

**State of Tennessee  
Department of Health**

**BOARD OF VETERINARY MEDICAL EXAMINERS**

**665 Mainstream Drive  
Nashville, TN 37243  
(Toll Free In State) 1-800-778-4123 ext. 5325090  
Local Nashville Area 615-532-5090  
[tn.gov/health](http://tn.gov/health)**



**Procedures for Reinstatement of Licensure**

**Veterinarian/Veterinary Medical Technician**



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
HEALTH RELATED BOARDS  
665 MAINSTREAM DRIVE  
NASHVILLE, TN 37243

**Tennessee Board of Veterinary Medical Examiners**

(Toll Free In State) 1-800-778-4123 ext. 5325090  
Local Nashville Area 615-532-5090  
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**Instructions/Procedures for Licensure Reinstatement/Reactivation:**

1. Submit a letter to the Board requesting reinstatement/reactivation of license.
2. Complete application for licensure reinstatement/reactivation and submit the following:
  - Verification of licensure from all states or provinces in which a license is held including any disciplinary information.
  - Proof of completion of continuing education hours equal to the number of hours required by the Board during the time the license was in an inactive status.\*  
\*Licenses in a "Failed to Renew" status must submit continuing education hours for all years since the date of the last renewal.
  - Retirees must submit evidence of continuous practice in another state during period of retirement of Tennessee license or if not engaged in continuous practice, appear before Board for an oral examination.
  - Payment of fees.
  - Declaration of U.S. Citizenship (**All applicants must complete this form.**)
3. Upon receipt of completed application and payment of related fees, file will be reviewed and a letter will be issued to the applicant noting any deficiencies.
4. Completed files will be reviewed for approval.
5. If approved, a letter will be issued authorizing the license to begin practicing pending final review and ratification by the Board. Upon said Board ratification, a certificate will be mailed.

Please allow six (6) weeks for all documents to be received in our office.

Mail to: Tennessee Board of Veterinary Medical Examiners  
665 Mainstream Drive  
Nashville, Tennessee 37243

**VETERINARIAN/  
VETERINARY MEDICAL  
TECHNICIAN  
APPLICATION FOR  
REINSTATEMENT**



**STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
HEALTH RELATED BOARDS  
665 MAINSTREAM DRIVE  
NASHVILLE, TN 37243  
615-532-5090**

**ATTACH  
PICTURE SO  
THAT IT MAY BE  
EASILY  
REMOVED**

**PLACE FULL  
NAME ON  
BACK OF  
PICTURE**

**(MUST BE TYPED OR PRINTED NEATLY)**

**VETERINARIAN \_\_\_\_\_ VETERINARY MEDICAL TECHNICIAN \_\_\_\_\_**

**LICENSE NUMBER \_\_\_\_\_ STATUS \_\_\_\_\_**

**S.S.N. \_\_\_\_\_ - - \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month/Day/Year**

**Name \_\_\_\_\_  
Last First Middle (Maiden)**

**Home  
Address \_\_\_\_\_  
(Street)**

**(City) (State) (Zip) (County)**

**Work  
Address \_\_\_\_\_  
Name of Facility**

**(Street)**

**(City) (State) (Zip) (County)**

**Email Address \_\_\_\_\_ Do you wish to receive notification, including renewal  
notification, from the Department of Health via email? \_\_\_Yes \_\_\_No**

**Home Phone (\_\_\_\_) \_\_\_\_\_ Office Phone (\_\_\_\_) \_\_\_\_\_**

**Have you ever had a license in another name? \_\_\_\_ / \_\_\_\_  
Yes No**

**If so, what name? \_\_\_\_\_**

**Are you a U.S. Citizen?\* \_\_\_\_ / \_\_\_\_ \*All applicants must complete the Declaration of Citizenship  
Yes No**

Have you ever been licensed to practice as a veterinarian/veterinary medical technician in another state? \_\_\_\_\_ If so, give particulars:

State	Name	License Number

In what occupation or employment have you been engaged for the past five (5) years? Give names of employers, addresses and dates:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

USE ADDITIONAL SHEET OF PAPER IF NEEDED

Attached are copies of continuing education obtained for the years \_\_\_\_\_.

