



VETERINARY MEDICINE INACTIVE REINSTATEMENT

State Form 57277 (6-23)

INDIANA BOARD OF VETERINARY MEDICINE
1202 East 38th Street
Discovery Hall, Ste. 100
Indianapolis, IN 46205
Telephone: (317) 554-2409
E-mail: VetBoard@vetboard.in.gov
www.in.gov/VetBoard

To reinstate your inactive veterinary license, send this form with the reinstatement fee of \$100.00 and required CE documentation to the address above. Make check or money order payable to 'State of Indiana.' If you answer 'Yes' to any disciplinary question below, send a detailed statement regarding the response with your renewal form.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and e-mail address			
Licensee Name	License Number	Expiration Date	Renewal Fee
Street Address			
City	State	ZIP Code	
Telephone Number ()	E-mail Address		

QUESTIONS	
1. Since you last renewed, has any professional license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending in any state or U.S. territory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state or U.S. territory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled <i>nolo contendere</i> to any offense, misdemeanor, or felony in any state or U.S. territory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Since you last renewed, have you had a malpractice judgement against you or settled a malpractice action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Since you last renewed, have you been denied staff membership or privileges in any hospital or clinic or have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or limitations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you engaged in the practice of veterinary medicine in the State of Indiana since the expiration of your Indiana veterinary technician registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No

LICENSEE AFFIRMATION	
I hereby swear or affirm under the penalties of perjury that I have met the continuing education requirements for renewal, understand the Indiana Board of Veterinary Medicine statutes and rules and have answered the questions true to the best of my knowledge.	
Signature of Licensee	Date (month, day, year)

For additional information, please visit us at www.in.gov/VetBoard.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt Number	Date (month, day, year)