

REGISTRATION RENEWAL ADDENDUM

Veterinary Medicine 75 Veterinary Technician 76

Continuing Education: Every veterinarian must complete 45 hours of approved continuing education and every veterinary technician must complete 24 hours of approved continuing education for each triennial registration period. For the period beginning January 1, 2012 up to the first registration date thereafter, the required number of hours is calculated at the rate of one and one-quarter hours per month, in the case of a veterinarian, and 40 minutes per month, in the case of a veterinary technician. Veterinarians and veterinary technicians are exempt from the requirement for the first three (3) years following initial licensure. Each licensee must maintain documentation of completion of required coursework for a period of six (6) years and is subject to audit by the New York State Education Department. Do not send any continuing education documents with this application unless requested to do so. For more information, please visit our Web site www.op.nysed.gov/prof/vetmed/

The following instructions are **ONLY** for those individuals who have **NOT** met the continuing education requirement.

If you have **NOT** met the continuing education requirement, you **MUST** choose one of the following options and return this form with your registration renewal document and fee (if required). Your signature indicates agreement with the terms of the option you select.

1. I do not intend to practice in New York State during the period indicated on the registration renewal notice, and am requesting that my registration be placed in an **INACTIVE STATUS**.

As long as your registration remains inactive, you are not responsible for either the registration fee or the continuing education requirement until such time as you intend to resume practicing in New York State. At that time you will be required to complete the continuing education requirement (up to 45 hours) that was deferred during the period when you were in "Inactive Status." If you were **NOT** practicing in another jurisdiction, you will be required to complete the continuing education requirement **prior to reactivating your registration**.

Name (please print) _____ License number _____

Signature _____ Date ____ / ____ / ____

Home telephone number _____ Work telephone number _____

Fax number _____ E-mail address _____

2. I request a **CONDITIONAL REGISTRATION**.

Conditional registrations are not automatic and may be issued for up to one year or less, at the Department's discretion. A conditional registration cannot be renewed or extended. You may request a conditional registration if you agree to:

- pay the full registration fee for the conditional registration;
- complete the continuing education hours you are lacking from your previous registration period;
- in addition, complete the regular continuing education requirement due for the current registration period on a monthly prorated basis (1.25 hours/month for veterinarians and 40 minutes/month for veterinary technicians);
- provide proof of completion of the continuing education requirement on or before the expiration of the conditional registration period and and pay the registration fee for the remainder of the triennial registration period.

Prior to the end of the conditional registration period, you will be sent a registration renewal notice. You must renew online or complete and submit a registration renewal application with the fee. Proof of having satisfied the terms of the conditional registration must be submitted to the Board office when you renew your registration. Upon receipt of a completed application for registration renewal and proof that you have completed the required continuing education, the Department will issue you a registration for the remaining two years of the triennial registration period. **Failure to meet the requirements of the conditional registration may subject you to prosecution for professional misconduct.**

Name (please print) _____ License number _____

Signature _____ Date ____ / ____ / ____

Home telephone number _____ Work telephone number _____

Fax number _____ E-mail address _____

3. I request an **ADJUSTMENT** to the continuing education requirement for registration.

Adjustments to the continuing education requirement may be granted by the Department for reasons of health documented by an appropriate health care professional, extended active duty with the armed forces of the United States, or other good cause. A written explanation (from health care professional, if applicable) documenting the circumstances which prevented compliance with Education Law must be included with this form.

Name (please print) _____ License number _____

Signature _____ Date ____ / ____ / ____

Home telephone number _____ Work telephone number _____

Fax number _____ E-mail address _____

If you have not met the continuing education requirement, mail this form with your registration renewal document and appropriate fee in the envelope provided.

Please make a copy of this form and retain it for your records.

If you need additional information, please contact:

State Board for Veterinary Medicine
New York State Education Department
89 Washington Avenue
Albany, New York, 12234-1000

Telephone: 518-474-3817 ext. 210

Fax: 518-486-4846

E-mail vetmedbd@mail.nysed.gov