



APPLICATION FOR VETERINARIAN REINSTATEMENT/REACTIVATION

GEORGIA STATE BOARD OF VETERINARY MEDICINE
237 Coliseum Drive
Macon, Georgia 31217
Phone (478) 207-2440
www.sos.ga.gov/plb/veterinary

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Veterinary Medicine in the State of Georgia. Visit the Board's website for the laws, rules and information: <http://www.sos.ga.gov/plb/veterinary>.

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board.
Please review this application before you submit it to ensure that all information and documentation is complete and correct.
Incomplete applications result in delayed processing.
Incomplete applications are void after one year.

The \$600.00 **non-refundable** application fee payable to **Georgia State Board of Veterinary Medicine** must be included with application. Please note that the fee for checks returned for non-sufficient funds is \$40.00. Please mail application package in a 9 X 12 envelope with pages unstapled and unfolded.

- NOTARIZED APPLICATION:** The completed two-page application must be mailed to the Board's office at the address listed above, along with your **FEE** and **PHOTOGRAPH** – a photograph taken within one year before the submission of the application. The Board, at their next scheduled meeting, will review the application with the required documentation. Reinstatement/reactivation of licensure is at the Board's discretion.
- CONTINUING EDUCATION HOURS** totaling 30 hours obtained within the last 2 years. Hours used for reinstatement cannot be used for renewal during the next biennium.
- OTHER STATE LICENSURE CERTIFICATION:** If you are or have ever been licensed in another State(s), please have that/those state(s) officially certify that license directly to the Board's office.
- GEORGIA LAW EXAM:** You must submit a completed Law Exam, and obtain a passing score on this exam. The exam can be downloaded from our website at www.sos.ga.gov/plb/veterinary, and link to Download Forms.

HAVE YOU PRACTICED VETERINARY MEDICINE IN GA. SINCE EXPIRATION OF LICENSE? YES NO

Complete the enclosed Verification of Employment Form for each employer you list below even if you were self-employed.

OTHER STATE LICENSE(S)

IF YOU HAVE EVER BEEN ISSUED A LICENSE BY ANY OTHER STATE, YOU MUST CONTACT THAT STATE BOARD AND HAVE VERIFICATION MAILED DIRECTLY TO THE ADDRESS LISTED ABOVE, AND COMPLETE THIS SECTION. **IF LICENSE HAS EVER BEEN DISCIPLINED, ATTACH COPY OF DOCUMENTS.**

STATE	PROFESSION	YEAR ISSUED	CURRENT STATUS	DISCIPLINARY ACTION?
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

PROFESSIONAL EXPERIENCE (FROM DATE OF LICENSE EXPIRATION TO PRESENT)

TYPE OF PRACTICE/EXPERIENCE AND LOCATION	DATES	
	FROM (MO/YR)	TO (MO/YR)

- 1) Have you ever been convicted of a misdemeanor or felony (other than minor traffic violations), or entered a plea of guilty, nolo contendere, or under "First Offender Act", or been sanctioned by another Board?
 Yes No
- 2) Have you ever had revoked or suspended or otherwise been sanctioned for any license issued by any board or agency in Georgia or in any other state?
 Yes No
- 3) Have you ever been denied issuance of, or pursuant to disciplinary proceedings, refused renewal of DEA registration or a license by any board or agency in Georgia or any other state?
 Yes No
- 4) Have you ever had a DEA registration or license surrendered, revoked or suspended?
 Yes No
- 5) To your knowledge, are you the subject of an investigation by any licensing board or agency as of the date of this application?
 Yes No

Please attach an explanation for each question to which you have answered "Yes".

PHYSICAL/MENTAL CONDITION

- 1) Within the previous two (2) years, have you been dependent on alcohol or any other drug, or been treated for dependency on alcohol or any other drug?
Yes No
- 2) Do you have any physical or mental condition which renders you unable to practice veterinary medicine with reasonable skill and safety to patients?
Yes No

Please attach an explanation for each question to which you have answered "Yes".

APPLICANT AFFADAVIT

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Veterinary Medicine and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) _____ I am a United States citizen 18 years of age or older. Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on pages 6 & 7 of this application.

2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of Veterinary Medicine and/or criminal prosecution.

APPLICANT'S SIGNATURE

DATE

Personally appeared before me, the undersigned official authorized to administer oaths, comes

_____ who deposes and swears that he/she is the person who executed this application for a license to practice Veterinary Medicine in the State of Georgia; and that all of the statements herein contained are true to the best of his/her knowledge and belief.

(Applicant's Name)

Sworn to and subscribed before me this _____ day of _____, 2_____

Notary Public Signature _____

County

State

My Commission Expires _____

(seal)

GEORGIA STATE BOARD OF VETERINARY MEDICINE

237 Coliseum Drive, Macon, Georgia 31217-3858

VERIFICATION OF EMPLOYMENT

Instructions:

- 1. Applicant: complete Section I and sign.
- 2. Submit this form to your most recent **employer(s) (Personnel Director, Human Resources Department)** who can provide verification of your practice as a Veterinarian or Veterinary Technician. Self-employed individuals still must complete a form. **Submit this completed, signed and notarized form with your application.**

Section I (To be completed by applicant)

Printed Name of Applicant: _____
Last First Middle Maiden

Applicants Address: _____
Street City State Zip Code

RELEASE: I do hereby consent to and authorize the release of any and all records and information concerning my employment as an Veterinarian or Veterinary Technician to the Georgia State Board of Veterinary Medicine. I understand this information is required as part of the application for licensure process

Signature of Applicant: _____

Applicant Phone Number(s): _____

APPLICANT – DO NOT WRITE BELOW THIS LINE:

Section II (To be completed by person verifying employment)

Instructions:

- 1. Complete Section II of this form.
- 2. Veterinarian or Veterinary Technician employment must have been for compensation.
- 3. Return the signed, notarized and completed form to the applicant for submission with their application materials.

1. Name of Business: _____ Phone Number: _____

2. Physical Location of practice: _____
(City/State/Zip Code)

3. Applicant's Position/Title: _____ 4. Employment Dates: From: _____ To: _____

5. Description of Applicant's experience in facility: _____

6. Printed name and title of person verifying employment: _____
(Name) (Title)

(Signature of Individual Completing this information)

Sworn to and subscribed before me this

Signature of Employer/Person completing this form

_____ day of _____, 20____

Notary Public Signature (Notary Seal)

My commission expires: _____

Georgia Bureau of Investigation
Georgia Crime Information Center (GCIC)

Consent Form

I hereby authorize the Georgia Board of Veterinary Medicine to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local justice agency in Georgia.

Full Name (Print)

Address

Sex

Race

Date of Birth

Social Security Number

By signing this form, I acknowledge that I have been informed of the Non-Criminal Justice Applicant's Privacy Rights and the Privacy Act Statement (Title 28 United States Code § 534) and affirm that I have retained a copy (attachments A and B) for my records.

Signature

Date

Special employment provisions (check if applicable):

Employment with mentally disabled (Purpose Code "M")

Employment with elder care (Purpose code "N")

Employment with children (Purpose code "W")

One of the following must be checked:

This authorization is valid for 90 / 180 / _____ (circle or enter) days from date of signature.

I, _____ give consent to the above named to perform periodic criminal background checks for the duration of my licensure with this state.

Attachment A

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

Attachment B

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

Name

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. §50-36-2(b)(3); 22 CFR § 41.2]

_____A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36- 2(c)]