Wyoming State Board of Veterinary Medicine

Emerson Building
2001 Capitol Ave, Room 127
Cheyenne, WY 82002
www.vetboard.wyo.gov

VETERINARY APPLICATION REISSUE INSTRUCTIONS

For formatting purposes, we recommend that you download this packet prior to printing

Applicants who have failed to renew a license may apply for reissuance within five (5) years of the expiration date. Please read through the following instructions carefully prior to submitting your application.

Application: In order to be processed, all applications must be legibly completed and include an original signature. Page one of the application must include a 2x2 front facing, head and shoulder photo of the applicant.

Fee: The renewal fee of $65.00 and the late fee of $65.00 and all delinquent renewal fees will be due and payment shall be payable to the State of Wyoming in the exact amount by money order or cashier's check. Personal or business checks and cash are not accepted. Fees should be included with the application. If you have questions regarding the total amount due, please contact the Board office.

Proof of Lawful Presence: The U.S. Naturalization and Immigration Service (INS) has developed a list of documentation which is acceptable as proof of lawful presence. Please complete the form included in this packet and provide a **copy** of a document from List A or a document from List B and List C.

Jurisprudence Examination: Successful completion of the jurisprudence exam is required of all applicants. The jurisprudence examination must be downloaded from the website http://vetboard.wyo.gov, completed and returned to the Board office with the application. Applicants must receive a passing score of at least seventy-five percent (75%). The Wyoming State Board of Veterinary Medicine Rules and Regulations and Practice Act can also be downloaded from the website.

The examination is open book and can be found, along with the Practice Act and Rules & Regulations, on the Board's website.The exam must be completed with your application.

Verification of State Licenses: Verification of licensure is required from ALL states an applicant currently or has ever been licensed. Verifications must come directly from the issuing state and will not be accepted from the applicant.

Applications are valid for one year from the date received. Inquiries regarding application procedures and application status should be directed to:

Shelby Hood
Licensing Specialist
Phone: (307) 777-5403
E-mail: shelby.hood2@wyo.gov

Wyoming State Board of Veterinary Medicine

Verification of Lawful Presence

Federal Requirement for Licensing Boards to Establish Lawful Presence of Licensees

In August of 1996, the U.S. Congress passed legislation, the Personal Responsibility and Work Opportunity Reconciliation Act, restricting welfare and public benefits for aliens. The intent of the new law is to ensure that articulated public benefits, both state and federal, are granted only to persons who are lawfully present in the U.S.

The law identifies what constitutes a state public benefit for the purposes of this Act. Specifically, 8 U.S.C.A. §1621 (c)(2)(A) describes a state or local public benefit as "any grant, contract, loan, **professional license**, or commercial license **provided by an agency of the State or local government** or by appropriated funds of a State or local government." Therefore, professional licensing boards in Wyoming are required by this federal law to verify the "lawful presence" of persons applying for new licenses or license renewals. This verification of lawful presence need only be accomplished one time for each licensee. A new license applicant will not have to again prove lawful presence at subsequent renewals, nor will a licensee who first shows proof of lawful presence in a renewal application have to show this proof at subsequent renewals.

The U.S. Immigration and Naturalization Service (INS) has developed a list of documentation which is acceptable as proof of lawful presence. This list is included on the reverse side of this form.

Applicant's Name: _____

Address: _____

_____

By signing below, I hereby certify that *(check one item in each category)*:

- ☐ **I am a citizen of the United States**
- ☐ **I am an alien lawfully admitted to the United States under the Immigration and Naturalization Act**

I have attached:

- ☐ **A copy of an acceptable document from List A; or**
- ☐ **Copies of acceptable documents from Lists B and C as verification of my lawful presence in the U.S.**

_____

Signature of Applicant

_____

Date

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.
Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.
Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa				
4. Employment Authorization Document that contains a photograph (Form I-766)		**3.** School ID card with a photograph **4.** Voter's registration card		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status or parole: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record **6.** Military dependent's ID card **7.** U.S. Coast Guard Merchant Mariner Card		**3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
		8. Native American tribal document		**4.** Native American tribal document
		9. Driver's license issued by a Canadian government authority		**5**. U.S. Citizen ID Card (Form I-197)
		For persons under age 18 who are unable to present a document listed above:		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		**10.** School record or report card **11.** Clinic, doctor, or hospital record **12.** Day-care or nursery school record		**7.** Employment authorization document issued by the Department of Homeland Security For examples, see **Section 7** and **Section 13** of the M-274 on **uscis.gov/i-9-central**. The Form I-766, Employment Authorization Document, is a List A, Item Number 4. Document, not a license C document.

