



**Commonwealth of Massachusetts**  
**Division of Occupational Licensure**  
**BOARD OF REGISTRATION IN VETERINARY MEDICINE**  
1 Federal Street • Suite 0600 • Boston • Massachusetts • 02110-2012

## 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 and can do so using the ePortal.

### 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 in PDF Format to the Board at the following email address:

[VetMedBoard@mass.gov](mailto:VetMedBoard@mass.gov)

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 emailing [VetMedBoard@mass.gov](mailto:VetMedBoard@mass.gov) \*\*\**

### **Licenses Expired LESS Than Three (3) License Cycles**

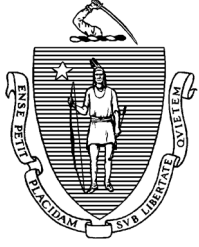
Please submit the following documents to the Board:

- (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 [here](#)); 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](mailto: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 [here](#));
- (4) A completed, signed license reinstatement attestation form (available at the end of this application);
- (5) A completed Jurisprudence Examination (available [here](#)); 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](mailto: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*