

Rules of Department of Economic Development

Division 270—Missouri Veterinary Medical Board Chapter 1—General Rules

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**Title 4—DEPARTMENT OF
ECONOMIC DEVELOPMENT
Division 270—Missouri Veterinary
Medical Board
Chapter 1—General Rules**

4 CSR 270-1.010 General Organization
(Rescinded July 8, 1993)

AUTHORITY: section 340.140, RSMo 1986. Original rule filed Sept. 2, 1976, effective Dec. 11, 1976. Rescinded: Filed Nov. 4, 1992, effective July 8, 1993.

**4 CSR 270-1.011 Organization of Board/
Duties**

PURPOSE: This rule specifies the duties of the board and describes its organization.

(1) The board shall appoint a Veterinary Technician Examining Committee comprised of at least four (4) persons, one (1) of whom shall be the executive director, who will administer the veterinary technician examination and report the results with raw scores to the board within sixty (60) days of the examination. The committee shall consist of two (2) currently registered veterinary technicians, two (2) members of the Missouri Veterinary Medical Board and the executive director. The veterinary technicians shall have at least five (5) years' experience and not be associated in practice with an appointed member of the board.

(2) Nothing shall prohibit the board from appointing the members of the Veterinary Technician Examining Committee currently serving on the effective date of these rules. Beginning with the committee appointed under these rules, one (1) member shall be appointed for four (4) years, one (1) member shall be appointed for three (3) years, one (1) member shall be appointed for two (2) years and one (1) member shall be appointed for one (1) year. After that, all members shall be appointed to serve four (4) years. The terms of the members of the Veterinary Medical Board serving on the committee shall coincide with their terms on the board. The terms shall be effective March 1 of each year.

(3) Each member of the Veterinary Technician Examining Committee shall receive as compensation an amount set by the board not to exceed fifty dollars (\$50) for each day devoted to the affairs of the committee and shall be entitled to reimbursement of expenses necessarily incurred in the discharge of official duties.

(4) Three (3) members of the board shall constitute a quorum for the transaction of business.

AUTHORITY: sections 340.210 and 340.308, RSMo Supp. 1992. Original rule filed Nov. 4, 1992, effective July 8, 1993.*

**Original authority 1992.*

4 CSR 270-1.020 Board Compensation
(Rescinded July 8, 1993)

AUTHORITY: section 430.140.9, RSMo 1986. Emergency rule filed Sept. 11, 1981, effective Sept. 28, 1981, expired Dec. 10, 1981. Emergency rule filed May 25, 1983, effective June 4, 1983, expired Sept. 22, 1983. Original rule filed May 25, 1983, effective Oct. 13, 1983. Rescinded: Filed Nov. 4, 1992, effective July 8, 1993.

4 CSR 270-1.021 Fees

PURPOSE: This rule establishes the various fees authorized in Chapter 340, RSMo.

(1) The following fees are established by the Missouri Veterinary Medical Board:

(A) Veterinarians—	
1. Registration Fee	\$ 50.00
2. State Board Examination Fee	\$100.00
3. National Board Examination Fee	\$165.00
4. Clinical Competency Test Fee	\$140.00
5. Reciprocity Fee	\$150.00
6. Grade Transfer Fee	\$150.00
7. Restricted Faculty License Fee	\$200.00
8. Temporary License Fee	\$100.00
A. Temporary License Extension	\$ 50.00
9. Annual Renewal Fee—	
A. Active	\$100.00
B. Inactive	\$ 50.00
C. Restricted Faculty	\$100.00
10. Penalty Fee	\$100.00
11. Name Change Fee	\$ 15.00
12. Wall Hanging Replacement Fee	\$ 15.00
(B) Veterinary Technicians—	
1. Registration Fee	\$ 50.00
2. State Board Examination Fee	\$ 30.00
3. National Board Examination Fee	\$100.00
4. Reciprocity Fee	\$ 50.00
5. Grade Transfer Fee	\$ 50.00

6. Temporary Registration Fee	\$ 50.00
7. Annual Renewal Fee—	
A. Active	\$ 20.00
B. Inactive	\$ 10.00
8. Penalty Fee	\$ 50.00
9. Name Change Fee	\$ 15.00
10. Wall Hanging Replacement Fee	\$ 15.00
(C) Facility Permit Fee—	
1. Initial Fee	\$100.00
2. Annual Review Fee Not to Exceed	\$ 50.00
3. Penalty Fee	\$ 50.00
(D) Certification of Professional Corporations Fee	\$ 25.00
(E) Inspection and Copying of Documents—	
1. Photocopy Fee (per page)	\$.25
2. Microfiche Reproduction Fee (per page)	\$.25
3. Microfilm Reproduction Fee (per page)	\$.25

(2) All fees, with the exception of those noted in section 340.232, RSMo, are nonrefundable.

