



Remit to:

## State of Nevada Board of Veterinary Medical Examiners

4600 Kietzke Lane, Bldg. O, #265, Reno, NV 89502

(775) 688-1788 phone / (775) 688-1808 fax

### Reinstatement Application for Animal Physical Therapist (Cash is not accepted and all fees are non-refundable)

#### Fee\*:

July 1, Even Year-June 30, Odd Year: \$200

July 1, Odd Year-June 30, Even Year: \$300

Fee includes reinstatement fee and \$100 delinquent payment from delinquent license

#### PERSONAL INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Social Security Number/TIN: \_\_\_\_\_

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

Place of Birth: \_\_\_\_\_

Other Name(s) used: \_\_\_\_\_

Email: \_\_\_\_\_

Are you a citizen of the U.S. ☐ Yes ☐ No *If not you must provide proof that you are lawfully entitled to remain and work in the U.S*

Have you ever served in the military? Yes \_\_\_ No \_\_\_ Branch(es) of service: \_\_\_\_\_

Dates of Service: From: \_\_\_\_\_ To: \_\_\_\_\_

Are you a spouse of an active-duty military member and are relocating to Nevada due to a permanent change of station (PCS)? ☐ Yes ☐ No

*If yes, please attach a copy of your spouse's PCS as you may qualify for expedited processing of your application and waiver of a portion of your application fees.*

#### CE HOURS COMPLETED IN THE LAST 12 MONTHS (PROVIDE A COPY OF THE CE DOCUMENTS)

Name: \_\_\_\_\_

Date Attended: \_\_\_\_\_

Continuing Education Hours obtained: \_\_\_\_\_

Location: \_\_\_\_\_

List of State(s) you are licensed in or have been licensed in:

State \_\_\_\_\_ License Number \_\_\_\_\_ Date Issued \_\_\_\_\_

State \_\_\_\_\_ License Number \_\_\_\_\_ Date Issued \_\_\_\_\_

State \_\_\_\_\_ License Number \_\_\_\_\_ Date Issued \_\_\_\_\_

State \_\_\_\_\_ License Number \_\_\_\_\_ Date Issued \_\_\_\_\_

#### EMPLOYER IN NEVADA, IF APPLICABLE

Employer Name: \_\_\_\_\_ Starting Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

#### EMPLOYMENT HISTORY FOR THE LAST 5 YEARS

\*Select your application fee based on the date of submission of your application.

EMPLOYER IN NEVADA, IF APPLICABLE	
Employer Name: _____	Employer Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Start Date _____ Termination Date _____	Start Date _____ Termination Date _____

**IF YOU ANSWER IS ‘YES’ TO ANY OF THE FOLLOWING QUESTIONS, YOU MUST INCLUDE A SIGNED STATEMENT OF EXPLANATION. ADDITIONALLY, COPIES OF ANY DOCUMENTS THAT IDENTIFY THE CIRCUMSTANCES OR CONTAIN A COURT ORDER, AGREEMENT, OR OTHER DISPOSITION ARE REQUIRED.**

- Have you previously filed an application with the Nevada State Board of Veterinary Medical Examiners?  
.....Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes, when? \_\_\_\_\_
- Have you ever been charged, arrested or convicted of a felony or misdemeanor? \*  
.....Yes: \_\_\_\_\_ No: \_\_\_\_\_
- Have you ever been found guilty, pleaded guilty, or entered a plea of nolo contendere to any administrative or legal offense in connection with the practice of animal animal physical therapy? \*  
.....Yes: \_\_\_\_\_ No: \_\_\_\_\_
- Have you ever surrendered a professional license? \* .....Yes: \_\_\_\_\_ No: \_\_\_\_\_
- Do you have a medical condition which in any way impairs or limits your ability to practice with reasonable skill and safety? .....Yes: \_\_\_\_\_ No: \_\_\_\_\_
- Do you take a chemical substance(s) which in any way impairs or limits your ability to practice with reasonable skill and safety? .....Yes: \_\_\_\_\_ No: \_\_\_\_\_

***If yes to Question 6, please answer the following questions.***

- Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program?  
.....Yes: \_\_\_\_\_ No: \_\_\_\_\_
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice?  
.....Yes: \_\_\_\_\_ No: \_\_\_\_\_

Please include a passport sized photo of yourself. It must have been taken within 60 days preceding the date of this application.  
Please Attach Photo Here

## **NEVADA BUSINESS LICENSE**

NRS 353C requires all licensing boards to provide the following information to the State controller's office.

- ☐ I have a Nevada business license number assigned by the Nevada Secretary of State upon compliance with the Provisions of Chapter NRS 76. **My Nevada business license number is:** \_\_\_\_\_
- ☐ I do NOT have a Nevada business license number.
- ☐ I have applied for a Nevada business license with the Nevada Secretary of State upon compliance with the provisions of NRS chapter 76 and my application is pending

## **CHILD SUPPORT STATEMENT**

**PER NRS 638.103, YOU ARE REQUIRED TO SELECT ONE OF THE FOLLOWING STATEMENTS:**

- \_\_\_\_\_ I am not subject to a court order for the support of a child.
- \_\_\_\_\_ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- \_\_\_\_\_ I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

## **AFFIRMATION:**

I, \_\_\_\_\_ (Printed Name), do state, affirm, and depose that all representations I have made in this application are true and complete in every respect. I hereby authorize the State of Nevada Board of Veterinary Medical Examiners to make inquiries as it deems necessary to verify the accuracy and completeness of all representations I make as part of my application. In consideration for the services rendered by the State of Nevada Board of Veterinary Medical Examiners, I hereby release, discharge, and exonerate the State of Nevada Board of Veterinary Medical Examiners, its officers, directors, agents, and employees from any and all liability of every nature and kind arising out of the verification of information I have provided, or the State of Nevada Board of Veterinary Medical Examiners has obtained.

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Signature

Date