



**WEST VIRGINIA BOARD OF VETERINARY MEDICINE  
LICENSE RENEWAL FOR TELEHEALTH PRACTITIONER**

**Telehealth Practitioner Renewal received prior to December 31 - \$250.00  
Telehealth Practitioner Renewal received after to December 31 - \$312.50 (Must also submit proof of CE's)  
Veterinary License Renewal Inactive Status - \$75.00**

**Additional Certificates \_\_\_\_\_ x \$25.00 = \$ \_\_\_\_\_**

**All questions must be answered completely and precisely.** Misstatements, fraudulent, or insufficient answers and data required will be reason for rejection of your renewal.

**WV Patient Records: If applicable, please submit 3 WV patient records along with your renewal form.**

Full Legal Name		First	Middle Initial	Last	Maiden/Former	
Social Security xxx-xx-	License #		Email Address		Home Phone	Cell Phone
Home Street Address			City	State or Province	Zip Code	County

<b>BUSINESS INFORMATION – If applicable</b>				
Facility Name		Business Email Address		Business Phone
Street Address		City	State or Province	County Zip Code

Are you an owner or shareholder in any veterinary practice(s) in WV? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have all WV veterinary facilities in which you have a financial interest been registered with the WVBVM for the current fiscal year and passed and paid for their most recent inspections? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you presently practicing other than in WV? <input type="checkbox"/> Yes <input type="checkbox"/> No	List other states/jurisdictions in which you currently hold a license
DEA Registration # (if applicable)	Are you? <input type="checkbox"/> Associate <input type="checkbox"/> Self Employed <input type="checkbox"/> Government Employee <input type="checkbox"/> Other
How is your WV practice organized (if applicable)? <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> PLLC <input type="checkbox"/> Other	
Practice Type (specify only one) <input type="checkbox"/> Small Animal <input type="checkbox"/> Large Animal <input type="checkbox"/> Mixed <input type="checkbox"/> Other	If the WV veterinary facility where you practice is a corporation or PLLC, are you a shareholder or partner? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>SPECIALITY</b> – <i>A veterinarian may represent themselves as a specialist only if they are Board certified in that specialty.</i> Please list specialties (if applicable)	<b>WV Student Contract Seat</b>
	Were you a beneficiary of the WV student contract seat? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>RELIEF WORK</b>	Are you interested in doing relief work? <input type="checkbox"/> Yes <input type="checkbox"/> No
--------------------	---

**PUBLIC RECORD NOTICE  
REGARDING YOUR PROVIDED INFORMATION**

The WV Board of Veterinary Medicine is a public government agency and, as such, the records of the board are considered to be public records. Some or all of the information in these applications may be disclosed to any person under the WV Freedom of Information Act (FOIA). The board’s records may also be subject to review by other government authorities or subject to disclosure in court or administrative proceedings by subpoena. In addition, the board is required by law to publish an annual roster of all licensees.

For these reasons, the board **cannot and does not** guarantee confidentiality of this information.

- For your public information preference, if you do not wish to disclose your personal contact information, you should use your business information.
- Any document, correspondence, or records submitted in connection with your application may be open to public inspection.
- Criminal background records are **not** subject to the WV Freedom of Information Act (FOIA).

PUBLIC INFORMATION PREFERENCE			
Facility Name (if applicable)		Street Address:	
City	State or Province	County	Zip
Phone:	Email:		

PREFERRED BOARD OFFICE COMMUNICATION – This information will only be available to the Board office		
<b>Mailing Address</b> <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Public	<b>Email</b> <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Public	<b>Phone</b> <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Public

**PERSONAL INFORMATION**

*Please submit details and/or documentation to explain each question below that you responded to with a “yes” answer. If further information is required, you will be notified.*

- Has your license in any state/jurisdiction or your authority as a veterinarian been disciplined or restricted by any authority since your last annual license renewal was submitted to this Board? Yes \_\_\_ No\_\_\_
- Have you ever been convicted of a felony in any jurisdiction? Yes \_\_\_ No\_\_\_

Pursuant to West Virginia Code §48-15-303, each applicant for license must answer the following questions and certify, under penalty of false swearing, that these answers are true and correct.

1. Do you have a child support or medical obligation? Yes \_\_\_ No \_\_\_
2. If the answer to question 1, above, is yes, are you in arrears? Yes \_\_\_ No \_\_\_
3. If the answer to question 2, above, is yes, do your arrears equal or exceed the amount of child or medical support payment for six (6) months? Yes \_\_\_ No \_\_\_
4. Are you the subject of a child support related subpoena or warrant? Yes \_\_\_ No \_\_\_

<b>EXTENSION – Please provide documentation (such as doctor's statement or military order) to support your request for hardship extension.</b>
I am requesting a continuing education hardship extension due to verified medical or military emergencies beyond my control or in situations where I am on active duty or just returning from active duty. <input type="checkbox"/> Yes <input type="checkbox"/> No
My reason(s) for failing to complete mandatory continuing education is:
I understand that if the extension for completion of continuing education hours is approved, it shall not be applied toward satisfaction of continuing education in the year completed and shall be separate from continuing education required and completed for the current renewal year. <input type="checkbox"/> Yes <input type="checkbox"/> No

**CERTIFICATION**

I certify that if I am a new graduate, I am exempt from the continuing education requirements in the year I graduated. If I am not a new graduate and I have an active license (even if placing “inactive”), I certify that I have completed a minimum of eighteen (18) hours of Board approved Continuing Education (CE) in the current calendar year in the field of veterinary medicine, with at least fourteen (14) hours being West Virginia Board of Veterinary Medicine (WVBVM) approved classroom or webinar scientific education relative to the practice of veterinary medicine to include scientific, laboratory, regulatory, and medical record keeping. No more than 4 hours shall be related to practice management. Inactive renewals do not have to complete CE until the license is reactivated to “active” status.

I fully understand the requirements for approved CE as stated in the code of State Rules §26-1-7.5.2. I understand that I am responsible for maintaining records documenting successful completion of required annual CE for two (2) years after completion and I understand that I am responsible for providing these records to the WVBVM upon request. Random CE audits will be conducted annually by the WVBVM. If a licensee is non-compliant to the continuing education audit, the WVBVM will initiate a complaint against the licensee and the licensee will be audited again the following year.

I have personally completed this renewal form, and that I have read and understand all questions and statements on this renewal form. I further declare under penalty of perjury that the foregoing submissions and answers are true and correct.

I further acknowledge and accept that any false statement may subject my registration to disciplinary action including, but not limited to, immediate revocation or suspension of my license.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Mail renewal and fees to:**  
 West Virginia Board of Veterinary Medicine  
 5509 Big Tyler Road, Suite 3  
 Cross Lanes, WV 25313  
 Phone (304) 776-8032  
 Fax (304) 776-8256  
 E-mail: [patricia.a.holstein@wv.gov](mailto:patricia.a.holstein@wv.gov)  
 Website: [www.wvbvm.org](http://www.wvbvm.org)