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual • Form I-94 with “RE” notation or refugee stamp issued to a refugee.	**OR**	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

Attach 2x2 Photograph Here	**Wyoming State Board of Veterinary Medicine** Emerson Building 2001 Capitol Ave, Room 127 Cheyenne, WY 82002 www.vetboard.wyo.gov

Veterinarian Reissue of License (Expired less than 5 years)

Are you a military service member as defined in W.S. 33-1-116(a)(ii)? ☐ Yes ☐ No

Are you the spouse of a military service member as defined in W.S. 33-1-117(a)(v)? ☐ Yes ☐ No

1. Personal Information

Last Name	*First Name*	*Middle Initial*

Previous Names Used	*Social Security Number*	*Date of Birth*

Degree Type

☐ DVM ☐ VMD ☐ Other

2. Contact Information

Residential Mailing Address

City	*State*	*Zip*

Employer / Business Name

Employer / Business Mailing Address

City	*State*	*Zip*

Home/Cell Phone	*Business Phone*

3. Correspondence

Issues with your application and all general correspondence will be sent to you via email. Please list an email you check regularly. Other correspondence will be mailed to you. Select a mailing address where you receive mail in a timely manner.

Email:	*Mail Preference* ☐ Home ☐ Business

4. Other Licenses

Indicate license(s) in all states where you are currently or have been previously licensed in any field, including Wyoming. Begin with your original license. Note carefully any licenses not currently in good standing. Attach additional sheets if necessary.

State	*License #*	*License Type*	*Issue Date*	*Expiration Date*	*Status (Active, Expired, Revoked)*

5. Practical Experience

List practice/employment for the past five (3) years in consecutive order beginning with the most recent. Use additional sheets if needed.

Name and Address of Employer	**Date Employed**		**Brief Description of Duties**
	From	**To**	

6. Intended Practice Information *Please select all that apply*

Food Animal _____	Companion Animal _____	Equine _____	Mixed _____

7. Species Information *Please circle all that apply*

Canine	Feline	Equine	Bovine	Porcine
Ovine/Caprine	Camelid	Cervid	Poultry	Avian (non-poultry)
Exotics	Amphibian/Reptile	Aquatic Animal	Zoo Animal	Wildlife
Furbearing Animal	Laboratory Animal	Non-Human Primate	Other Species	No Species Contact

8. Practice History

If you mark yes to any of these questions, you must attach a detailed explanation and copies of relevant documentation.

A	Have you ever, or are you now, providing any of the services regulated by W.S. 33-30-101 et seq. in the State of Wyoming, without meeting the requirement for a license, permit, certificate, registration, or without meeting an exemption provided in W.S. 33-30-203?	▢ Yes ▢ No
B	Has any jurisdiction or association refused, rejected, dismissed, or denied your application for a license, permit, certificate, registration, or membership in any profession?	▢ Yes ▢ No
C	Have you ever withdrawn an application for professional membership or a license, permit, certificate, or registration in any jurisdiction or association?	▢ Yes ▢ No
D	Has any jurisdiction or association revoked, suspended, refused to renew, conditioned, restricted, imposed fine or civil penalty, required continuing education, or otherwise disciplined you, your license, or your membership?	▢ Yes ▢ No
E	Have you voluntarily surrendered a license, certificate, permit, or registration for any reason other than non-renewal?	▢ Yes ▢ No
F	To the best of your knowledge, has a complaint been filed against you in any jurisdiction, professional association, or facility or are you currently under investigation?	▢ Yes ▢ No
G	Have you ever been arrested?	▢ Yes ▢ No
H	Have you ever been charged or convicted (including a nolo contendere plea or guilty plea) of a misdemeanor, felony, or other criminal offense (other than minor traffic violations) in any court? *If YES, in addition to the affidavit, attach a certified copy of the court records regarding your conviction, the nature of the offense date of discharge, if applicable, as well as a statement from the probation or parole officer.*	▢ Yes ▢ No
I	Have you been diagnosed with or do you have any condition, impairment, or addiction (including but not limited to, substance abuse, alcohol abuse, or a mental, emotional or nervous disorder, or condition) that affects your ability to practice in a safe, competent, ethical, and professional manner?	▢ Yes ▢ No
J	Have you been named as a defendant to a civil suit related to your practice or profession (i.e. malpractice, review panel)?	▢ Yes ▢ No
K	Is there any disciplinary action pending against you by any licensing authority, association, the USDA, Drug Enforcement Agency, or any state drug enforcement authority?	▢ Yes ▢ No

9. Signature

I verify by signing below that the information I have provided the board is accurate and that I have read the rules and regulations promulgated by the Wyoming State Board of Veterinary Medicine, and W.S. § 33-30-101 through 225. Additional documentation will be provided upon request. Note: Providing false information to the board is a violation of the board's rules and may be subject to enforcement action.

Signature	*Date*