

APPLICATION FOR RENEWAL OF ARKANSAS
VETERINARY MEDICAL LICENSE

COMPLETE BOTH PAGES OF THIS FORM AND RETURN WITH THE FEE. The annual renewal fee for ACTIVE renewal is \$100.00 and INACTIVE renewal is \$25.00 and must be paid on or before March 31. A DELINQUENT FEE OF \$100.00 will be required on all applications postmarked after March 31.

You could be subject to fines of up to \$250.00 per day for non-renewal if you continue to practice without a license in Arkansas after March 31.

Please completely fill out all sections below.

Section 1 – NAME & MAILING ADDRESS

Section 2

Business Phone: _____
Business Fax: _____
E-mail: _____
Home Phone: _____
Cell Phone: _____

Section 3

TYPE OF PRACTICE:

TYPE OF EMPLOYER:

Section 4

Are you renewing as:

Active ___

Inactive ___

Not Renewing ___

Section 5

During the previous calendar year were you:

1. Charged with or convicted of a felony? YES ___ NO ___
2. The subject of any disciplinary action (including a consent or settlement agreement) by any government agency or licensing authority (including this Board**)? YES ___ NO ___
3. Are you currently the subject of any criminal proceedings or licensure/regulatory investigations? YES ___ NO ___

(If yes to any of the above, give full details on a separate sheet; ** no details required if action or investigation is by the AR Veterinary Medical Examining Board – just mark “YES”).

**** CERTIFICATION ****

I hereby certify that the information on this application and continuing education hours listed are true and correct to the best of my knowledge.

Signed _____ Date _____

FOR OFFICIAL USE ONLY

License No.	Transaction No.	Check No.
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CONTINUING EDUCATION
APRIL 1st – MARCH 31st

Before any license is renewed on an ACTIVE basis, the licensee shall certify that he or she has obtained twenty (20) hours of continuing education. List conference/meeting/program, location, date and actual hours of attendance (i.e. ArVMA Winter Meeting, Hot Springs, AR (date) 20 hours).

1. Veterinary medicine and surgery (**10 hours required**) and/or record keeping at a conference/seminar:
- A. _____ (Hours) _____
 - B. _____ (Hours) _____
 - C. _____ (Hours) _____
 - D. _____ (Hours) _____

CREDIT HOURS GAINED BY THIS MEANS _____

2. Local meetings pre-approved by the Board towards the required 10 hours of veterinary medicine and surgery:
- A. _____ (Hours) _____
 - B. _____ (Hours) _____
 - C. _____ (Hours) _____
 - D. _____ (Hours) _____

CREDIT HOURS GAINED BY THIS MEANS _____

3. Practice mgmt/online education/videos/veterinary chiropractic, acupuncture, holistic, homeopathy (**5 hours max**):
- A. _____ (Hours) _____
 - B. _____ (Hours) _____
 - C. _____ (Hours) _____
 - D. _____ (Hours) _____

CREDIT HOURS GAINED BY THIS MEANS _____

4. Visitation with a colleague (not associated with your practice) at the facility of that colleague (**4 hours max**):
- A. _____ (Hours) _____
 - B. _____ (Hours) _____
 - C. _____ (Hours) _____
 - D. _____ (Hours) _____

CREDIT HOURS GAINED BY THIS MEANS _____

5. Other – Local district meetings (**4 hours max**), Compendium/Exhibit hall (**2 hours max**):
- A. _____ (Hours) _____
 - B. _____ (Hours) _____
 - C. _____ (Hours) _____
 - D. _____ (Hours) _____

CREDIT HOURS GAINED BY THIS MEANS..... _____

TOTAL HOURS (MUST EQUAL OR EXCEED 20 HOURS) _____

Return this application with **required fee** to:

Arkansas Department of Agriculture
Veterinary Medical Examining Board
1 Natural Resources Drive
Little Rock, AR 72205