maine.gov/professionallicensing using your password. Please remember, that if you change your email address at any time, you must by law, update your email address online within 10 days of the change. Failing to maintain a current email will jeopardize any notices sent to you by this Office.

Approximately sixty (60) days prior to the expiration of your license a courtesy renewal reminder may be sent to you by email, which is the opening period you may begin to renew your license. Failure to receive a courtesy renewal reminder notice does not waive your responsibility to renew your license in a timely manner or to practice without a valid license in violation of laws.

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.

You must contact the State Licensing Board or Jurisdiction that you currently hold a valid license to obtain a license verification. At a minimum, the license verification must include:

- Initial date of issuance
- Expiration date
- Current status, i.e. active, inactive, lapsed, probation, restricted, suspended, or revoked.
- Indication of discipline-yes/no, a checkbox, (no) files attached, etc. - if the State requires a separate search, such as New York State, submit the page where your name would be listed if you had discipline, but do not submit all the search results (could be 20-30 pages).

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 Verifications please be sure that it contains the State web-address and date the License Verification was printed, and any indication of disciplinary history.



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)

FULL LEGAL NAME *FIRST* *MIDDLE INITIAL* *LAST*

ANY OTHER NAMES EVER USED:

DATE OF BIRTH *mm / dd / yyyy* SOCIAL SECURITY NUMBER - -

CONTACT ADDRESS

CITY STATE ZIP COUNTY

PHONE # () FAX # () E-MAIL (**Your license will be emailed**)

BACKGROUND CHECK NOTICE: 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 Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

State Board of Veterinary Medicine

Veterinarian Reinstatement

Required Fees: \$196.00 (**Non-Refundable**)

(includes license, late fee and criminal records check fees)

FOR LICENSES THAT HAVE EXPIRED 91 DAYS UP TO 2 YEARS FROM THE DATE OF EXPIRATION.

License Number: _____

Date License Expired: _____

Office Use Only:

(VT) 1427- \$75.00
2090 - \$100.00
2619 - \$21.00

Office Use Only:

Check # _____

Amount: _____

Cash # _____

Lic. # _____

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by credit card, fill out the following:

NAME OF CARDHOLDER (please print) *FIRST* *MIDDLE INITIAL* *LAST*

MAILING ADDRESS OF CARDHOLDER (please print)

I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my VISA MASTERCARD DISCOVER AMERICAN EXPRESS The following amount: \$_____

I understand that fees are non-refundable

Card number: Expiration Date *mm / yyyy*

SIGNATURE

DATE

SECTION 3: EXAMINATION

Have you ever taken the NBE, CCT, or NAVLE?				<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 QUESTION 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.

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
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SECTION 5: 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>

SECTION 6: AFFIRMATION RELATED TO VETERINARY MEDICINE LAWS AND RULES

Maine Veterinary Board Laws and Rules

<http://www.maine.gov/pfr/professionallicensing/professions/veterinarians/laws.html> 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 , Conservation and Forestry– Applicable Regulations – Part 9

- State of Maine Animal Laws Rules and Regulations <http://www.mainelegislature.org/legis/statutes/7/title7ch0sec0.html>
- Department of Agriculture , Conservation and Forestry– 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/dacf/ahw/animal_health/documents/MaineRabiesManagementGuide2017-4thedition.pdf.

Licensing Rules for the Department of Professional and Financial Regulation, Chapters 10, 11, and 13: <http://www.maine.gov/sos/cec/rules/02/chap02.htm#41>

Statutory Authority, Titles 5 & 10:

<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

<http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

I have read and agree to abide by the Laws and Rules listed above. Please check one:


Yes

No

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

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 discipline 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
	

VERIFICATION OF CLINICAL VETERINARY MEDICINE EXPERIENCE/WAIVER OF EXAMINATION

Reference: 32 MRS §4861 (5)(E)

This page is for applicants who have taken only the NBE examination

TO BE COMPLETED BY APPLICANT:

Applicant's Name: _____

Name of Practice: _____ Phone #: _____

Address of Practice: _____

Give a general description of the current focus of your practice:

Applicant's Certification: I hereby certify that the information above is an accurate account of work I perform and that I have actively practiced veterinary medicine for 3,000 hours during the three years immediately preceding my application to Maine.

Signature _____ Date _____

TO BE COMPLETED BY THE VETERINARIAN THAT IS ATTESTING TO THE APPLICANT'S VETERINARY WORK EXPERIENCE

(The verifying veterinarian must be licensed in the same state in which the applicant is currently licensed and practicing):

Based on your personal knowledge of the above named applicant:

1. How long (months/years) have you known the applicant? _____
Dates: From/To _____

2. When did he/she begin practicing veterinary medicine? _____

3. Does the applicant have at least 3,000 hours of work experience acquired within the previous three (3) years of the date of this application? ____ Yes ____ No

4. Has this person actively practiced veterinary medicine for 3,000 hours during the three years immediately preceding this application? ____ Yes ____ No

5. List the total hours of work experience: _____
(# of hours)

I hereby certify that the above statements are true and accurate to the best of my knowledge.

Please print your name: _____ Contact Number: _____

Signature: _____ Date: _____

Jurisdiction License Number & Expiration Date: _____