

6. Please indicate if you are willing for your name to be added to a list of volunteer Veterinarians who may be called upon in the event of a natural disaster (i.e. hurricane, etc.). Yes No

Continuing Education

Do you **affirm** that you have obtained a minimum of 30 hours of SC approved continuing education credit in accordance with SC Code of Laws Section 120-6 or meet the Continuing Education waiver requirements for a newly licensed veterinarian? (**NOTE:** Veterinarians licensed April 1, 2015 – March 31, 2016 are required to complete only fifteen (15) hours of continuing education for renewal. Veterinarians licensed April 1, 2016 – March 31, 2017 are exempt from all CE requirements for this renewal period.) Yes No

You may be audited for up to three (3) years from the date of renewal for compliance with continuing education requirements.

IF YOU ANSWER “YES” TO A QUESTION BELOW, PROVIDE A DETAILED WRITTEN EXPLANATION ALONG WITH A COPY OF THE ORDER OR OTHER RELEVANT DOCUMENTATION(S).

1. Since you last renewed your license, have you been involved in any pre-trial intervention program, been convicted, pled guilty, or pled nolo contendere (no contest) for the violation of any federal, state or local law or do you have charges pending (other than a minor traffic violation)? Yes No
2. Since you last renewed your license, have you had any investigation, formal complaint, disciplinary action or consent order filed against you by any person, employer, or licensing board in any jurisdiction? Yes No
3. Since you last renewed your license, have you developed or been treated for any disease or condition, physical, mental, or emotional (including alcohol or other substance abuse) that may render further practice dangerous to the public? Yes No
4. Since you last renewed your license, have you had an application for a professional license, examination, certification or registration denied or refused by any licensing board or other entity or have you ever surrendered a professional license? Yes No
5. Since you last renewed your license, have you had a malpractice claim, lawsuit, judgment or settlement filed against you? Yes No
6. Since you last renewed your license, has your ability to prescribe controlled substances ever been surrendered, revoked, suspended, limited or restricted? Yes No
7. Since you last renewed your license, have you been addicted to or used in excess any drug or chemical substance, including alcohol, or been treated for a drug or alcohol addiction or participated in a rehabilitation program? Yes No
8. Has there been any change in the status of your lawful presence in the United States since your initial licensure? Yes No

QUESTIONS RELATED TO THE NEW LEGISLATION FOR ANIMAL SHELTER(S) SC CODE OF LAWS §40-69-300 (G)

1. Do you provide veterinary services at an animal shelter(s) operated by a veterinarian, nonprofit organizations, or political subdivision? If yes, please provide contact information below: Yes No

Facility Name: _____

Address, City, Zip: _____

Phone #: _____

2. Do you provide emergency clinic services? If yes, please provide contact information below: Yes No

Facility Name: _____

Address, City, Zip: _____

Phone #: _____

I HEREBY swear/affirm I have read all questions on this renewal application and have answered truthfully, accurately, and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my South Carolina license.

Signature

Date

South Carolina Law requires the agency collect personal information which is only disseminated as required by law. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on your renewal application and other documents on file, may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services. In order to better protect the information you provide, please provide the Department with the following information that may be released to the public upon request: a public mailing address, a public email address and a public telephone number.