Colorado Division of Professions and Occupations
Office of Licensing—Veterinary
1560 Broadway, Suite 1350
Denver, CO 80202
Phone: (303) 894-7800 / Fax: (303) 894-7693
www.dora.colorado.gov/professions

REACTIVATION APPLICATION—VETERINARIAN

APPLICANT INSTRUCTIONS

Mandatory Practice Act. Colorado has a mandatory practice act, which means that you may not practice as a Veterinarian in this state without a Colorado license. Submission of this application does not guarantee licensure. Therefore, do not make life or career decisions based on the probability that you may receive a license. Plan ahead for the time it will take for us to receive all required documents and complete our evaluation.

Basic Requirements. Requirements for licensure are outlined in the Board Statute and Rules. Both can be found online at www.dora.colorado.gov/professions/veterinarians.

About the Application. This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documents must be submitted as requested. You may copy as many forms as needed; however, each form submitted must be completed in original ink or typed. Keep a copy of the completed application for your records.

Application Expiration. Your application will be kept on file for one (1) year from date of receipt in the Division. Your file and all supporting documentation will be purged if you do not submit required documents and complete your application process in one year. You will need to resubmit a new application packet and fee after that time.

Social Security Number is Required. Effective January 1, 2009, a Social Security Number is required for all licensees. The Division will consider an application to be incomplete when the applicant fails to submit his/her Social Security Number. Exceptions are made for foreign nationals not physically present in the United States and for non-immigrants in the United States on student visas who do not have a Social Security Number. These applicants must submit a signed Social Security Number Affidavit in lieu of a Social Security Number. You may call (303) 894-7800 to request that one be mailed to you.

Disclosure of Addresses. Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your address and contact information up-to-date in our database. All letters, renewal notices, and licenses are mailed to the last known address of record. **It will significantly delay the processing of your application if your address of record is not current.** You can change your address online by using Online Services at www.dora.colorado.gov/professions/onlineservices.

Checking Your Application Status. Visit Online Services at www.dora.colorado.gov/professions/onlineservices to track your application from the date we log it in our database to the date your license is printed. Please allow us enough time to receive the application through the mail and enter your application into our database before you check the website. We recommend waiting at least 10 business days from date of mailing before checking the status of your application.

APPLICANT CHECKLIST

To apply to reactivate your inactive Colorado **Veterinarian** license:

☐ **Complete the attached application.** Return the completed application and all supporting documentation to the Office of Licensing.

☐ **Enclose the non-refundable application processing fee.** See page 1 of the application form for current fees. Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and **made payable to *State of Colorado***. All fees are **non-refundable** and subject to change every July 1.

☐ **Provide documentation of any name change.** If your name has changed since you obtained a previously-issued license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e., marriage license, divorce decree, or court order).

If your license has been expired more than two (2) years:

☐ **Provide original verification(s) of licensure** from each state where you have been practicing since your Colorado license expired. Use the attached verification form to request this information.

Return your completed application packet and all supporting documentation to:

Division of Professions and Occupations
Office of Licensing—Veterinary
1560 Broadway, Suite 1350
Denver, CO 80202

Dora
Department of Regulatory Agencies

IMPORTANT NOTICE

TO: All Applicants

FROM: Director of the Division of Professions and Occupations

SUBJECT: Licensure and Criminal History

Thank you for your interest in becoming a licensed* professional within the Division of Professions and Occupations. Before you submit your application, please be aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Division of Professions and Occupations is “public protection through effective licensure and enforcement.” One way the Division safeguards consumers is by issuing licenses to fully qualified, competent, and ethical applicants.

During the licensing process – and depending on the specific application – the Division will ask whether you have ever been disciplined in any state, arrested, charged, convicted, or pled guilty to a crime. An arrest, subsequent criminal conviction, or disciplinary action is not an automatic disqualification from licensure. Instead, the appropriate board or program will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. One thing you must do to obtain the privilege is to be completely honest on your application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the licensure questions. Failure to fully disclose could constitute grounds alone for denial of your application or revocation of your license. More important, avoid some of the common excuses we have heard from people who failed to disclose, such as:

- My attorney told me I didn’t have to disclose the criminal conduct or disciplinary actions.
- I didn’t think the prior conduct had anything to do with the profession.
- I didn’t think the disciplinary action, arrest, charges, or conviction was still on my record.
- I didn’t think it was subject to disclosure because I received a deferred sentence/judgment.

