

LA Veterinary Practice Act – Rules Regarding Inactive Status

§503. Exemption of Fee for Active Military Duty/Reduction of Fee for Qualified Retirement/Disability

A. The board shall exempt a veterinarian licensed in the state of Louisiana from the annual license renewal fee for active status if he is a member of the armed forces and is on active duty. The board shall apply the reduced annual renewal fee for inactive status if the veterinarian is totally disabled to practice veterinary medicine without probability of return to practice for the annual renewal period at issue as certified by a physician's statement, or if he is retired and has reached the age of 65 years.

B. In each of the above cases, the veterinarian who requests fee exemption or reduction for inactive status must register with the board annually and provide proof of his eligibility for fee exemption or reduction for inactive status in affidavit form approved by the board.

C. A licensee who submits an affidavit of retirement as provided by the board for this purpose is entitled to the reduced annual fee for inactive status if he has reached the age of 65 years or submits an affidavit of disability and physician's statement of total disability without probability of return to practice for the annual renewal period at issue. The documentation must be submitted annually with the registration form.

1. Once an affidavit is received by the board, a written request for reinstatement of a license may thereafter be submitted to the board within five years of such date of receipt, provided the applicant submits with his request the payment of all back active annual renewal fees, as well as current active annual renewal fees for application.

2. A request for reinstatement within five years of the date an affidavit is received by the board may be subject to certain conditions being met as set by the board prior to such reinstatement.

3. Once an affidavit is received by the board, a written request for reinstatement of a license may be submitted to the board after the expiration of five years of such date of receipt, however, the applicant shall submit an application for re-licensure, pay all required fees and satisfactorily pass all licensure examinations.

4. A request for reinstatement shall be made in writing for review and consideration by the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1518 and 1520.A. HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Veterinary Medicine, LR 10:208 (March 1984), amended by the Department of Health and Hospitals, Board of Veterinary Medicine, LR 23:963 (August 1997), LR 29:1478 (August 2003), LR 38:1592 (July 2012).

AFFIDAVIT OF DISABILITY STATEMENT

STATE OF _____ PARISH/COUNTY OF _____

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 Disability 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 disability; rather, the undersigned individual is hereby requesting the Board to consider his/her disability 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: _____

NOTARY
SEAL

Notary Public: _____

LICENSEE NOTE: Requests for waiver of renewal fees and/or CE requirements based on Inactive Disabled Status must be made to the Board in writing annually with the submission of this affidavit and the annual online renewal submission (www.lsbvm.org). Waiver requests must go before the full Board annually for approval/acceptance.

Mail form to: **Louisiana Board of Veterinary Medicine**
5825 Florida Blvd.
Baton Rouge, LA 70806

PHYSICIAN'S STATEMENT OF DISABILITY

To be completed by Veterinarian:

I, _____, do hereby authorize the release of all information
(printed name of veterinarian)
requested 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
(printed name of physician)
that _____ has been under my care since _____
(printed 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 disability - from _____ to _____
- Permanent - date disability 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

5825 Florida Blvd.
Baton Rouge, LA 70806

Telephone: (225) 925-6620 | FAX: (225) 925-6622
admin@lsbvm.org | www.lsbvm.org