



PETITION FOR REINSTATEMENT OR MODIFICATION OF PENALTY

INSTRUCTIONS: Please type or print neatly. All blanks must be completed; if not applicable enter N/A. If more space is needed attach additional sheets. Attached to this application should be a "Narrative Statement" and two original verified recommendations from a veterinarian licensed by the Board who has personal knowledge of activities since the disciplinary action was imposed.

TYPE OF PETITION [Reference Business and Professions Code section 4887]

Reinstatement of Revoked/Surrendered License or Registration Modification of Probation Termination of Probation

NOTE: A Petition for Modification and/or Termination of Probation can be filed together. If you are requesting Modification, you must specify in your "Narrative Statement" the term(s) and condition(s) of your probation that you want reduced or modified and provide an explanation. Please check all boxes above that apply.

PERSONAL INFORMATION

NAME: First Middle Last

Other name(s) licensed under, if any:

HOME ADDRESS: Number & Street City State Zip

HOME TELEPHONE NUMBER ()	WORK TELEPHONE NUMBER ()	CELL NUMBER ()
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E-mail address:	CA License or Registration Number
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Are you licensed by any other state(s) or country(ies) (please include license number(s), issue date(s), and status of license(s)):

ATTORNEY INFORMATION (If Applicable)

Will you be represented by an attorney? No Yes (If "Yes," please provide the following information)

NAME:

ADDRESS:

PHONE:

DISCIPLINARY INFORMATION

Provide a brief explanation in your "Narrative Statement" as to the cause for the disciplinary action (e.g., negligence or incompetence, self use of drugs or alcohol, extreme departures from sanitary conditions, conviction of a crime, etc.)

Have you ever had your license revoked, suspended, voluntarily surrendered, denied, or placed on probation in any other state or country? No Yes

(If Yes, give a brief cause for administrative action or license denial in your "Narrative Statement" section, including dates and discipline ordered (e.g., 5 years probation.)

VETERINARIAN/REGISTERED TECHNICIAN BACKGROUND

Total number of years in veterinary practice:

CONTINUING EDUCATION (List continuing education completed since the date of the disciplinary action)

CURRENT OCCUPATION OTHER THAN VETERINARIAN OR REGISTERED VET TECHNICIAN

(Answer only if currently not practicing as a Veterinarian or Registered Vet Technician)

List employer, address, e-mail address, phone number, job title, and duties:

EMPLOYMENT HISTORY (list for the past 5 years only)

Provide the employer's name, address, phone number, job title and dates of employment:

REHABILITATION

Describe any rehabilitative or corrective measures you have taken since your license/registration was disciplined. List dates, nature of programs or courses, and current status. You may include any community service or volunteer work.

CURRENT COMPLIANCE

Since the effective date of your last Veterinary Medical Board disciplinary action have you:

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|---|-----|----|
| 1. Been placed on criminal probation or parole? | Yes | No |
| 2. Been charged in any pending criminal action by any state, local or federal agency or court? | Yes | No |
| 3. Been convicted of any criminal offense? (A conviction includes a no contest plea; disregard traffic offenses with a \$100 fine or less.) | Yes | No |
| 4. Been charged or disciplined by any other veterinary board? | Yes | No |
| 5. Surrendered your license to any other veterinary board? | Yes | No |
| 6. Had your licensee manager's premise permit disciplined? | Yes | No |
| 7. Had any civil malpractice claims filed against you of \$10,000 or more? | Yes | No |
| 8. Become addicted to the use of narcotics or controlled substances? | Yes | No |
| 9. Become addicted to or received treatment for the use of alcohol? | Yes | No |
| 10. Been hospitalized for alcohol or drug problems or for mental illness? | Yes | No |

NOTE: If your answer is "Yes" to **any** of the above questions, please explain in the "Narrative Statement."

COST RECOVERY

Was cost recovery ordered? Yes No If yes, what is the remaining balance? _____

When is payment anticipated? _____

DECLARATION

Executed on _____ 20____, at _____, _____.
(City) (State)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that all statements and documents attached in support of this petition are true and correct.

Petitioner (print name)

Signature

The information in this document is being requested by the Veterinary Medical Board (Board) pursuant to Business and Professions Code section 4887. In carrying out its licensing or disciplinary responsibilities, the Board requires this information to make a determination on your petition for reinstatement or modification of penalty. You have a right to access the Board's records containing your personal information as defined in Civil Code section 1798.3. The Custodian of Records is the Executive Officer at the address shown on the first page.