AUTHORITY: section 340.210, RSMo Supp. 1997. Original rule filed Nov. 4, 1992, effective July 8, 1993. Amended: Filed April 14, 1994, effective Sept. 30, 1994. Amended: Filed March 10, 1995, effective Sept. 30, 1995. Amended: Filed Oct. 10, 1995, effective April 30, 1996. Amended: Filed Aug. 31, 1998, effective March 30, 1999.*

**Original authority 1992, amended 1993, 1995.*

4 CSR 270-1.030 Public Records
(Moved to 4 CSR 270-1.060)

4 CSR 270-1.031 Application Procedures

PURPOSE: This rule outlines the procedure for application for licensure as a veterinarian or registration as a veterinary technician.

(1) Application for licensure or registration must be made on the forms provided by the board. Application forms may be obtained by requesting them from the executive director, Missouri Veterinary Medical Board, P.O. Box 633, Jefferson City, MO 65102.

(2) An application must be legible (printed or typed), signed, notarized and accompanied by the appropriate fees. The fee must be in the form of a cashier's check, personal check or money order.



(3) The following documents must be on file for an application to be considered complete:

- (A) Completed application;
- (B) Appropriate fee;
- (C) Proof of acceptable educational credentials as evidenced by an official transcript sent directly to the board by the school; and
- (D) Two (2) current, standard passport photos, black and white or color, one and one-half inches by two inches (1.5" × 2.0"), with applicant's signature on the back of each.

(4) All forms must be completed and received by the board by the established deadline.

*AUTHORITY: sections 340.210, 340.228 and 340.300, RSMo 1994. * Original rule filed Nov. 4, 1992, effective July 8, 1993. Amended: Filed June 7, 1995, effective Dec. 30, 1995.*

**Original authority 1992, amended 1993.*



STATE OF MISSOURI
 VETERINARY MEDICAL BOARD
APPLICATION FOR VETERINARY LICENSURE

FOR OFFICIAL USE ONLY

DATE FORWARDED

DATE RECEIVED

INSTRUCTIONS PLEASE TYPE USE BLACK INK

1. Applicant must complete all applicable sections below.
2. If additional information is needed for any questions, please attach a separate sheet.
3. After the Application for Licensure is completed, please return it, along with the appropriate fees, to the following central office address below. Checks should be made payable to the Missouri Veterinary Medical Board.

Missouri Veterinary Medical Board
 3605 Missouri Blvd.
 P.O. Box 633
 Jefferson City, Missouri 65102
 314/751-0031
 1-800-735-2966 (TEXT)
 1-800-735-2466 (VOICE)

APPLICANT
 ATTACH
 RECENT
 PHOTO
 HERE

I. GENERAL INFORMATION (APPLICANTS MUST COMPLETE THIS SECTION)

I hereby apply for a license to practice as a veterinarian in the State of Missouri on the basis of (Check one):

- | | |
|--|---|
| <input type="checkbox"/> EXAMINATION | Fee: \$325.00 [Registration Fee - \$50 + NBE - \$100 + CCT - \$75 + State Board Exam Fee - \$100] |
| <input type="checkbox"/> RECIPROCITY | Fee: \$300.00 (\$150 + \$100 State Board Exam Fee + \$50 Registration Fee) |
| <input type="checkbox"/> GRADE TRANSFER | Fee: \$300.00 (\$150 + \$100 State Board Exam Fee + \$50 Registration Fee) |

NAME (LAST, FIRST, MIDDLE INITIAL, MAIDEN NAME)	DATE OF BIRTH
---	---------------

MAILING ADDRESS (STREET OR BOX NO., CITY, STATE, ZIP CODE)

RESIDENTIAL ADDRESS (STREET AND BOX NO., CITY, STATE, ZIP CODE)

INTENDED OR PRESENT BUSINESS ADDRESS (IF DIFFERENT THAN ABOVE)	DAYTIME TELEPHONE NO. WHERE YOU CAN BE REACHED
--	--

NAME OF EMPLOYER, IF APPLICABLE

List all of the states in which you now hold or have ever held a license to practice veterinary medicine. If current status is "other", please explain on a separate sheet. The licensing authority in each state where you have ever been licensed must complete a **Verification Request** form. One has been included with this application. If additional copies are needed, you may photocopy this form.