**Reinstate 2**

## COMPETENCY INFORMATION

**PLEASE ANSWER THE FOLLOWING QUESTIONS.** If any answers to questions in this part are in the affirmative, attach an explanation on a separate sheet. **In support of your explanation, the final documents or orders from the issuing states, courts, and/or agencies must be submitted along with this application.**

For the purposes of these questions, the following phrases or words have the following meanings:

1. **“Ability to practice veterinary medicine or veterinary technology”** is to be construed to include all of the following:
  - a. The cognitive capacity to make appropriate clinical diagnosis, exercise reasoned medical judgments, to learn, and keep abreast of medical developments\* (\*a.) is not applicable to veterinary technicians),
  - b. The ability to understand and communicate judgments and medical/patient care information to clients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
  - c. The physical capability to perform veterinary and veterinary technology tasks with or without the use of aids or devices, such as corrective lenses or hearing aids.
2. **“Medical Condition”** includes physiological, mental or psychological conditions or disorders, such as, but not limited to; orthopedic, visual, speech and/or hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.
3. **“Chemical substances”** is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.
4. **“Currently”** does not mean on the day of or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that the use of drugs or alcohol may have an ongoing impact on one’s functioning as a licensee or within the past two (2) years.
5. **“Illegal use of controlled substances”** means the use of controlled substances obtained illegally (e.g., heroin, or cocaine) as well as the use of controlled substances that are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

**QUESTIONS:**

**YES          NO**

- |    |   |       |       |
|----|---|-------|-------|
| 1. | Do you currently have a medical condition which in any way impairs or limits your ability to practice veterinary medicine or veterinary technology with reasonable skill and safety?                                      | _____ | _____ |
|    | a. If yes, are they reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program?  | _____ | _____ |
|    | b. If you have any limitations or impairments caused by an existing medical condition, are they reduced or ameliorated because of the field of practice, the setting; or the manner in which you have chosen to practice? | _____ | _____ |

If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individual assessment of the nature, the severity, and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether you are not eligible for licensure.]

**QUESTIONS:**

**YES          NO**

- |    |   |       |       |
|----|---|-------|-------|
| 2. | Do you currently use chemical substances?   | _____ | _____ |
|    | a. If yes, do they in any way impair or limit your ability to practice veterinary medicine or veterinary technology with reasonable skill and safety?   | _____ | _____ |
| 3. | Are you currently engaged in the illegal use of controlled substances?  | _____ | _____ |
|    | a. If yes, are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaged in the illegal use of controlled substances?   | _____ | _____ |
| 4. | Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?   | _____ | _____ |
| 5. | If you have ever held or applied for a license or certificate to practice veterinary medicine or veterinary technology in any state, country, or province, has or was it ever been denied, reprimanded, suspended, restricted, revoked, or otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action? | _____ | _____ |
| 6. | If you have ever had staff privileges at any hospital or health care facility have they ever been revoked, suspended, curtailed, restricted, limited, otherwise disciplined, or voluntarily surrendered under threat of restriction or disciplinary action?   | _____ | _____ |
| 7. | Have you ever applied for and been denied a state or federal controlled substance certificate?  | _____ | _____ |
|    | a. If you have possessed such a certificate has it ever been revoked, suspended, restricted, otherwise disciplined, or voluntarily under threat of investigation or disciplinary action?  | _____ | _____ |
| 8. | Have you ever been convicted of a felony or a misdemeanor?  | _____ | _____ |

### Reinstate 3

**COMPETENCY INFORMATION CONTINUED**

<b>QUESTIONS:</b>		<b>YES</b>	<b>NO</b>
9.	Have you ever been rejected or censured by a veterinary or veterinary technology medical society?	_____	_____
10.	In relation to the performance of your professional services in any profession:		
A.	Have you ever had a final judgment rendered <u>against</u> you;	_____	_____
b.	Have you ever had settlement of any legal action rendered <u>against</u> you; or	_____	_____
c.	Are there any legal actions pending <u>against</u> you or to which you are a party?	_____	_____
11.	If you have ever held a license or certificate in any health care profession, has it ever been reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action?	_____	_____

