



# State of Maine

## BOARD OF VETERINARY MEDICINE

### Application and applicant information to assist in completing your application

### Veterinarian Reinstatement

**Do not return the following 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/Hearing Impaired 1-888-577-6690  
FAX (207) 624-8637

Web address: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)  
Email: [vetmed.lic@maine.gov](mailto:vetmed.lic@maine.gov)

## **APPLICATION INSTRUCTIONS**

### Veterinarian Reinstatement

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 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](http://www.aavsb.org) to have your scores forwarded directly to the Board. An adjusted score of 70% or more is considered passing in Maine.

**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 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.

**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.

## **CONTINUING EDUCATION**

As a Veterinarian you will be required to satisfy the Continuing Education requirements identified in Chapter 4 of the Board's rules. Please be sure to review this chapter carefully.

**INITIAL EACH PAGE OF YOUR APPLICATION WHERE NOTED.** Be sure to initial the bottom of each page where noted on your application. This is critical to insuring that each page of your application is intact with the correlating application and will help us with expediting your application review. All pages requiring initials must be returned to our office as part of your complete application.

The 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:**

- ✓ Please do not call our office regarding the status of your application as numerous calls causes delays with processing applications. Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation's website [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing). We appreciate your thoughtful attention to this request.
- ✓ Once your license is issued it is immediately visible online. Licenses are printed off site and require at least 14 days for delivery.

# VERIFICATION OF LICENSURE IN ANOTHER STATE OR JURISDICTION

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 Verifications please be sure that it contains the State web-address and date the License Verification was printed.



STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION  
BOARD OF VETERINARY MEDICINE  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035

**Notice to Applicants Regarding Confidentiality of Prescriber Information**

Prescription drug information that identifies the prescriber is sometimes used for marketing purposes by carriers, pharmacies, and prescription drug information intermediaries. A new Maine law 2007 Public Law Chapter 460 (<http://janus.state.me.us/legis/ros/lom/LOM123rd/PUBLIC460.asp>) entitled "An Act to Amend the Prescription Privacy Law" now enables authorized prescribers (including **Licensed Naturopathic Doctors, Licensed Podiatrists, and Licensed Veterinarians**) to file for confidential protection of their prescriber information.

Effective January 1, 2008, carriers, pharmacies, and prescription drug information intermediaries will be prohibited from licensing, using, selling, or exchanging for value, for any marketing purpose, prescription drug information that identifies a prescriber who has filed for confidentiality protection. A prescriber who files for confidential protection will have such protection until he or she revokes that protection. Applicants and licensees who desire this confidentiality protection may file for such protection with the Maine Health Data Organization.

Below is an electronic link to the Maine Health Data Organization website where prescribers may enroll in the confidentiality program: <http://mhdo.maine.gov/imhdo/prescriberoptoutintro.aspx>

For more information regarding the confidentiality program please contact the Maine Health Data Organization at: <http://mhdo.maine.gov/imhdo/index.aspx> or call them at (207)287-6722.

**Important Notice to prescribers**

The U.S. District Court in Bangor has issued a preliminary injunction which prevents the Attorney General from enforcing this statute. However, the Court has allowed certain non-enforcement aspects of the statute to proceed, including allowing interested health care providers to request that their prescription drug information not be sold or used for marketing purposes by using the registration process on this webpage. In the event you elect to request confidentiality protection, your request will be duly filed, but your prescription drug information will remain subject to marketing by carriers, pharmacies and prescription drug intermediaries unless and until the preliminary injunction of the U.S. District Court is vacated. For further information, you may reference the orders of the U.S. District Court by the following links:

[JAW 01-02-2008 1-07-cv127 IMS V MAINE.pdf](#)

[JAW 02-15-2008 1-07cv127 IMS V MAINE.pdf](#)

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

**Mailing Address:** 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345  
Phone: (207) 624-8603 Fax: (207) 624-8637 Hearing Impaired: (888) 577-6690 web: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

### 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 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.

### NOTICES

**BACKGROUND CHECK:** 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.

**PUBLIC RECORD:** This application is a public record for purposes of the Maine Freedom of Access Law (1 MRS §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

**SOCIAL SECURITY NUMBER:** The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRS §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

#### 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.



**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	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED:			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	-   -
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # (   )	FAX # (   )	E-MAIL	

**CRIMINAL BACKGROUND DISCLOSURE**

*NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.*

1. **Have you ever been convicted by any court of any crime?**  

(circle one)
**NO**
**YES**

If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.
2. **Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one)**  

(circle one)
**NO**
**YES**

If yes, enclose a detailed explanation and copies of all documents.