STATE	LICENSE NUMBER	ISSUE DATE	CURRENT STATUS
			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER
			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER
			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER
			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER
			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER
			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER

MO 419-1211 (11-92)



ANSWER THE FOLLOWING QUESTIONS. "YES" ANSWERS MUST BE EXPLAINED IN SWORN AFFIDAVIT.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Has your application for license as a veterinarian ever been rejected by any licensing authority? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever voluntarily surrendered your veterinary license, allowed it to lapse, or had a limited license issued by any licensing authority? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has your license ever been revoked or have you ever been the subject of disciplinary action by any licensing agency, veterinary medical association, licensed hospital or clinic or medical staff of such a hospital or clinic? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had a registration issued by a controlled substance authority revoked, suspended, surrendered, limited or restricted, whether agreed to voluntarily or not? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has your application for accreditation by the USDA ever been denied? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has your certification of accreditation ever been disciplined by the USDA or have you ever voluntarily surrendered it, allowed it to lapse, or had a limited certificate of accreditation issued by the USDA? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever taken the Veterinary National Board Examination or the Clinical Competency Test in any jurisdiction? If yes, how many times? (No affidavit required) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever been charged with or convicted of a felony whether or not sentence was imposed or suspended? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever been charged with or convicted of a violation of any federal or state drug laws or rules whether or not sentence was imposed or suspended? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are you now or have you ever been addicted to or used in excess, any drug or chemical substance including alcohol? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you now being treated or have you ever been treated through a drug or alcohol rehabilitation program? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you ever been named as a defendant to a civil suit other than a separation or divorce decree? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you operate your veterinary practice under a general or limited partnership in Missouri? | <input type="checkbox"/> | <input type="checkbox"/> |
- If yes, name all partners by attachment and identify those who are currently licensed in Missouri. How long has the current partnership been in existence?

II. EDUCATIONAL EXPERIENCE (ALL APPLICANTS MUST BE COMPLETE)

OFFICIAL CERTIFIED TRANSCRIPT REQUIRED

INSTITUTION FROM WHICH YOU RECEIVED YOUR DEGREE IN VETERINARY MEDICINE	DEGREE CONFERRED/DATE
Was the institution AVMA accredited? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If no, do you have your ECFVG? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Submit a letter from the AVMA, sent directly to the Board office, verifying your status.	
Are you board certified? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, in what specialty _____	

III. ENDORSEMENT (TO BE COMPLETED BY A LICENSED VETERINARIAN)

APPLICANT NAME	DATE
<i>This is to Certify, That I have been personally acquainted with the applicant named above and that I know her/him to be an ethical veterinarian and of good moral and professional character. I hereby recommend her/him to the Missouri Veterinary Medical Board to be licensed as a Veterinarian in the State of Missouri.</i>	
SCHOOL OF VETERINARY MEDICINE I GRADUATED FROM	GRADUATION DATE
STATE(S) LICENSED	LICENSE NUMBER(S) AND DATE(S)
NAME (PRINT OR TYPE)	SIGNATURE
ADDRESS	

IV. EXAMINATION (ALL APPLICANTS MUST COMPLETE)

If you have taken the NBE or CCT, have the Interstate Reporting Service of PES forward your scores directly to the Board office. The address and telephone number for PES is:
 475 Riverside Drive
 New York, NY 10027
 212/870-3161

All applications must be received at least 60 days prior to the administration of the national examinations.

Have you taken the NBE? Yes No

If yes, When _____

Where _____

Have you taken the CCT? Yes No

If yes, When _____

Where _____

I hereby apply to take the following examinations:

NBE (Date _____) CCT (Date _____)

Missouri State Board Examination (Date _____)

SPECIAL NEEDS: If you have special needs addressed by the Americans with Disabilities Act, you must notify this office to insure that reasonable accommodations are made for your needs. Notification must be in writing and mailed to the Missouri Veterinary Medical Board, P.O. Box 633, 3605 Missouri Boulevard, Jefferson City, Missouri 65102. Notification of special needs must be received by the Board at least sixty (60) calendar days in advance of the examination date.

MO 419-1211 (11-92)

V. RECIPROCITY

To qualify for licensure by reciprocity you must have been actively engaged in the practice of veterinary medicine in another state, territory, district or province of the U.S. or Canada for a period of at least five consecutive years (5) immediately prior to making application in Missouri.

The licensing authority in each state where you are licensed must complete a **Verification Request** form. One has been included with this application. If additional copies are needed, you may photocopy this form.

If you meet all of the requirements for licensure by reciprocity, you will be notified to meet with the Missouri State Board and take the Missouri State Board Examination. It will be administered at each regular Board meeting. Applications must be received by the Board at least 30 days prior to the meeting.

PREVIOUS PLACES OF PRACTICE

	NAME	ADDRESS	YEARS	
			FROM	TO
1.				
2.				
3.				
4.				
5.				

VI. GRADE TRANSFER

If you do not qualify for reciprocity, you may transfer your NBE and CCT scores. However, scores may be transferred only if you took those tests within three (3) years of this application and your scores meet Missouri's passing score.

If your NBE and CCT scores qualify for transfer, you will be required to meet with the Missouri Board and take the Missouri State Board Examination. It will be administered at each regular Board meeting and applications must be received by the Board at least thirty (30) days prior to the meeting.

