



## REINSTATEMENT OF LICENSE REQUIREMENTS AND APPLICATION PROCESS OVERVIEW

*Before calling in to the Board Office - You may check your [application status online](#)*

If a license is expired for three (3) years or more, reinstatement of the license is not permissible on this form. The applicant must submit an application for licensure and comply with licensing requirements in effect at the time of the new application.

### **Licensure Requirements:**

A person is qualified to receive a reinstatement of licensure if the following requirements are met:

1. Your license has lapsed within three (3) years from the date of this application.
2. If you are currently licensed in another jurisdiction, you must be in good standing.
3. You must complete the required continuing education as outlined in the Board CE Guidelines, <https://www.llr.sc.gov/vet/ce.aspx>, within the two years immediately preceding your reinstatement application.
  - For Veterinary license, thirty (30) hours.
  - For Veterinarian Technician license, twelve (12) hours.
4. You must successfully pass the SC Jurisprudence Examination.

### **Application Process:**

*Your application is good for one (1) year from the date of receipt. If all required information is not received within this one (1) year period; you must begin the application process from the beginning. This includes, but is not limited to, the application fee, transcripts, license verifications, etc.*

1. **Application** – In addition to a completed application, the following must also be sent:
  - **Application Fee:** An application fee must be submitted in order to process the application. Check or money order are to be made payable to SC Board of Veterinary Medical Examiners. (Fees are non-refundable and non-transferable) *A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.*
    - Veterinarian License Reinstatement fee: \$590.00
    - Veterinary Technician License Reinstatement fee: \$100.00
  - **Identification:**
    - Copy of your valid Driver's License, State Issued ID, Passport
    - Copy of Social Security Card, signed
  - Notarized Verification of Lawful Presence Form
  - **DEA Registration:** DEA registration is required for licensed veterinarians who prescribe controlled substances. Information regarding SC requirement for DEA Registration can be found on the [SC Department of Public Health](#) website.

- **Continuing Education:** Documentation of the required hours of CEs taken within the period of lapsed licensure. Review the [CE Guidelines](#) on the Board website for course and provider requirements.
  - **Legal documentation of name change:** (marriage certificate, divorce decree, etc.)
  - **Personal History Questions:** You will need to attach a written explanation for any “Yes” answers in the Personal History Information section on a separate sheet of paper. Additional information may be requested by the Board Office or a Board appearance may be necessary.
2. **Documents to be sent directly to the Board from issuing agency/institution**
- **License Verifications:** Contact each state board you are currently or have previously been licensed with and have the license verification sent directly to the Board office via email or mail. We accept State Issued License Verification forms.
3. **Jurisprudence Examination:** Once the completed application is approved, you will be emailed instructions with a UserID to take the exam online. A score of 70 or higher is considered a passing score. Do not send in your certificate of passing, the Board is automatically notified.

To prepare for the Jurisprudence exam, you should review the Veterinary Laws and Regulations located on the website at [www.llr.sc.gov/vet/laws](http://www.llr.sc.gov/vet/laws).



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Veterinary Medical Examiners

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APPLICATION TO REINSTATE A VETERINARY OR
VETERINARY TECHNICIAN LICENSE

If a license has expired for three (3) or more years, it is no longer eligible to reinstate. The applicant must complete an initial application and meet the current licensing requirements in effect at the time of the new application.

Submit the following with your application:

- Check or money order only made payable to SC Board of Veterinary Medical Examiners (Fees are non-refundable). A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds. NO CASH IS ACCEPTED.
Veterinarian License Reinstatement fee: \$590
Veterinary Technician License Reinstatement fee: \$100
Copy of your valid Driver's License, State Issued ID, Passport
Copy of signed Social Security Card
Notarized Verification of Lawful Presence Form
DEA Verification of Registration, if applicable
Legal documentation of name change (marriage certificate, divorce decree, etc.), if applicable.
Documentation of continuing education completed within the two years preceding your reinstatement application.
Thirty (30) hours for Veterinarians.
Twelve (12) hours for Veterinary Technicians.

Have sent to the Board by issuing agency:

- License Verification, if applicable

License Type: [ ] Veterinarian [ ] Veterinary Technician Prior License No.: \_\_\_\_\_

Date License Lapsed: \_\_\_\_\_

APPLICANT INFORMATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

Have you had a legal name change since you were last actively licensed?

