



Veterinary License Return to Active Status from Retired Active Status Application Packet

Contents:

1. 672-099Contents List/SSN Information/ Mailing Information1 page
2. 672-061Application Instruction Checklist1 page
3. 672-060Veterinary License Return to Active Status form Retired Active Status.....1 page
4. RCW/WAC and Online Web Site Links1 page

Important Social Security Number Information:

You are required by state and federal law to provide a social security number with your application. If you do not have a social security number at the time you send in this application, please contact the Customer Service Center at 360.236.4700 for more information.

A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted.

In order to process your request:

Mail your application with initial documentation and your check or money order payable to:

Department of Health
PO Box 1099
Olympia, WA 98507-1099

Send other documents not sent with initial application to:

Veterinary Board of Governors
Credentialing
PO Box 47877
Olympia, WA 98504-7877

Contact us:

360.236.4700

(This page intentionally left blank.)

Application Instruction Checklist

WAC 246-12-140 How to return to active status from retired active status. To change a retired active credential (license) to an active credential status the practitioner must:

Notify the Department of Health, Veterinary Board of Governors Credentialing, in writing of the change. Please include any changes in address or other pertinent information in your notification.

- Pay** Late Penalty Fee.
- Pay** Current Renewal Fee.
- Pay** Expired License Reissuance Fee.
- Pay** Current substance abuse monitoring surcharge, if required by the profession. **All fees are non-refundable.** These fees are located on the Veterinary Board online [fee page](#):
- Provide a written declaration for the following:**
 - No action has been taken by a state or federal jurisdiction or hospital which would prevent or restrict the practitioner's practice of the profession. A declaration is provided on the attached form.
 - You have not voluntarily given up any credential or privilege or have not been restricted in the practice of the profession in lieu of or to avoid formal action. A declaration is provided on the attached form.
 - Continuing education and competency requirements have been met, if required by the profession. 30 hours of continuing education is required every three years for retired active and active veterinary licenses. You will be notified on your license renewal notice when your continuing education is due.
 - Any other requirements for the profession.
- Satisfy other competency requirements of the regulatory entity, if required. No other competency requirements needed.
- If not previously provided, provide proof of AIDS education as required for the profession. Four hours of AIDS education is required for initial licensure as a veterinarian.

Note: If your retired active license has expired, there are different requirements for reinstatement of your license. Please contact the Department of Health, Office of Customer Service at 360.236.4700 for more information.

(This page intentionally left blank.)



Washington State Department of
Health

Veterinary Board of Governors
P.O. Box 47877
Olympia, WA 98504-7877
360.236.4700

Veterinary License Return to Active Veterinary Status from Retired Active Status

I am requesting a change in licensure status. I would like to return to active status from retired active status. I am enclosing a check or money order made payable to the Department of Health for one of the following: Fees are located on the Veterinary Board online [fee page](#).

- Remainder of active fee.
- Yearly renewal fee, if due.

I, _____, DVM declare the following to be true:

My retired active veterinary license is current and in good standing.

- Yes No

Action has been taken by a state or federal jurisdiction or hospital which would prevent or restrict my practice of veterinary medicine, surgery and dentistry.

- Yes No

I voluntarily gave up any credential or privilege and/or have been restricted in the practice of veterinary medicine, surgery and dentistry in lieu of or to avoid formal action.

- Yes No

I have met continuing education and competency requirements as required by Washington State law.

- Yes No

Should I furnish any false or misleading information on this declaration, I hereby agree such act shall constitute cause for the denial, suspension or revocation of my license to practice veterinary medicine, surgery and dentistry in the state of Washington.

Signature of veterinarian _____ Date _____

My current address is: _____

My phone number is (enter 10 digit #): _____

(This page intentionally left blank.)



RCW/WAC and Online Web Site Links

RCW/WAC Links

| | |
|--|------------------------------------|
| Uniform Disciplinary Act..... | <u>RCW 18.130</u> |
| Administrative Procedure Act | <u>RCW 34.05</u> |
| Administrative procedures and requirements | <u>WAC 246-12</u> |
| Veterinary Medicine, Surgery and Dentistry | <u>RCW 18.92</u> |
| Veterinary Board of Governors | <u>WAC 246-933</u> |

On-Line

| | |
|-------------------------------------|---------------------------------------|
| AIDS Training Resources | <u>Reference page</u> |
| Veterinary Board of Governors | <u>Web page</u> |