VII. AFFIDAVIT (ALL APPLICANTS MUST COMPLETE)

I hereby affirm that the information given above is true, correct and complete to the best of my knowledge and belief. I am aware that any person who knowingly submits false information, information intended to mislead the board, or omits a material fact on the application shall be subject to penalties provided for by the laws of Missouri, in addition to any actions which the board may take pursuant to the provisions of Chapter 340, RSMo.

I further authorize the release of any information needed by the Missouri Veterinary Medical Board to determine my eligibility for licensure.

MUST BE SIGNED IN PRESENCE OF NOATRY

APPLICANT SIGNATURE		▶			
STATE OF		COUNTY (OR CITY OF ST. LOUIS)			
SUBSCRIBED AND SWORN BEFORE ME, THIS		USE RUBBER STAMP IN CLEAR AREA BELOW.			
DAY OF				19	
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES				
NOTARY PUBLIC NAME (TYPED OR PRINTED)					

MO 419-1211 (11-92)



STATE OF MISSOURI
VETERINARY MEDICAL BOARD
VERIFICATION REQUEST

- VETERINARIAN**
 VETERINARY TECHNICIAN

FOR OFFICIAL USE ONLY	
DATE FORWARDED	DATE RECEIVED

INSTRUCTIONS TO APPLICANT: Complete items 1-9 only then forward to all states in which you now hold or ever held a license/certificate to practice veterinary medicine or veterinary technology.

APPLICANT DATA PLEASE TYPE OR PRINT USE BLACK INK

1. NAME (LAST, FIRST, MIDDLE, MAIDEN)

2. ADDRESS (STREET, CITY, STATE, ZIP CODE)

3. DATE OF BIRTH

4. LICENSE/REGISTRATION NO.

5. DATE LICENSE/REGISTRATION ISSUED

6. I HEREBY AUTHORIZE THE (STATE) _____ BOARD TO FURNISH THE INFORMATION REQUESTED BELOW TO THE MISSOURI VETERINARY MEDICAL BOARD.

7. SIGNATURE

8. DATE

DO NOT WRITE BELOW THIS LINE — FOR LICENSING AGENCY ONLY

LICENSE/REGISTRATION CERTIFICATION PLEASE TYPE OR PRINT USE BLACK INK

9. LICENSE/REGISTRATION NUMBER

10. DATE ISSUED

11. STATUS OF LICENSE/REGISTRATION
 PERMANENT TEMPORARY CURRENT INACTIVE OTHER (EXPLAIN) _____

12. BASIS FOR LICENSE/REGISTRATION ENDORSEMENT OF LICENSE/REGISTRATION
 EXAMINATION WITHOUT EXAMINATION GRANDFATHERING RECIPROCITY IN _____

13. EXAMINATION HISTORY
 Please complete the following information for all examinations this licensee/registrant completed in your state (regardless of whether the licensee/registrant passed or failed); If additional space is needed use reverse side.

TYPE OF EXAMINATION	DATE	RAW SCORE

14. Has the license/registration ever been suspended, revoked, or disciplined in any way? YES NO
 If yes, please provide details on a separate sheet.
15. **IF VETERINARIAN**, has licensee held a valid license for at least five (5) consecutive years in your state? YES NO
IF VETERINARY TECHNICIAN, has registrant held a valid registration for at least three (3) consecutive years in your state? YES NO
16. Does your board endorse this applicant for licensure/registration in Missouri? YES NO
17. Please provide all information believed to be pertinent to Missouri's decision to license/register applicant by attachment or on reverse side.

18. BOARD SEAL AREA (AFFIX OFFICIAL SEAL BELOW)

RETURN COMPLETED FORM TO:

MISSOURI VETERINARY MEDICAL BOARD
 3605 MO. BLVD.
 PO BOX 633
 JEFFERSON CITY, MISSOURI 65102

TELEPHONE: (314) 751-0031

19. SIGNATURE OF AUTHORIZED PERSON

20. TITLE

21. DATE

22. ADDRESS

23. TELEPHONE NUMBER

MO 419-1211 (11-92)



STATE OF MISSOURI
VETERINARY MEDICAL BOARD
**APPLICATION FOR VETERINARY
TECHNICIAN REGISTRATION**

FOR OFFICIAL USE ONLY

DATE FORWARDED DATE RECEIVED

INSTRUCTIONS PLEASE TYPE USE BLACK INK

1. Applicant must complete all applicable sections below.
2. If additional information is needed for any questions, please attach a separate sheet.
3. After the Application for Registration is completed, please return it, along with the appropriate fees, to the following central office address below. Checks should be made payable to the Missouri Veterinary Medical Board.