Prior Name: \_\_\_\_\_ [ ] Yes [ ] No

If yes, submit legal documentation supporting the change. (Marriage certificate, divorce decree, or court document.)

SC Residents can visit http://www.scstatehouse.gov/legislatorssearch.php to find their congressional district.

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ District: \_\_\_\_\_
Congressional District (SC Residents Only)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
(If different than above)

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

**RECORD OF LICENSURE**

List all states in which you have ever been licensed, regardless of status. License verifications will need to be requested and sent by the issuing agency directly to the Board office. Verification can be emailed to [contact.vetboard@lvr.sc.gov](mailto:contact.vetboard@lvr.sc.gov) or mailed.

State/Country	License Number	Expiration Date	Status

**DEA REGISTRATION (FOR VETERINARIAN ONLY)**

DEA registration is required for licensees who utilize/prescribe controlled substances.

Do you prescribe controlled substances?  Yes  No

If yes:

Federal DEA Licensure No.: \_\_\_\_\_

DPH Controlled Substance Registrations No.: \_\_\_\_\_

**PRACTICE HISTORY**

List all related employment chronologically for the past two (2) years. If you have never been employed in the profession you are applying for, insert NA. Attach additional sheet if necessary.

FROM Month /Year	TO Month /Year	Employer Name	Office Address & Location	Type of Practice	No. of Hours/Week

**PERSONAL HISTORY INFORMATION**

Please answer all questions. You must attach a written explanation for any “Yes” answers.

1. Have you ever taken the SC Veterinary Jurisprudence Examination?  Yes  No
2. Since you were last actively licensed, have you been denied the right to take a veterinary licensure examination in any state?  Yes  No
3. Since you were last actively licensed, have you ever been convicted, pled guilty or pled nolo contendere to a felony or a crime involving drugs that has not been previously reported to the Board. (You may exclude juvenile and/or expunged violations.)  Yes  No

4. Since you were last actively licensed, have you had a license or certification of registration to practice veterinary medicine, or any other licensed profession, denied, revoked, suspended or otherwise acted against (including probation, fine or reprimand) in a disciplinary proceeding in any state?  Yes  No
  
5. Are you currently under investigation or the subject of pending disciplinary action by any veterinary licensing board or other entity?  Yes  No
  
6. Currently, or within the last two years, have you developed or been treated for any physical, mental, or emotional condition or drug or alcohol addiction that might interfere with your ability to competently and safely perform the essential functions of practice?  Yes  No
  
7. Since you were last actively licensed, have you voluntarily surrendered your license, control substance registration or DEA registration?  Yes  No

**AFFIDAVIT**

All statements contained in this application are made under oath or affirmation and all representations are true and correct to my best knowledge and belief and subject to penalties of making a false affidavit of declaration. Should I furnish any false information in this application, I hereby agree that such action shall constitute cause for denial, suspension or revocation of license as a licensed veterinarian in South Carolina. This application and signature shall act as authorization of entities in possession of state files pertaining to my licensure and practice, law enforcement records, administrative records, motor vehicle records, and court documents to release such information to this licensing authority.

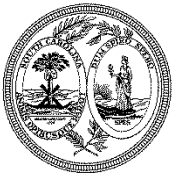
\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PRIVACY DISCLOSURE**

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.



STATE OF SOUTH CAROLINA  
DEPARTMENT OF LABOR, LICENSING AND REGULATION  
**VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES**  
**AFFIDAVIT OF ELIGIBILITY**



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

**Section A: LAWFUL PRESENCE in the United States.**

The undersigned \_\_\_\_\_, of \_\_\_\_\_,  
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)  
being first duly sworn deposes and states as follows:

**Check only one box:**

1. I am a United States citizen; or
2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or
3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.
4. Other: \_\_\_\_\_ Please submit any documentation that supports this status.

Date of Birth: \_\_\_\_\_

Alien Number: \_\_\_\_\_ I-94 Number: \_\_\_\_\_

**(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)**

**Section B: ATTESTATION.**

**I understand** that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

**I understand** that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

**I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.**

\_\_\_\_\_  
Signature of Affiant

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Print Name

Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

### **CHECK box 1:**

If you are a United States Citizen by birth or naturalization

### **CHECK box 2:**

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **CHECK box 3:**

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **ACCEPTED IMMIGRATION DOCUMENTS:**

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)