



South Carolina Department of Labor, Licensing and Regulation  
**BOARD OF VETERINARY MEDICAL EXAMINERS**  
 PO Box 11329, Columbia, SC 29211-1329  
 (803) 896-4598

**2015-2017 Renewal Application for Veterinarians**

Name: \_\_\_\_\_ License: \_\_\_\_\_

**Renewal Instructions**

1. Complete all questions and blank spaces on this renewal application. **Incomplete applications will be returned.**
2. Fill in this form and attach additional sheets as necessary (i.e. fax number, E-mail, Congressional District, etc.). **Please include all E-Mail addresses.**
3. **Mail completed renewal to the Board on or before March 31, 2015 to avoid a late fee or invalidation of your license. Practicing after March 31, 2015 without a current license is a violation of the Practice Act.**
4. Make checks payable to **LLR-Veterinary Medical Examiners.**

Home Address	Business Address	Mailing Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
Phone: _____	Phone: _____	
Fax: _____	Fax: _____	
E-Mail: _____	E-Mail: _____	
Congressional District: _____	Congressional District: _____	

**Fee Schedule – (Make check payable to LLR-Veterinary Medical Examiners)**

- Renewal on or before March 31, 2015 - **\$300.00**
- Renewal from April 1<sup>st</sup> to April 30, 2015 (renewal fee **plus** \$100 late fee) - **\$400.00**

After **April 30, 2015**, the license is lapsed and must be reinstated. No practice allowed after March 31, 2015 until a valid renewal has been made.

Please indicate if you are willing for your name to be added to a list of volunteer Veterinarians who may be called upon in the event of a natural disaster (i.e. hurricane, etc.).  YES  NO

1. List the name and permanent address of any mobile practice(s) of which you are the owner.

\_\_\_\_\_  
 \_\_\_\_\_

2. List the names and addresses of any additional practice(s) of which you are the owner.

\_\_\_\_\_  
 \_\_\_\_\_

3. List any additional clinic(s) in which you practice.

\_\_\_\_\_  
 \_\_\_\_\_

4. List any states in which you now hold, or have ever held, a license. \_\_\_\_\_

Type of Practice – Number in order of priority to all that pertains to you. (1 being the highest, 7 the lowest)

_____ House Call	_____ Emergency Clinic	_____ Mobile Clinic
_____ Small Animal	_____ Large Animal	_____ Mixed Animal

Working in other field (specify) \_\_\_\_\_

**Continuing Education**

Do you **affirm** that you have obtained a minimum of 30 hours of SC approved continuing education credit in accordance with Section 120-6 or meet the Continuing Education waiver for a newly licensed veterinarian? (NOTE: Veterinarians licensed between April 1, 2013 – March 31, 2014 are required to complete only fifteen (15) hours of continuing education for renewal. Veterinarians licensed between April 1, 2014 – March 31, 2015 are exempt from all CE requirements for renewal.)  YES  NO

**You may be audited for up to three (3) years from the date of renewal for compliance with continuing education requirements.**

**IF YOU ANSWER “YES” TO A QUESTION BELOW, PROVIDE A DETAILED WRITTEN EXPLANATION ALONG WITH A COPY OF THE ORDER OR OTHER RELEVANT DOCUMENTATION(S).**

1. Since you last renewed your license, have you been involved in any pre-trial intervention program, been convicted, pled guilty, or pled nolo contendere (no contest) for the violation of any federal, state or local law or do you have charges pending (other than a minor traffic violation)?  Yes  No
2. Since you last renewed your license, have you had any investigation, formal complaint, disciplinary action or consent order filed against you by any person, employer, or licensing board in any jurisdiction?  Yes  No
3. Since you last renewed your license, have you practiced any regulated profession in any jurisdiction without being properly licensed?  Yes  No
4. Since you last renewed your license, have you developed or been treated for any disease or condition, physical, mental, or emotional (including alcohol or other substance abuse) that may render further practice dangerous to the public?  Yes  No
5. Since you last renewed your license, have you had an application for a professional license, examination, certification or registration denied or refused by any licensing board or other entity or have you ever surrendered a professional license?  Yes  No
6. Since you last renewed your license, have you had a malpractice claim, lawsuit, judgment or settlement filed against you?  Yes  No
7. Since you last renewed your license, has your ability to prescribe controlled substances ever been surrendered, revoked, suspended, limited or restricted?  Yes  No
8. Since you last renewed your license, have you been addicted to or used in excess any drug or chemical substance, including alcohol, or been treated for a drug or alcohol addiction or participated in a rehabilitation program?  Yes  No
9. Has there been any change in the status of your lawful presence in the United States since initial licensure?  Yes  No

I HEREBY swear/affirm I have read all questions on this renewal application and have answered truthfully, accurately, and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my South Carolina license.

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Signature

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Date

*South Carolina Law requires the agency collect personal information which is only disseminated as required by law. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on your renewal application and other documents on file, may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services. In order to better protect the information you provide, please provide the Department with the following information that may be released to the public upon request: a public mailing address, a public email address and a public telephone number.*