Missouri Veterinary Medical Board
3605 Missouri Blvd.
P.O. Box 633
Jefferson City, Missouri 65102
314/751-0031
1-800-735-2966 (TEXT)
1-800-735-2466 (VOICE)

APPLICANT
ATTACH
RECENT
PHOTO
HERE

I. GENERAL INFORMATION (APPLICANTS MUST COMPLETE THIS SECTION)

I hereby apply for a registration to practice as a veterinary technician in the State of Missouri on the basis of (Check one):

- EXAMINATION** Fee: \$150.00 (\$50 Registration Fee + \$70 NBE + \$30 State Board Exam Fee)
- RECIPROCITY** Fee: \$130.00 (\$50 + \$30 State Board Exam Fee + \$50 Registration Fee)
- GRADE TRANSFER** Fee: \$130 (\$50 + \$30 State Board Exam Fee + \$50 Registration Fee)

NAME (LAST, FIRST, MIDDLE INITIAL, MAIDEN NAME) DATE OF BIRTH

MAILING ADDRESS (STREET OR BOX NO., CITY, STATE, ZIP CODE)

RESIDENTIAL ADDRESS (STREET AND BOX NO., CITY, STATE, ZIP CODE)

INTENDED OR PRESENT BUSINESS ADDRESS (IF DIFFERENT THAN ABOVE) DAYTIME TELEPHONE NO. WHERE YOU CAN BE REACHED

NAME OF EMPLOYER

List all of the states in which you now hold or have ever held a license or registration to practice veterinary technology in order of attainment. If current status is "other", please explain on a separate sheet. The licensing authority in each state where you have ever been registered must complete a **Verification Request** form.

STATE	LICENSE NUMBER	ISSUE DATE	CURRENT STATUS
			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER
			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER
			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER
			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER
			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER
			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER

ANSWER THE FOLLOWING QUESTIONS. "YES" ANSWERS MUST BE EXPLAINED IN SWORN AFFIDAVIT.

	YES	NO
1. Has your application for registration as a veterinary technician ever been rejected by any licensing authority?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever voluntarily surrendered your veterinary technician registration, allowed it to lapse, or had a limited registration issued by any licensing authority?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your registration ever been revoked or have you ever been the subject of disciplinary action by any licensing agency?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever taken the Veterinary Technician National Board Examination in any jurisdiction? If yes, how many times? _____ (No affidavit required)	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever taken a state board examination in another state? If yes, list state and date taken	<input type="checkbox"/>	<input type="checkbox"/>

7. Have you ever been charged with or convicted of a felony whether or not sentence was imposed or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever been charged with or convicted of a violation of any federal or state drug laws or rules whether or not sentence was imposed or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you now or have you ever been addicted to or used in excess, any drug or chemical substance including alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you now being treated or have you ever been treated through a drug or alcohol rehabilitation program?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever been named as a defendant to a civil suit other than a separation or divorce decree?	<input type="checkbox"/>	<input type="checkbox"/>

MO 419-1916 (3-93)



II. EDUCATIONAL EXPERIENCE (ALL APPLICANTS MUST BE COMPLETE)

OFFICIAL CERTIFIED TRANSCRIPT REQUIRED

INSTITUTION FROM WHICH YOU RECEIVED YOUR DEGREE IN VETERINARY TECHNOLOGY	DEGREE CONFERRED/DATE
--	-----------------------

Was the institution AVMA accredited? YES NO

If yes, an official transcript must be sent directly to the board by the school.

If no, it is the applicant's responsibility to have the school transmit directly to the board, a copy of the curriculum and a statement substantiating the equivalency to the AVMA accreditation standards. The board shall have the sole discretion of whether or not to approve the curriculum.

III. ENDORSEMENT (TO BE COMPLETED BY A LICENSED VETERINARIAN)

APPLICANT NAME	DATE
----------------	------

This Is to Certify, That I have been personally acquainted with the applicant named above and that I know her/him to be an ethical veterinary technician and of good moral and professional character. I hereby recommend her/him to the Missouri Veterinary Medical Board to be registered as a Veterinary Technician in the State of Missouri.

SCHOOL OF VETERINARY MEDICINE I GRADUATED FROM	GRADUATION DATE
--	-----------------

STATE(S) LICENSED	LICENSE NUMBER(S) AND DATE(S)
-------------------	-------------------------------

NAME (PRINT OR TYPE)	SIGNATURE
----------------------	-----------

ADDRESS

IV. EXAMINATION (ALL APPLICANTS MUST COMPLETE)

If you have taken the NBE, have the Interstate Reporting Service of PES forward your scores directly to the Board office. The address and telephone number for PES is:

475 Riverside Drive
New York, NY 10027
212/870-3161

All applications must be received at least 60 days prior to the administration of the national examinations.

