

APPLICATION FOR RENEWAL OF ARKANSAS  
VETERINARY MEDICAL LICENSE

COMPLETE BOTH PAGES OF THIS FORM AND RETURN IT WITH THE FEE. The annual renewal fee for an **ACTIVE renewal is \$100.00** and for an **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.
-------------	-----------------	-----------

**CONTINUING EDUCATION  
APRIL 1<sup>st</sup> – MARCH 31<sup>st</sup>**

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. Education pertaining to veterinary medicine and surgery (**Minimum 10 hours required**):
- A. \_\_\_\_\_ (Hours) \_\_\_\_\_
  - B. \_\_\_\_\_ (Hours) \_\_\_\_\_
  - C. \_\_\_\_\_ (Hours) \_\_\_\_\_
  - D. \_\_\_\_\_ (Hours) \_\_\_\_\_

**CREDIT HOURS GAINED BY THIS MEANS** ..... \_\_\_\_\_

2. Education pertaining to non-scientific topics (**Maximum 8 hours allowed**):
- A. \_\_\_\_\_ (Hours) \_\_\_\_\_
  - B. \_\_\_\_\_ (Hours) \_\_\_\_\_
  - C. \_\_\_\_\_ (Hours) \_\_\_\_\_
  - D. \_\_\_\_\_ (Hours) \_\_\_\_\_

**CREDIT HOURS GAINED BY THIS MEANS** ..... \_\_\_\_\_

3. Visitation with a colleague not associated with your practice at the facility of that colleague (**Maximum 2 hours allowed**):
- A. \_\_\_\_\_ (Hours) \_\_\_\_\_
  - B. \_\_\_\_\_ (Hours) \_\_\_\_\_

**CREDIT HOURS GAINED BY THIS MEANS** ..... \_\_\_\_\_

4. Education obtained by attending the exhibit hall at a state or national meeting (**Maximum 2 hours allowed**):
- A. \_\_\_\_\_ (Hours) \_\_\_\_\_
  - B. \_\_\_\_\_ (Hours) \_\_\_\_\_

**CREDIT HOURS GAINED BY THIS MEANS** ..... \_\_\_\_\_

**TOTAL HOURS (MUST EQUAL OR EXCEED 20 HOURS)** ..... **\_\_\_\_\_**

Of the hours listed above, how many hours were taken in-person OR through a live online format, and how many hours were taken through a pre-recorded online format?

- 1. In-Person/Live Online (**Minimum 10 hours required**): \_\_\_\_\_
- 2. Pre-Recorded Online (**Maximum 10 hours allowed**): \_\_\_\_\_

**TOTAL HOURS MUST EQUAL HOURS LISTED IN TOP SECTION** ..... **\_\_\_\_\_**

Return this application with required fee to:

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