



South Carolina Department of Labor, Licensing and Regulation

Board of Veterinary Medical Examiners

Synergy Business Park, Kingstree Building

110 Centerview Drive

Post Office Box 11329

Columbia, SC 29211-1329

Phone: (803) 896-4598 Fax: (803) 896-4719

www.llr.state.sc.us/pol



REINSTATEMENT OF LAPSSED LICENSE APPLICATION PROCEDURES

Application for reinstatement of a lapsed license of up to three (3) years must include completed form, payment of the prescribed renewal fee and the reinstatement fee, and proof of the appropriate continuing education requirements per license type. Application procedures are at end of document and a check list for your use. (Regulation 120-5)

[NOTE: If a license is expired for three (3) years or more, reinstatement of the license is not permissible on this form. The applicant must use application form for licensure and obtain a new license by submitting to re-examination of the State Jurisprudence Examination and complying with licensing requirements in effect at the time of the new application.]

Please Type or Print			
1. Last Name	2. First Name	3. Middle Name	4. Suffix (Jr., III)
5. Title <input type="checkbox"/> D.V.M. <input type="checkbox"/> V.M.D. <input type="checkbox"/> L.V.T.	6. S.C. License #	7. Last Year Current	
8. Business Name and Address (Physical Street, City, State, Zip) No PO Box			
9a. Business Phone	9b. Business Fax	9c. Business Email	9d. Cellular #
10. Mailing Address (If different from Business Address, include Street, PO Box, City, State, Zip)			
11. Home Address (Street, City, State, Zip) No PO Box			
11a. Home Phone	11b. Home Fax	11c. Home E-mail	
13. Since the last renewal of your license, have you had a license denied, restricted or disciplined by another licensing board or national certifying body? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, which state(s)? _____			
14. Have you incurred any malpractice claims since your last renewal? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain.			
15. Since the last renewal of your license, have you been charged, convicted, pled guilty, or plead <u>nolo contendere</u> to any crime in any jurisdiction – federal, state, or local? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain in detail and attach court documents .			
16. Since the last renewal of your license have you had, any mental, emotional and/or physical disease or condition, including alcohol or other substance abuse that may presently interfere with your ability to competently and safely perform the essential functions involved in the practice of the profession? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain.			
17. Since the last renewal of your license have you been addicted to, or used in excess, any drug or chemical substance, including alcohol, or been treated for a drug or alcohol addiction or participated in a rehabilitation program? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain.			

18. I have _____ have not _____ practiced in South Carolina since my license lapsed.

If yes, please list dates. _____

I hereby swear/affirm I have read all questions on this Reinstatement Application and have answered truthfully, accurately, and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my South Carolina license.

Signature of Applicant

Date

Social Security Number: _____

Upon receipt of this application and necessary documentation, the South Carolina Board of Veterinary Medical Examiners will review your file.

You will be notified if a personal interview is required.

For questions concerning the reinstatement process, contact the Board office at (803) 896-4598.

Send documentation to:
S.C. Board of Veterinary Medical Examiners
Post Office Box 11329
Columbia, SC 29211-1329

OFFICE USE ONLY

Board Review Date _____

Personal Interview Date _____

Board Determination _____

If approved, fee will total \$ _____ Continuing Education hours due _____ Valid through _____

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 _____

Notary Public for _____

My Commission Expires: _____

I

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)

SOUTH CAROLINA BOARD OF VETERINARY MEDICAL EXAMINERS
LICENSE REINSTATEMENT REQUIREMENTS
FOR
VETERINARIANS and VETERINARY TECHNICIANS

CHECKLIST TO REQUEST REINSTATEMENT OF YOUR LICENSE

YOU MUST:

- Complete a renewal application - you will need to request this copy to complete from our office.
- Complete a reinstatement application
- Submit copies of your continuing education certificates verifying 30 hours of seminar attendance for veterinarians or 10 hours for veterinary technicians. [Continuing Education Credits](#)
- Submit the appropriate renewal fee and reinstatement fee amounts. Consult the fee schedule. [Fees](#)
- Complete Affidavit of Eligibility
- Copy of current driver's license
- Copy of social security card

All of the above items must be submitted to the Board's office at:

SC Board of Veterinary Medical Examiners
PO Box 11329
Columbia, SC 29211-1329

Contact the Board's office at (803) 896-4598 to request reinstatement information, if needed. ***Reinstatement cannot be processed online.***

Web site is www.llr.state.sc.us/pol/veterinary with many topics of information, FAQ, and forms.

Note:

- Failure to apply for late renewal within 30 days after expiration results in automatic revocation of the license and you must reinstate it. Any person who practices without a valid and current license shall be practicing in violation of the Practice Act.
- A license expired three or more years cannot be reinstated on his form. You must reapply on an application form with the requirements at the date of reinstatement and take the state examination. Contact the Board's office @ (803) 896-4598.
- It the responsibility of the licensee to notify the Board in writing with current address changes.