Have you taken the NBE? Yes No

If yes, When _____

Where _____

I hereby apply to take the following examinations:

- NBE (Date _____)
- Missouri State Board Examination (Date _____)

SPECIAL NEEDS: If you have special needs addressed by the Americans with Disabilities Act, you must notify this office to insure that reasonable accommodations are made for your needs. Notification must be in writing and mailed to the Missouri Veterinary Medical Board, P.O. Box 633, 3605 Missouri Boulevard, Jefferson City, Missouri 65102. Notification of special needs must be received by the Board at least sixty (60) calendar days in advance of the examination date.

MO 419-1918 (3-93)

V. RECIPROCITY

To qualify for registration by reciprocity you must have been employed as a registered veterinary technician and supervised by a licensed veterinarian for a period of at least three consecutive years (3) immediately prior to making application in Missouri

To qualify for registration by reciprocity you must be currently registered in another state having standards for admission substantially the same as Missouri's and those standards must have been in effect when you were first admitted to practice in that state.

The licensing authority in each state where you have ever been registered must complete a **Verification Request** form. One has been included with this application. If additional copies are needed, you may photocopy this form.

If you meet all of the requirements for registration by reciprocity, you will be notified to take the Missouri State Board Examination. Applications must be received by the Board at least 30 days prior to the meeting.

PREVIOUS PLACES OF PRACTICE

	NAME	ADDRESS	YEARS	
			FROM	TO
1.				
2.				
3.				
4.				
5.				

VI. GRADE TRANSFER

If you do not qualify for reciprocity, you may transfer your NBE score provided you took it within 3 years of making this application. However, your score may be transferred only if it meets Missouri's passing score as defined in 4 CSR 270-3.020.

If your NBE score qualifies for transfer, you will be required to take the Missouri State Board Examination.

VII. AFFIDAVIT (ALL APPLICANTS MUST COMPLETE)

I hereby affirm that the information given above is true, correct and complete to the best of my knowledge and belief. I am aware that any person who knowingly submits false information, information intended to mislead the board, or omits a material fact on the application shall be subject to penalties provided for by the laws of Missouri, in addition to any actions which the board may take pursuant to the provisions of Chapter 340, RSMo.

I further authorize the release of any information needed by the Missouri Veterinary Medical Board to determine my eligibility for licensure.

MUST BE SIGNED IN PRESENCE OF NOATRY <small>NOTARY PUBLIC EMBOSSEER OR BLACK INK RUBBER STAMP SEAL</small>	APPLICANT SIGNATURE	
	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF _____ 19____	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
NOTARY PUBLIC NAME (TYPED OR PRINTED)		USE RUBBER STAMP IN CLEAR AREA BELOW.

MO 419-1918 (3-93)



STATE OF MISSOURI
VETERINARY MEDICAL BOARD

DISABILITY ACCOMMODATION REQUEST FOR EXAMINATION

1-800-735-2966 (Text)
1-800-735-2466 (Voice)

ALTERNATIVE ARRANGEMENTS

The ADA requires this board to make "reasonable accommodation" for applicants with disabilities in giving this examination. If you are a person with a disability which may affect your ability to take any portion of the examination, the ADA may require the board to provide alternative examination arrangements. We are not required to do so if we are unaware of your need for alternatives. We ask that you inform us of any alternative arrangements you may require to take this examination by providing the board with the information requested below. This information and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission.

NAME	TELEPHONE NUMBER
ADDRESS	

Please respond to the following three statements. Attach additional sheets as needed.

My disability is (e.g., visual impairment, arthritis, etc.):

My disability impairs my ability to accurately exhibit my knowledge and skill on the examination in the following way:

The reasonable accommodation I am requesting is (please be specific):

NOTE: If the requested accommodation involves modifying the examination administration, such as additional time or a reader or writer, please obtain the professional verification on the reverse side. If the request is limited to wheelchair space, or sitting in the front of the room, professional verification is not required.

CANDIDATE: I give the Missouri Veterinary Medical Board permission to contact the professional named on the reverse side of this form and discuss the findings of this report.
I certify under penalty of perjury under the laws of the State of Missouri that the foregoing is true and correct.

MUST BE SIGNED IN PRESENCE OF NOTARY	APPLICANT SIGNATURE	DATE
	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	19
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	USE RUBBER STAMP IN CLEAR AREA BELOW
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

MO 419-1914 (11-92) **SOME ACCOMODATION REQUESTS MAY REQUIRE ADDITIONAL DOCUMENTATION (SEE REVERSE SIDE)**



PROFESSIONAL VERIFICATION OF REQUEST FOR ACCOMMODATION

_____, a candidate for examination by the Missouri Veterinary Medical Board, has made a request for accommodation of disability. The request is described on the reverse side of this form. The purpose of this form is to request your professional opinion concerning the disability and the accommodation requested. Please answer the two questions below and sign the certification. The opinion you provide will be used in evaluating the request.