Remember, there is no excuse not to disclose disciplinary actions and criminal conduct. Even after licensure, you are still required to notify your professional licensing board or program about subsequent convictions and disciplinary actions in other states.

The Division conducts audits of its licensing database against several criminal and national disciplinary databases. This allows the Division to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be revoked or denied a license if you have been disciplined, arrested, charged or convicted, but you will most likely be denied or revoked if you fail to disclose it.

**The word "license" is used as a general term. While most of the professions and occupations are licensed, others may be registered, certified, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

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Fax 303.894.7693 www.dora.colorado.gov/professions V/TDD 711

Consumer Protection

Division of Professions and Occupations
Office of Licensing–Veterinary
(303) 894-7800 / Fax (303) 894-7693
www.dora.colorado.gov/professions

Reactivation Application
VETERINARIAN
Fee: $188

The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*.

Colorado Veterinarian License Number: _____ **Date License Inactivated:** _____

PART 1—APPLICANT INFORMATION

Name: Last:	First:	Middle:	Suffix:
Previous Name(s):			
Social Security Number: *	**Date of Birth** (mm/dd/yyyy)**:**	**Gender:** ☐ *Male* ☐ *Female*	
Place of Birth (city and state, or foreign country)**:**			
Mailing Address: *This is a* ☐ *Home* ☐ *Business*	PO Box, Street: City, State, Zip:		
Daytime Telephone Number: ( )	**E-mail Address:** *Preferred method for communication:* ☐ *Mail* ☐ *E-mail*		

PART 2—LICENSE INFORMATION

Since the date your license was inactivated, have you been practicing as a Veterinarian:

in the state of Colorado? ☐ YES ☐ NO

in another jurisdiction? ☐ YES ☐ NO

Are there any pending complaint(s) against you in any jurisdictions? ☐ YES ☐ NO

List each jurisdiction in which you are or have been licensed as a Veterinarian (if needed, attach an additional sheet in the same format).

State	License Number	Year license issued	Disciplinary action against license?	Is this license current/active?
			☐ YES ☐ NO	☐ YES ☐ NO
			☐ YES ☐ NO	☐ YES ☐ NO
			☐ YES ☐ NO	☐ YES ☐ NO

*Social Security Number Disclosure: Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S.; and reporting to the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your social security number will not be released for any other purpose not provided for by law.

APPLICANT NAME: _____

PART 3—CONTINUING EDUCATION

If your license has been **inactive for less than two (2) years**:

☐ By checking this box, I certify that I have completed 32 hours of continuing education for the 2-year period in which my license was last active as well as 32 hours of continuing education for the 2-year period in which my license was inactive. Use the attached Continuing Education Record to document the required continuing education hours.

PART 4—COMPETENCY TO PRACTICE

If your license has been **inactive for two (2) years or more**:

By checking at least one box below, I hereby certify that I can demonstrate current clinical competency and professional ability through the method described:

☐ Graduated within the 12 months immediately preceding receipt of this application in the Division with a DVM degree from a school or college of veterinary medicine accredited by the AVMA at the time of my graduation; **—OR—**

☐ Earned a certificate from either ECFVG or PAVE within the 12 months immediately preceding application receipt date; **—OR—**

☐ Passed the NAVLE within one (1) year of application receipt date; **—OR—**

☐ Engaged in the active licensed clinical practice of veterinary medicine in another jurisdiction for at least 3 years of the 5 years immediately preceding application receipt date. Submit the attached Verification of License form completed by your state of active licensure in its original sealed (unopened) envelope; **—OR—**

☐ Engaged in teaching veterinary medicine in an accredited program for at least 3 years of the 5 years immediately preceding application receipt date; **—OR—**

☐ Engaged in service as a veterinarian in the military for at least 3 years of the 5 years immediately preceding application receipt date; **—OR—**

Other methods requiring **prior** Board approval:

☐ Successful completion of a Board-approved evaluation by an AVMA accredited institution within one (1) year of application receipt date; **—OR—**

☐ Practice under a probationary or otherwise restricted license for a specified period of time; **—OR—**

☐ Successful completion of courses approved by the Board; **—OR—**

☐ Any other professional standard or measure of continued competency as determined by the Board, including successful completion of species-specific examination(s).