**APPLICANT: FILL OUT THE FOLLOWING AFFIDAVIT IN THE PRESENCE OF A NOTARY PUBLIC**

**AFFIDAVIT AND RELEASE**

I, \_\_\_\_\_, of \_\_\_\_\_,  
*(Applicant's Name)* *(City)* *(State)*

being duly sworn and identified as the person referred to in this application, and signed photos attests to the truth of each statement made in said application. I further swear that I have read and understand the law and the Rules and Regulations, which were enclosed in the application packet, and agree to abide by them in the practice of medicine in the State of Tennessee.

**I HEREBY:**

**SIGNIFY** my willingness to appear to answer such questions as the Board may find necessary, which may include a full Board interview.

**RELEASE** to the Board, its staff, and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice medicine.

**AUTHORIZE** the board, its staff, and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications.

**AUTHORIZE** release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

**RELEASE** from liability the Board, its staff, and all their representatives and any and all organizations that provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character, and other qualifications for licensure.

**ACKNOWLEDGE** that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, and other qualifications and for resolving any doubts about such qualifications.

**THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

\_\_\_\_\_  
**SIGNATURE** \_\_\_\_\_  
**DATE**

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC** Affix Seal Here

My Commission expires \_\_\_\_\_

**Reinstate 4**

**ATTACHMENT 1  
REINSTATEMENT**



State where this form  
is being mailed:

\_\_\_\_\_

**STATE OF TENNESSEE  
BOARD OF VETERINARY MEDICAL EXAMINERS  
665 Mainstream Drive  
Nashville, Tennessee 37247-1010**

**(Toll Free In State) 1-800-778-4123 ext. 5325090  
Local Nashville Area 615-532-5090  
tn.gov/health**

**CERTIFICATE OF LICENSURE IN ANOTHER STATE  
APPLICANT SECTION**

Complete this section of this form. Mail to each state where you now hold or have ever held a license (make copies as needed). Type this information.

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

License Number Date Issued

I hereby authorize the \_\_\_\_\_ to  
furnish the Tennessee Veterinary Board any information in your files concerning me, favorable or otherwise.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

**THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE BOARD**

This is to certify that the above-named individual was issued License # \_\_\_\_\_, to  
practice as a \_\_\_\_\_.

Date Issued: \_\_\_\_\_

Licensed by: ( ) Examination Status: ( ) Active  
( ) Endorsement/Reciprocity ( ) Inactive  
( ) Lapsed

Date License Expires: \_\_\_\_\_

Has this license ever been encumbered in any way? (revoked, suspended, limited, surrendered, restricted,  
placed on probation, or denied). ( ) Yes ( ) No If yes, explain on reverse side.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ State \_\_\_\_\_

LL/G6018063/VME

SEAL



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
HEALTH RELATED BOARDS  
665 MAINSTREAM DRIVE  
NASHVILLE, TN 37243

DECLARATION OF CITIZENSHIP  
MUST ACCOMPANY ALL APPLICATIONS FOR INITIAL LICENSURE OR REINSTATEMENT OF LICENSURE

The "SAVE Act" requires Tennessee Department of Health (including all Boards, Commissions, and contractors), along with every local health department in the State, to verify that *every adult* applicant for a professional license is either a U.S. citizen, a "qualified alien," or a nonimmigrant who meets the requirements set out at 8 U.S.C. 1621.

