

**MARYLAND STATE BOARD OF VETERINARY MEDICAL EXAMINERS**

50 Harry S. Truman Parkway, Room 102, Annapolis, Maryland 21401

Telephone: 410.841.5862

Facsimile: 410.841.5780

www.mda.state.md.us

**PERSONAL HISTORY FORM UPDATE**  
**FOR REINSTATEMENT OF LICENSE**

**NOTE: All information requested is on-going in nature. Failure to provide the Board with any changes to the information supplied can result in denial or revocation of your license and/or registration. If the application for licensure has not been successfully completed within one year from the date of initial submission, a new application and fee will be required. Type or print clearly all information except personal signature. Please follow instructions provided.**

**(Please Type or Print Clearly All Information Except Personal Signature)**

NAME IN FULL: \_\_\_\_\_  
Last First Middle (Maiden Name)

MARYLAND VETERINARY LICENSE NUMBER & DATE OF ISSUE: \_\_\_\_\_

HAVE YOU EVER REGISTERED YOUR LICENSE? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PROVIDE THE DATE YOU LAST REGISTERED: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

HOME TELEPHONE NO. ( ) \_\_\_\_\_ WORK TELEPHONE NO. ( ) \_\_\_\_\_

HOME STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

LIST ALL JURISDICTIONS WITH WHICH YOU NOW HOLD OR EVER HAVE HELD A VETERINARY LICENSE:

\_\_\_\_\_

HAS ANY STATE LICENSING OR DISCIPLINARY BOARD DENIED YOUR APPLICATION FOR  
LICENSURE, REINSTATEMENT OR RENEWAL, OR TAKEN ANY ACTION AGAINST YOUR LICENSE,  
INCLUDING, BUT NOT LIMITED TO, REPRIMAND, SUSPENSION, OR REVOCATION?

YES \_\_\_\_ NO \_\_\_\_ (**NOTE:** ANSWERING "YES" WILL NOT NECESSARILY MAKE YOU  
INELIGIBLE FOR REINSTATEMENT IN THE STATE OF MARYLAND, HOWEVER, THE MARYLAND  
BOARD REQUIRES THAT THE STATE LICENSING OR DISCIPLINARY BOARD THAT TOOK ACTION  
AGAINST YOU PROVIDE COPIES OF THE FINAL ORDER OR DECISION RENDERED IN THE CASE.)

**PERSONAL HISTORY FORM UPDATE**

**FOR REINSTATEMENT OF LICENSE**

**Page 2**

**IF YOU ANSWERED “YES” TO THE ABOVE QUESTION, STATE WHERE, WHEN, AND WHY ACTION WAS TAKEN AGAINST YOUR LICENSE, INCLUDING, BUT NOT LIMITED TO, REPRIMAND, SUSPENSION, OR REVOCATION BELOW (ATTACH ADDITIONAL SHEETS, IF NECESSARY):**

---

---

---

---

---

---

---

**ARE THERE ANY OUTSTANDING COMPLAINTS, INVESTIGATIONS, OR CHARGES PENDING AGAINST YOU IN ANY STATE BY ANY LICENSING OR DISCIPLINARY BOARD?**

YES \_\_\_\_ NO \_\_\_\_ (**NOTE:** ANSWERING “YES” WILL NOT NECESSARILY MAKE YOU INELIGIBLE FOR REINSTATEMENT IN THE STATE OF MARYLAND.)

**IF YOU ANSWERED “YES,” THE MARYLAND BOARD REQUIRES THAT YOU PROVIDE A COPY OF EACH OF THE FOLLOWING DOCUMENTS THAT HAS BEEN FILED WITH THE LICENSING OR DISCIPLINARY BOARD IN WHICH A COMPLAINT, INVESTIGATION, OR CHARGE IS PENDING:**

- A. THE COMPLAINT;
- B. THE RECORDS PERTAINING TO THE COMPLAINT OR INVESTIGATION; AND
- C. YOUR RESPONSE TO THE COMPLAINT.)

**PROVIDE THE NAME(S) OF THE STATE(S) IN WHICH ACTION IS PENDING:**

---

**PERSONAL HISTORY FORM UPDATE**  
**FOR REINSTATEMENT OF LICENSE**  
**Page 3**

HAVE YOU EVER BEEN CONVICTED OF A CRIME, **EXCLUDING** ANY MINOR TRAFFIC VIOLATIONS?

YES \_\_\_\_ NO \_\_\_\_

**IF YOU ANSWERED “YES,”** PLEASE EXPLAIN BELOW (ATTACH ADDITIONAL SHEETS, IF NECESSARY):

---

---

---

---

---

**DISCLOSING CONVICTIONS OF “CONTROLLED DANGEROUS SUBSTANCE” OFFENSES**

(A) HAVE YOU BEEN CONVICTED OF A “CONTROLLED DANGEROUS SUBSTANCE” OFFENSE COMMITTED ON OR AFTER JANUARY 1, 1991? YES \_\_\_\_\_ NO \_\_\_\_\_

(B) IF YOU HAVE BEEN CONVICTED OF A “CONTROLLED DANGEROUS SUBSTANCE” OFFENSE COMMITTED ON OR AFTER JANUARY 1, 1991, SUBMIT WITH YOUR APPLICATION A COPY (THAT THE COURT’S CLERK CERTIFIES IS TRUE) OF THE DOCKET ENTRIES IN THE CASE(S) IN WHICH THE CONVICTION(S) OCCURRED.

(C) FAILURE TO DISCLOSE INFORMATION REQUESTED IN (A) OR (B), ABOVE, MAY RESULT IN THE SUSPENSION OR REVOCATION OF YOUR LICENSE.

PERSONAL SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_