



MINNESOTA BOARD OF VETERINARY MEDICINE

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For board use only:
Received: _____
Check: _____
Amount: _____

APPLICATION FOR BIENNIAL LICENSE RENEWAL – March 1, 2025 through February 29, 2027

Name: _____

Please fill out both home and work address field:

Home Address: _____

License Number: _____

Current Status: [] Active [] Inactive [] VMC Clinician

Email: _____

Work Address: _____

Which address is preferred for Board correspondence?

[] Work [] Home

Phone 1: _____ Phone 2: _____

[] Work [] Home [] Cell [] Work [] Home [] Cell

Are you Board certified? [] Yes [] No

Specialty(s): _____

Primary type(s) of veterinary work (optional):

- [] Small animal [] Large animal
[] Small animal mobile [] Equine
[] Mixed animal [] Military
[] Other: _____

Please mark your payment(s) with an X below

Renewal Fee, Active Status \$200 _____

Renewal Fee, Inactive Status \$100 _____

If postmarked after 3/1/2025, include late fee:

Late Fee, Active Status \$100 _____

Late Fee, Inactive Status \$50 _____

Total amount included with renewal: []

CONFIDENTIAL/NOT-PUBLIC

Tennessee Warning (Minn. Stat. § 13.04)

The Board of Veterinary Medicine is seeking data from you which may be considered private or confidential under the Minnesota Government Data Practices Act, Minn. Stat. § 13.01 et seq. Minn. Stat. § 13.04, subd. 2 requires the Board to notify you of the following four matters before you are asked to supply such information about yourself: (1) This data is being collected to determine whether you meet the requirements for renewal of your license as well as whether you have violated any statutes or rules the Board is empowered to enforce; (2) You are not legally required to complete and return this renewal application, but failure to do so may result in the denial of this licensure renewal application; (3) If you supply the data requested and it shows a violation of any of the statutes or rules enforced by the Board, you may be subject to disciplinary or other action by the Board. If you refuse to supply the data requested, your licensure renewal application may be denied. In addition, falsification or omission of information may be used by the Board as a basis for disciplinary action; and (4) The data which you supply will be accessible to Board staff. The data you supply may also be released to other persons and/or governmental entities who have statutory authority to review the data, investigate specific conduct, and/or take appropriate legal action. If the Board institutes a formal disciplinary action against you, the information you supply could become public.

1) Within the last 5 years, have there been any criminal charges filed against you or are any criminal charges pending? This includes any felony, gross misdemeanor or misdemeanor charges even if they are not related to the practice of veterinary medicine. You may use the space below for your response or attach additional documents. Yes No [] []

2) Within the last 5 years, have you been the subject of any complaint investigation relating to your practice of veterinary medicine; has any veterinary board or state licensing authority taken adverse action against your license to practice veterinary medicine; or have you voluntarily surrendered, failed to renew or otherwise terminated a license while an investigation or other action was pending? The term "adverse action" as used in this question includes, but is not limited to, revocation, suspension, conditioning, limitation, reprimand, censure or the imposition of monetary penalties or costs. You may use the space below for your response or attach additional documents.

Yes No

3) Within the last 5 years, have you been the subject of an investigation by any federal, state or local agency having jurisdiction over controlled substances, or has any adverse action been taken against your federal accreditation by USDA-APHIS? You may use the space below for your response or attach additional documents.

Yes No

4) Within the last 5 years, has your ability to practice veterinary medicine or surgery with reasonable skill and safety been in any way impaired or limited by your use of alcohol or chemical substances, including prescription medications, or has anyone expressed concern about your use of alcohol or chemical substances, including prescription medications? If you have signed a participation agreement with Health Professionals Services Program (HPSP), you may answer "No" to this question. You may use the space below for your response or attach additional documents.

Yes No

5) Within the last 5 years, has your cognitive, communicative, or physical ability to engage in the practice of veterinary medicine or surgery with reasonable skill and safety been impaired or limited in any way? If you have signed a participation agreement with HPSP, you may answer "No" to this question. If you answered "Yes", you may use the space below for your response or attach additional documents.

Yes No

6) I will have completed 40 hours of veterinary continuing education between 3/1/2023 and 2/28/2025 (exempt for first renewal). Please review the cover letter for CE requirements or visit the web link. If the required 40 credits cannot be completed, request a 6-month extension in writing. Signing the renewal form without completion of required CE is false certification and will be grounds for disciplinary action by the board.

Yes No

This is my first Renewal I request a CE Extension. Reason: _____

If you answered "Yes" to any of questions 1 through 5, you must explain in writing the reason(s) for the answer and include any action taken by you to address the situation. Additional information may be requested by the Board if warranted.

Enclose check or money order payable to Minnesota Board of Veterinary Medicine (U.S. funds only). Credit card payment is available only if renewing online. Do NOT send CE documentation with your renewal application.

To renew license for 2025-27, sign and date here: _____
 Licensee Signature (renewing) Date

If not renewing license for 2025-27, sign and date here: _____
 Licensee Signature (not renewing) Date