The information obtained on this form will be treated as a confidential medical record except that exam proctors and exam providers may be informed regarding necessary modifications to exam procedures, and first aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Please provide your diagnosis of the candidate's disability (attach additional sheets if needed).

Is the requested accommodation an appropriate aid for this disability which would be likely to increase the candidate's ability to accurately demonstrate his or her knowledge and skill on this examination?

I certify under penalty of perjury under the laws of the state of Missouri that I have the necessary specialized training to make the above diagnosis, that I personally examined the candidate named above, and that the above diagnosis and assessment of accommodation request is my professional judgment. I understand that the board may contact me (with the candidate's permission) to obtain further information if necessary, and that the board may obtain an independent assessment by a second professional

NAME OF INSTITUTION OR PRACTICE	
ADDRESS (STREET, CITY, STATE, ZIP CODE)	
TYPED OR PRINTED NAME OF PROFESSIONAL	TELEPHONE NUMBER (INCLUDE AREA CODE)
TITLE	

I certify under penalty of perjury under the laws of the State of Missouri that the foregoing is true and correct.

MUST BE SIGNED IN PRESENCE OF NOTARY NOTARY PUBLIC EMBOSSER OR BLACK RUBBER STAMP SEAL	SIGNATURE OF PROFESSIONAL	
	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS _____ DAY OF _____ 19____	
	NOTARY PUBLIC SIGNATURE MY COMMISSION EXPIRES	USE RUBBER STAMP IN CLEAR AREA BELOW
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

MO 419-1914 (11-92)

4 CSR 270-1.040 Name and Address Changes

PURPOSE: This rule outlines the requirements for notifying the board of name and address changes.

(1) All individuals licensed as veterinarians or registered as veterinary technicians shall ensure that the license/registration bears the current legal name of that individual.

(2) A licensee/registrant whose name is changed, within sixty (60) days of the effective change, shall—

(A) Notify the board of the change and provide a copy of the appropriate document indicating the change;

(B) Pay the name change fee prescribed in 4 CSR 270-1.021;

(C) Request from the board a new license/registration bearing the individual's new legal name; and

(D) Return the current license/registration and the original wall-hanging certificate bearing the former name.

(3) A licensee/registrant may request a replacement wall-hanging certificate by paying the wall-hanging replacement fee.

(4) A licensee/registrant whose address has changed from that printed on the certificate must inform the board of those changes by sending a letter to P.O. Box 633, Jefferson City, MO 65102 within thirty (30) days of the effective date of the change.

AUTHORITY: section 340.210, RSMo Supp. 1993. Original rule filed Nov. 4, 1992, effective July 8, 1993.*

**Original authority 1992, amended 1993.*

4 CSR 270-1.050 Renewal Procedures

PURPOSE: This rule provides information to veterinarians and veterinary technicians licensed in Missouri regarding renewal of that license.

(1) In this section, the following terms shall mean:

(A) Inactive veterinarian—a currently licensed veterinarian who has signed an affidavit that s/he is not practicing or involved in any aspect, administrative or otherwise, of veterinary medicine in Missouri;

(B) License—shall include certificate of registration and the term licensee shall include registrant; and

(C) Retired veterinarian—a veterinarian who has signed an affidavit that s/he is not practicing or involved in any aspect, administrative or otherwise, of veterinary medicine as defined in section 340.200(24), RSMo.

(2) Each year the active and/or inactive renewal application must be completed, signed, notarized, accompanied by the appropriate renewal fee and returned to the board office prior to the expiration date of the license. Renewal applications for veterinary technicians must be signed by the supervising veterinarian. Failure to provide the requested information will result in the renewal application being returned.

(3) A veterinarian may choose to place his/her license on an inactive status by signing an affidavit stating that s/he will not engage in the practice or be involved in any aspect, administrative or otherwise, of veterinary medicine in Missouri and submitting that affidavit with the renewal application and the appropriate fee to the board office. The license issued to all these applicants shall be stamped Inactive.

(4) A veterinarian may place his/her license on a retired status by signing an affidavit stating the date of retirement and submitting that affidavit with the renewal application to the board office. No fee is required and no certificate will be issued. The retired status will prevent the veterinarian's license from being revoked pursuant to section 340.258.5, RSMo.

(5) If a retired or inactive veterinarian decides to again practice veterinary medicine, s/he must complete a renewal application and submit it along with the current renewal fee. If it has been more than two (2) years since the retirement affidavit was submitted or inactive license issued, evidence of ten (10) hours of continuing education for each year of retirement or inactive status must accompany the renewal application. If it has been two (2) years or less since the retirement affidavit was submitted or inactive license issued, no continuing education will be required for renewal of the license. No penalty fee shall apply. The board reserves the right pursuant to section 340.268, RSMo to direct any such applicant to take an examination(s) to reactivate.