Practice History. List your employment history chronologically for the past five (5) years, most recent first, as shown in the example below (if needed, attach an additional sheet using the same format):

From	To	Employment	Address
6/1/2006	7/1/2011	Private practice, 30 hours per week	233 S Main St, Boise, ID 83701

APPLICANT NAME: _____

PART 5—MILITARY QUESTIONS

1.	Are you a Member of the U.S. military? ➢ If **YES**, provide information below:	☐ YES ☐ NO
Branch:	Duty Station:	
2.	Are you the spouse of an active duty military member who has been relocated to Colorado and hold a currently valid and active credential to practice your profession in another state? ➢ If **YES**, refer to the *Military Spouse Exemption Form* available on our website at: www.dora.colorado.gov/professions/military.	☐ YES ☐ NO

PART 6—SCREENING QUESTIONS

You must provide the following for each "YES" response to the screening questions below:

- An explanation, signed and dated by you, of your behavior or practice that led to the occurrence, including:
  - Date(s) of event/offense
  - Description of event/offense
  - Location/court
  - Current status/outcome

You may be required to provide the following:

- Copies of legal documents relating to the event/offense.
- Copies of legal documents indicating your compliance with any requirements imposed upon you.

1.	During the past five years, have you been convicted of or pled *nolo contendere* to a felony?	☐ YES	☐ NO
2.	During the past five years, have you been convicted of or pled *nolo contendere* to a misdemeanor offense involving a crime of theft, fraud, or deceit?	☐ YES	☐ NO
3.	During the past five years, have you been convicted of or pled *nolo contendere* to a misdemeanor offense (including traffic offenses such as DUI or DWAI)?	☐ YES	☐ NO
4.	Have you had or do you have any disciplinary action taken against your license or pending against you in any state?	☐ YES	☐ NO
5.	During the past five years, have you been convicted of or pled *nolo contendere* to a charge of cruelty to animals?	☐ YES	☐ NO
6.	Do you now abuse or excessively use, or have you in the last five years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or b) affected your ability to practice as a Veterinarian safely and competently?	☐ YES	☐ NO

ATTESTATION

I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.

Applicant Signature **Date**

VETERINARY CONTINUING EDUCATION RECORD

If your license has been inactive less than two (2) years, complete this form and certify that you have completed the required number of Board-approved Continuing Education hours (32 hours every two years) as set forth in C.R.S. 12-64-110(4)(a).

(Refer to Board Rules and Regulations, Continuing Education Requirements for detailed information about Board-approved veterinary education programs.)

Full Name _____ **License Number** _____

Course Title / Sponsor	Location	Instructor	Dates	Hours

TOTAL _____

I hereby attest that the above is a true and accurate accounting of the continuing education I have completed since the date my license was made inactive.

_____ _____

SIGNATURE DATE

VERIFICATION OF LICENSE—VETERINARIAN

APPLICANT: Use this form only if your Colorado license has been inactive more than two (2) years and you are demonstrating competency to practice through active licensed veterinary practice in another jurisdiction. Complete the top portion of the form and forward the entire form to each state other than Colorado in which you have practiced as a veterinarian. **Request the form be completed and returned to you in a sealed envelope to attach to your application.**

SECTION 1: To be completed by the Applicant

Last Name | First Name | Middle | Previous Name(s) | Social Security Number

Mailing Address (PO Box, street, city, state, zip)

Original License Number | State | Year of License

SECTION 2: To be completed by the State

THIS CERTIFIES that _____ (above named individual) **is a licensed veterinarian, or has been licensed in the state of** _____ **with license number** _____**, issued** _____ (original date of licensure)**, expired** _____ (expiration date)**.**

1. Current license status: ☐ **ACTIVE** ☐ **INACTIVE** ☐ **EXPIRED**
2. Licensed on the basis of:
   - ☐ **NAVLE Examination**. Date taken: _____
   - ☐ **NBE and CCT Examinations**. Dates taken: _____
   - ☐ **Endorsement**. Please identify licensing states: _____
   - ☐ **Other**. Please attach an explanation.
3. Was your state the state of original licensure? ☐ YES ☐ NO
4. Did the applicant submit an official transcript as proof of education in veterinary medicine? ☐ YES ☐ NO
5. Has this license ever been suspended or revoked? ☐ YES ☐ NO
   - If **YES**, please attach documentation.
6. Is the applicant currently under investigation or charged with a violation of the practice act? ☐ YES ☐ NO
   - If **YES**, please provide details.

I certify that the information I have provided on this application is true and correct to the best of my knowledge.

Name | Title

Signature | Date

Internet address of Board's website for online verification (if available)

[AFFIX BOARD SEAL HERE]

Please return this form – in an officially sealed envelope – to the applicant listed in Section 1 above.