

STATE OF _____
PARISH/COUNTY OF _____

AFFIDAVIT OF INCAPACITY

BEFORE ME, the undersigned Notary, in and for the Parish or County and State aforesaid, came and personally appeared _____, DVM who holds license number _____ to practice veterinary medicine in the State of Louisiana and who declares that he/she is a resident of the full age of majority of the Parish/County of _____, and who further declares that:

- He/she no longer practices any form of veterinary medicine in the State of Louisiana
- He/she has been disabled since _____(date),
- He/she has provided a statement from his/her physician attesting to a state of physical incapacity which has prevented him/her from practicing veterinary medicine from _____ to _____,
- He/she (check one)
 - is able to practice veterinary medicine at the time this affidavit is signed;
 - is **not** able to practice veterinary medicine at the time this affidavit is signed, and
- He/she fully understands that if he/she is unable to practice veterinary medicine at the time that this affidavit is signed, that he/she must submit an affidavit attesting that he/she is able to practice veterinary medicine, supported by a physician's statement attesting that a state of incapacity no longer exists, before resuming the practice of veterinary medicine.

The undersigned individual declares that he/she is in understanding that this Affidavit of Incapacity is effective for a period of one (1) year.

The undersigned individual recognizes that he/she is not required by the Board to submit this affidavit of incapacity; rather, the undersigned individual is hereby requesting the Board to consider his/her incapacity for the purpose of either waiving license renewal fees and/or continuing education requirements.

SWORN TO AND SUBSCRIBED BEFORE ME, Notary Public, on this _____ day of _____, 20____ at _____, _____.

City State

Signature of Licensee:

S E A L

Notary Public:

LICENSEE note: Requests for waiver of renewal fees and/or CE requirements based on incapacity must be made to the Board in writing annually with the submission of this affidavit and annual renewal forms. Waiver requests must go before the full Board annually for approval/acceptance.

PHYSICIAN'S STATEMENT OF INCAPACITY

To be completed by Veterinarian:

I, _____, do hereby authorize the release of all information requested
(name of veterinarian)
below to the Louisiana Board of Veterinary Medicine.

Signature of Veterinarian: _____ Date: _____
License Number: _____

ALL INFORMATION PROVIDED ON THIS FORM WILL REMAIN CONFIDENTIAL.

To be completed by Physician: (please complete all information; do not leave blanks)

I, _____, the undersigned physician do hereby certify
(name of physician)
that _____ has been under my care since _____
(name of veterinarian) (date)

for a condition which renders him/her: (Check all items that apply.)

- unable to practice veterinary medicine;
- unable to attend programs, seminars, and the like for continuing education credits.

Please indicate the best possible responses to the following items:

1. Diagnosis: _____
2. This condition is:
 - Temporary - dates of incapacity - from _____ to _____
 - Permanent - date incapacity became permanent - _____
3. Prognosis for recovery or significant change in condition:
 - poor fair good

Signature of Physician: _____ Date: _____

Thank you for your cooperation and assistance in this matter. This form may be returned to the licensee or may be mailed directly to the board office at:

Louisiana Board of Veterinary Medicine
263 Third Street, Suite 104
Baton Rouge, LA 70801

Telephone: (225) 342-2176
FAX: (225) 342-2142
Email at lbvm@eatel.net