I am a(n) \_\_\_\_\_  
Healthcare Profession (Please Print) License number if applicable

Please Print Legibly

1. Name: \_\_\_\_\_  
Last First Middle Maiden\_
2. Mailing Address: \_\_\_\_\_
3. Phone Number: Home: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Office: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_-\_\_\_\_
4. I am a United States Citizen: \_\_\_Yes \_\_\_No
5. I am a foreign national not physically present in the United States \_\_\_Yes \_\_\_No. If you answered yes, to this question please sign this form in the presence of a notary and return it with your application. No further documentation is required.
6. Applicants Claiming United States Citizenship **MUST** provide one of the following:
  - a) Tennessee Driver's License, or photo ID issued by Department of Safety.
  - b) A valid driver license or ID issued by another state, provided its issuance requirements meet Department of Safety criteria.
  - c) An official birth certificate issued by a U.S. state, territory, or other jurisdiction. Puerto Rican birth certificates issued before July 1, 2010 do not count.
  - d) A federally issued birth certificate.
  - e) A valid, unexpired U.S. passport.
  - f) A report of birth abroad of a U.S. citizen.
  - g) A certificate of citizenship.
  - h) A certificate of naturalization.
  - i) A U.S. citizen ID card.
  - j) Any successor document to #'s a-i above.
  - k) SSN that the entity or local health department may verify with the Social Security Administration in accordance with federal law.
7. If you checked "No" in question 4 please indicate from the list below which category applies to you: (circle one)
  - a) Permanent Residents



- b) A nonimmigrant applicant for a professional or commercial license whose visa for entry into the United States is related to such employment, or a nonimmigrant under the Immigration and Nationality Act (8 U.S.C. 1101 *et seq.*).
- c) Asylees who meet the qualifications set out in 8 U.S.C. 1158
- d) Refugees who meet the qualifications set out in 8 U.S.C. 1157
- e) Persons who have been "paroled into the United States," under 8 U.S.C. 1182(d)(5) or whose deportation has been withheld under 8 U.S.C. 1253.
- f) Cuban or Haitian entrants as defined by section 501(e) of the Refugee Education Assistance Act of 1980
- g) Persons granted conditional entry into the U.S. under 8 U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity.
- h) An alien who has been "battered" or subjected to "extreme cruelty" by a parent or spouse as defined by 8 U.S.C. 1641(c), and also meets the qualifications set out 8 U.S.C. 1641(c)(1)(B). Under the circumstances set out in 8 U.S.C. 1641(c)(2) and (3), victims' children, or the parents of children who are victims, may also apply for benefits as qualified aliens.

Applicants claiming **qualified alien status** (question 7 above), please submit two of the following forms of "documentation of identity and immigration status" as determined by U.S. Homeland Security to be acceptable for verification through the SAVE program. Common types of documents used to verify immigration status are listed below. (Note: If you can provide only one document, your status will be verified through the U.S. Department of Homeland Security's SAVE program):

I-327 (Reentry Permit)

I-551 (Permanent Resident Card or "Green Card")

I-571 (Refugee Travel Document)

I-766 (Employment Authorization Card)

Machine Readable Immigrant Visa (with Temporary I-551 language)

Temporary I-551 stamp (on passport or I-94)

I-94 (Arrival/Departure record)

Unexpired foreign passport

WT/WB Admission Stamp in unexpired foreign passport

I-20 (Certificate of Eligibility for Nonimmigrant F(1) student status- "student visa")

DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

I affirm under the penalty of perjury that the above is true and correct.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

AFFIX SEAL HERE

My Commission Expires: \_\_\_\_\_

**If an applicant is discovered to be an unqualified alien, or otherwise ineligible for benefits under the Act, all recurring benefits provided to that applicant must be immediately terminated. Anyone who purposefully makes a false, fictitious, or fraudulent claim of U.S. citizenship or qualified alien status will be liable under the Tennessee Medicaid False Claims Act, or Tennessee's False Claims Act. Any person who conspires to defraud the state or any local health department by securing a false claim allowed or paid to another person in violation of the Act may be liable under Tennessee's False Claims Act. Upon discovery of an applicant's false, fictitious, or fraudulent claim of U.S. citizenship, state governmental entities and local health departments must also file a criminal complaint with the United States Attorney.**