

Commonwealth of Massachusetts
Division of Professional Licensure
BOARD OF REGISTRATION IN VETERINARY MEDICINE
1000 Washington Street • Suite 710 • Boston • Massachusetts • 02118

REQUEST FOR LICENSE REINSTATEMENT

This form should only be used by former licensees seeking to reinstate a license which has been expired for **more** than one (1) license cycle. A licensee whose license has been expired for **less** than one (1) license cycle is still eligible for renewal but must [contact the Board](#) to request a license renewal form.

INSTRUCTIONS

Pursuant to the Board's regulations, [256 Code of Mass. Regs. § 3.05](#), former licensees seeking reinstatement of an expired license are divided into two categories: (1) licensees whose licenses have been expired for **less** than three license cycles; and (2) licensees whose licenses have been expired for **more** than three license cycles. Please follow the instructions on the next page which apply to your situation. If you are unsure of the expiration date of your license, please visit the Division of Professional Licensure's public "[Check a License](#)" database and search for your license by name or license number.

All materials should be submitted to the Board at the following address:

Board of Registration in Veterinary Medicine
Attn: Reinstatement Applications
Division of Professional Licensure
1000 Washington Street, Suite 710
Boston, MA 02118-6100

Following a review of your materials, the Board will notify you if your request has been approved or if you must take additional steps. Please be advised that pursuant to [256 Code of Mass. Regs. § 3.05](#), the Board may request that the former licensee appear before the Board for a formal interview, and may also request that the former licensee obtain a passing grade in a clinical competency examination, prior to approving the reinstatement of a license.

Upon final approval, the Board will mail a reinstatement form and request payment of any outstanding renewal fees. The reinstatement form should be signed and returned to the Board, with payment, immediately. Please note that the reinstatement fee is payable by check or money order only and must be made payable to the "Commonwealth of Massachusetts."

****All questions regarding the licensee reinstatement process should be directed to Board staff by calling 617-727-5899.****

Licenses Expired LESS Than Three (3) License Cycles

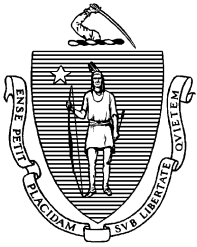
Please submit the following documents to the Board:

- (1) A cover letter requesting reinstatement of your expired license. The letter must be signed and contain your:
 - i. full name;
 - ii. license number;
 - iii. current mailing address; and
 - iv. list of all jurisdictions (e.g., states or countries) where you are or have been licensed in a professional capacity and the capacity in which you are or were licensed (e.g., veterinarian, real estate agent).
- (2) Proof of completion of either 15 continuing education credits if your license has been expired for less than two years, or 30 continuing education credits if your license has been expired for more than two years (but less than three years);
- (3) A completed, signed, and notarized Criminal Offender Record Information (CORI) Acknowledgment Form (available at the end of this application); and
- (4) An official license verification or certification sent from each licensing jurisdiction where you are or have been licensed in a professional capacity to the Board either through the mail or email to vetmedboard@mass.gov.

Licenses Expired MORE Than Three (3) License Cycles

Please submit the following documents to the Board:

- (1) A cover letter requesting reinstatement of your expired license. The letter must be signed and contain your:
 - i. full name;
 - ii. license number;
 - iii. current mailing address;
 - iv. explanation of your activities during the time period your license was expired;
 - v. reasons for requesting reinstatement; and
 - vi. list of all jurisdictions (e.g., states or countries) where you are or have been licensed in a professional capacity and the capacity in which you are or were licensed (e.g., veterinarian, real estate agent).
- (2) Proof of completion of 45 continuing education credits;
- (3) A completed, signed, and notarized Criminal Offender Record Information (CORI) Acknowledgment Form (available at the end of this application);
- (4) A completed, signed license reinstatement attestation form (available at the end of this application);
- (5) A completed Jurisprudence Examination. Please [contact the Board](#) to request a copy of the examination; and
- (6) An official license verification or certification sent from each licensing jurisdiction where you are or have been licensed in a professional capacity to the Board either through the mail or email to vetmedboard@mass.gov.



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LICENSE REINSTATEMENT ATTESTATION FORM

*****THIS FORM IS TO BE USED ONLY FOR LICENSE REINSTATEMENT REQUESTS WHERE A LICENSE HAS BEEN EXPIRED FOR MORE THAN THREE (3) LICENSE CYCLES*****

If you answer **NO** to any of the following questions (1-5), please attach a separate, written explanation.

(1) I am in compliance with G.L. c. 62C, §§ 47A, 49A.

YES _____ NO _____

(2) I have completed all required continuing education requirements in compliance with Board statutes and/or regulations.

YES _____ NO _____

(3) I have reported to the Board all discipline taken against any professional license issued to me.

YES _____ NO _____

(4) I have reported to the Board all criminal convictions and/or guilty pleas.

YES _____ NO _____

(5) As required by G.L. c. 30A, §13A, I have reported my Social Security Number.

YES _____ NO _____

I state and attest, under the pains and penalties of perjury, that all statements contained in this form are true and correct to the best of my knowledge and belief.

Signature

Date

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Professional Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

The Division of Professional Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me. If subsequent CORI checks are necessary, the Division of Professional Licensure will provide me with written notice of the subsequent CORI checks.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature

Date

Please provide the name of the board of registration and license type for which you are applying or currently hold:

Board of Registration

License Type

NOTE: DPL CANNOT ACCEPT THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM UNLESS IT IS EITHER (1) SIGNED IN PERSON AT THE BOARD'S OFFICES IN THE PRESENCE OF A DPL EMPLOYEE WHO HAS VERIFIED THE APPLICANT'S IDENTITY THROUGH ACCEPTABLE IDENTIFICATION, OR (2) SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS LIKEWISE VERIFIED IDENTITY AND THEN MAILED OR OTHERWISE DELIVERED TO THE BOARD'S OFFICES AT THE ADDRESS SET FORTH ABOVE.