(6) If a veterinary technician is not employed under the supervision of a licensed veterinarian, his/her certificate will be placed on an inactive status. An inactive veterinary technician shall sign an affidavit stating that s/he will not practice as a veterinary technician in

Missouri and submit that affidavit with the renewal application and the appropriate fee to the board office.

(7) Any retired veterinarian or any veterinarian or veterinary technician with an inactive license is not currently eligible to practice in Missouri and will be subject to disciplinary action under sections 340.264, 340.294 and 340.330, RSMo if s/he practices or offers to practice in Missouri.

(8) In order to activate an inactive license, the licensee shall send the license stamped Inactive along with the balance of the active renewal fee to the board office. Veterinary technicians also must submit verification of employment under the supervision of a licensed veterinarian and a listing of continuing education credits earned to meet the minimum requirements defined in 4 CSR 270-4.060. The board will issue an active license which shall be effective until the next regular renewal date. No penalty fee shall apply.

(9) Failure of a licensee to receive the notice and application to renew his/her license shall not excuse him/her from the requirements of sections 340.258 and 340.314, RSMo to renew that license.

(10) Failure to renew a license, either active or inactive, within thirty (30) days of the license renewal date shall effect a revocation of the license as authorized by sections 340.258 and 340.314, RSMo.

(11) Any licensee who fails to renew his/her license or whose license has been revoked shall not perform or offer to perform any act for which a license is required.

(12) Any veterinarian whose license has been revoked under section 340.262, RSMo who wishes to restore the license shall make application to the board by submitting the following within two (2) years of the license renewal date:

(A) An application for renewal of licensure;

(B) The current renewal fee and all delinquent renewal fees; and

(C) The penalty fee as set forth in 4 CSR 270-1.021.

(13) Any veterinary technician whose registration has been revoked under section 340.320.2, RSMo and who wishes to restore the certificate shall make application to the board by submitting the items referenced in section (12) of this rule within one (1) year of the registration renewal date.

AUTHORITY: section 340.210, RSMo Supp. 1993, and 340.258, 340.260, 340.262, 340.312, 340.314, 340.316, 340.318, 340.320, 340.322, 340.324 and 340.326, RSMo Supp. 1992. Original rule filed Nov. 4, 1992, effective July 8, 1993. Amended: Filed April 14, 1994, effective Sept. 30, 1994.*

**Original authority: 340.210, RSMo 1992, amended 1993 and 340.250, 340.260, 340.262, 340.312, 340.314, 340.316, 340.318, 340.320, 340.322, 340.324, 340.326, RSMo 1992.*

4 CSR 270-1.060 Public Records

PURPOSE: This rule establishes standards for compliance with Chapter 610, RSMo as it relates to public records of the Missouri Veterinary Medical Board.

(1) All public records of the Missouri Veterinary Medical Board shall be open for inspection and copying by the general public at the board's office during normal business hours, holidays excepted, except for those records closed pursuant to section 610.021, RSMo. All public meetings of the Missouri Veterinary Medical Board, not closed pursuant to the provisions of section 610.021, RSMo will be open to the public. All requests for public records will be acted upon by the board as soon as possible but in no event later than the end of the third business day following the date the request is received.

(2) The Missouri Veterinary Medical Board establishes the executive director of the board as the custodian of its records as required by section 610.023, RSMo. The executive director is responsible for maintaining the board's records and for responding to requests for access to public records and may appoint deputy custodians as necessary for the efficient operation of the board.

(3) When a party requests copies of the records, the board may collect the appropriate fee for costs for inspecting and copying the records and may require payment of the fee prior to making the records available (see 4 CSR 270-1.021).

(4) When the custodian believes that requested access is not allowed under Chapter 610, RSMo, the custodian, within three (3) business days following the date the request is received, shall inform the requesting party that compliance cannot be made, specifying what sections of Chapter 610, RSMo require that the record remain closed. Correspondence or documentation of the denial shall be copied to the board's general

counsel. The custodian also shall inform the requesting party that s/he may appeal directly to the board for access to the records requested. The appeal and all pertinent information shall be placed on the agenda for the board's next regularly scheduled meeting. If the board reverses the decision of the custodian, the board shall direct the custodian to advise the requesting party and supply access to the information during regular business hours at the party's convenience.

AUTHORITY: sections 340.210, RSMo Supp. 1992, 610.023 and 610.026, RSMo Supp. 1987. This rule was previously filed as 4 CSR 270-1.030. Original rule filed Aug. 5, 1991, effective Feb. 6, 1992. Amended: Filed Nov. 4, 1992, effective July 8, 1993.*

**Original authority: 340.210, RSMo 1992, amended 1993 and 610.023 and 610.026, RSMo 1987.*