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 affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

<b>SIGNATURE</b>	<b>DATE</b>
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**Board of Veterinary Medicine  
Veterinarian Reinstatement  
Required Fees: \$371.00**

(includes application, 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    1446 - \$150.00  
       1427- \$100.00  
       2090 - \$100.00  
       2619 - \$21.00

*Office Use Only:*

Check # \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Cash # \_\_\_\_\_  
 Lic. # \_\_\_\_\_  
 Issue Date \_\_\_\_\_  
 Exp. Date \_\_\_\_\_

**PAYMENT OPTIONS:**

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

NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my			
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD		the following amount: \$ _____	
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>
<b>SIGNATURE</b>	<b>DATE</b>		



**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 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.**

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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

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

\_\_\_\_\_  
INITIALS OF APPLICANT

## **SECTION 5: NOTICES**

### **Public Information**

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRS §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website.

### **10 Day Notification Requirement**

This applicant/licensee must report in writing to the Board the following information no later than 10 days after the change or event, as the case may be:

- a. Change of name or address of the licensee;
- b. A criminal conviction of the licensee or anyone listed on this application as having an ownership interest in the licensee;
- c. A revocation, suspension, or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held by the applicant/licensee or anyone listed on this application as having an ownership interest in the licensee; or
- d. Any material change in the conditions or qualifications set forth in the original application for licensure submitted to the Board.

### **Notice Regarding Social Security Number Disclosure**

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRS section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

### **Notice Regarding Prescriber information: "OPT OUT"**

The 2007 Legislature established a state-sponsored "opt out" process for podiatrists, naturopathic doctors and veterinarians to prevent access to practitioner specific prescribing data, through the Maine Health Data Organization. (P.L. 2007, Chapter 460) Prescribers seeking confidentiality protection with the Maine Health Data Organization to prohibit carriers, pharmacies, and prescription drug information intermediaries from licensing, using, selling, or exchanging for value prescription drug information for any marketing purpose that identifies those prescribers are required to complete an electronic form. The link to the site is: <http://mhdo.maine.gov/imhdo/prescriberoptoutintro.aspx>  
[This notice allows the board to provide notice and access to the registration site, and allows registration, but does not allow DHHS to enforce the reporting requirements of the law due to an existing order enjoining enforcement of § 1711-E(2-A) issued by the Federal District Court for the District of Maine.]

\_\_\_\_\_  
INITIALS OF APPLICANT

**SECTION 6: LAWS & RULES RELATED TO VETERINARY MEDICINE**

**Maine Veterinary Board Laws and Rules**

<http://www.maine.gov/pfr/professionallicensing/professions/veterinarians/laws.htm> or [www.maine.gov/professionallicensing](http://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 - Animal Welfare – Part 9*

- State of Maine Animal Laws Rules and Regulations <http://www.mainelegislature.org/legis/statutes/7/title7ch0sec0.html>
- Department of Agriculture - 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/agriculture/ahi/documents/Rabies%20Management%20Guide%202005.pdf>

**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 signing this application, I agree to abide by the Maine Veterinary Practice Act, Board Rules and Laws and Rules related to the practice of Veterinary Medicine in Maine. Above is a list of the relevant laws and rules and information on where to obtain these documents. This office cannot provide you with hardcopy documents, please visit the website(s) listed to obtain electronically available documents. These documents may be subject to change without notice and it is strongly advised that you periodically revisit these sites for any updates.

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 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.

Printed Name of Applicant	Title
Signature of Applicant	Date

**VERIFICATION OF CLINICAL VETERINARY MEDICINE EXPERIENCE**

**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 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: \_\_\_\_\_

**WAIVER OF EXAMINATION**

**This page is for applicants who may qualify under 32 MRS §4861 (5)**

**Effect June 1, 2011**

*“Notwithstanding this subsection, the board shall waive the requirement that a veterinarian pass an examination for veterinarians who have, during the 6 years preceding the application, actively practiced clinical veterinary medicine for at least 6,000 hours without disciplinary action relating to the practice of veterinary medicine by another state, United States territory or province of Canada.”*

**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 6,000 hours 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 6,000 hours of work experience acquired within the previous six (6) years of the date of this application? \_\_\_\_ Yes \_\_\_\_ No
4. Has this person actively practiced veterinary medicine for 6,000 hours during the six years immediately preceding this application? \_\_\_\_ Yes \_\_\_\_ No
5. A brief explanation as to your knowledge of a true fact: \_\_\_\_\_  
\_\_\_\_\_
6. 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: \_\_\_\_\_