

**ATTENTION: THE RENEWAL PROCESS IS CHANGING.**

THIS YEAR WILL BE A TRANSITION YEAR TO A NEW RENEWAL SCHEDULE.

FOR 2021, LICENSES WILL BE ISSUED FOR 18 MONTHS  
AND WILL NOT EXPIRE UNTIL JUNE 30, 2023

WHEN YOU RENEW YOUR LICENSE IN 2023, IT WILL BE ISSUED FOR 2 YEARS

YOUR CE REQUIREMENTS WILL NOT CHANGE FOR YOUR RENEWAL IN 2021 OR 2023

PLEASE SEE THE CHARTS BELOW FOR REFERENCE TO THE SCHEDULE OF CHANGES

MAKE SURE TO UPDATE YOUR EMAIL WITH OUR OFFICE THROUGH OUR NEW LICENSEE  
PORTAL AT [NVVETBOARD.NV.GOV](http://NVVETBOARD.NV.GOV)

License Type	Prior Fee	Fee 2021	Fee 2023
DVM-Diplomate Active	\$250	\$375	\$500
DVM/Diplomate Inactive	\$130	\$195	\$260
LVT	\$75	\$112.50	\$150
ET	\$100	\$150	\$200
APT	\$25	\$37.50	\$50
AC	\$25	\$37.50	\$50
FAC (Non-profit)	\$100	\$150	\$200
FAC (DVM Owned)	\$100	\$150	\$200
FAC (Non-DVM Owner)	\$300	\$450	\$600
Mobile	\$50	\$75	\$100

License Type	2021	2023	2025
DVM-Dip Active	20	20	40
LVT	10	10	20
APT	5	5	10
AC	15	15	30
EDP	8	8	16



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

Website: [nvvetboard.nv.gov](http://nvvetboard.nv.gov)

E-mail: [mail@vetboard.nv.gov](mailto:mail@vetboard.nv.gov)

## 2022 RENEWAL

**\*\* Renewals must be received in the Board office by 12/31/2021 or the late fee will apply \*\***

Please check the box(s) that applies

\$375.00 Veterinarian/Diplomate (Active)

\$195.00 Veterinarian/Diplomate (Inactive)

\$112.50 Licensed Veterinary Technician

\$150.00 Euthanasia Technician

\$37.50 Animal Physical Therapist

\$37.50 Animal Chiropractor

Late Fee \$50.00 per month if renewed after 12/31/2021

### **PERSONAL INFORMATION**

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

Within 48 hours you will receive an email confirmation/receipt for this renewal that you may print for your records.

License Number: \_\_\_\_\_ Mailing Address (check one) : \_\_\_\_\_ Home \_\_\_\_\_ Facility \_\_\_\_\_

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

Home Street Address: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Facility Name/Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Facility information will be displayed on the Board website.

### **CONTINUING EDUCATION**

***The Board has waived requirements for in-person CE for 2021. The total hours needed to renew remains as listed below.***

DVM 20 hrs.

LVT 10 hrs.

Animal Physical Therapist 5 hrs.

Animal Chiropractor 15 hrs.

I certify that I have completed \_\_\_\_\_ hours of approved CE between Jan. 1, 2021 and Dec. 31, 2021

I am a new licensee (Your license was issued in 2021).  
Continuing education hours are not required for individuals licensed in 2021.

I am on Inactive status/Changing to Inactive Status - **Veterinarians only**  
*I understand that I cannot practice veterinary medicine in the State of Nevada with an inactive license and continuing education hours are not required for inactive status.*

#### **FOR OFFICE USE ONLY**

Date of Check: \_\_\_\_\_ Check Number: \_\_\_\_\_

Amount \$ \_\_\_\_\_ Initials: \_\_\_\_\_

GLS

Excel

Emailed

Are you the subject of a court order for the support of a child?  Yes  No  
If you marked yes to the question above are you in compliance with the court order?  Yes  No

NRS 353C requires all licensing boards to provide this 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 NRS Chapter 76. **My Nevada business license number is:** \_\_\_\_\_

I do NOT have a Nevada business license number.

1) Have you every served in the military?  Yes  No

**If yes, please:**

**a. Circle the branch(es) of Service:** Army Navy Air Force Marine Corp Coast Guard

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

Since your last renewal or recent licensure have you:

1) Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?

Yes  No

2) Surrendered a professional license?

Yes  No

**If you have answered "yes" to questions 1 and/or 2 provide a written explanation and attach it to this application.**

3) Been the subject of an administrative action involving a professional license whether completed, charged, or pending in any state?

Yes  No

4) Had your license subject to any discipline for violation of veterinary laws in any state (Except Nevada)?

Yes  No

5) Been charged, arrested, or convicted of a felony or misdemeanor in any state?

Yes  No

**If you have answered "yes" to questions 3 through 5, provide a written explanation of each occurrence. For each incident state: the date, case number, the nature of the charge, and the disposition of the matter. You MUST provide copies of any arrest or conviction, along with any probationary terms, and/or any plea agreements entered into felony(ies) or misdemeanor(s). In actions against your occupational license, provide a copy of the final signed Board Order.**

**I hereby certify under the penalty of perjury that the information furnished on this document (2 pages) is true and correct.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_