# 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(Rescinded July 8, 1993)


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.


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(Rescinded July 8, 1993)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


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.


APPLICATION FOR VETERINARY LICENSURE

INSTRUCTIONS

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 833
   Jefferson City, Missouri 65102
   314/751-0031
   1-800-735-2966 (TEXT)
   1-800-735-2466 (VOICE)

FOR OFFICIAL USE ONLY

DATE Forwarded
DATE RECEIVED

USE BLACK INK

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):

☐ EXAMINATION Fee: $325.00 [Registration Fee - $50 + NBE - $100 + CCT - $75 + State Board Exam Fee - $100]

☐ RECIPROCITY Fee: $300.00 ($150 + $100 State Board Exam Fee + $50 Registration Fee)

☐ 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.

<table>
<thead>
<tr>
<th>STATE</th>
<th>LICENSE NUMBER</th>
<th>ISSUE DATE</th>
<th>CURRENT STATUS</th>
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</thead>
<tbody>
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<td>☐ ACTIVE ☐ INACTIVE ☐ OTHER</td>
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<td>☐ ACTIVE ☐ INACTIVE ☐ OTHER</td>
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<td>Question</td>
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<td>-------------------------------------------------------------------------</td>
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<tr>
<td>1. Has your application for license as a veterinarian ever been rejected by any licensing authority?</td>
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<tr>
<td>2. Have you ever voluntarily surrendered your veterinary license, allowed it to lapse, or had a limited license issued by any licensing authority?</td>
<td>☐</td>
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<tr>
<td>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?</td>
<td>☐</td>
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<td>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?</td>
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<td>5. Has your application for accreditation by the USDA ever been denied?</td>
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<tr>
<td>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?</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td>☐</td>
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<tr>
<td>8. Have you ever been charged with or convicted of a felony whether or not sentence was imposed or suspended?</td>
<td>☐</td>
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<tr>
<td>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?</td>
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<tr>
<td>10. Are you now or have you ever been addicted to or used in excess, any drug or chemical substance including alcohol?</td>
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<td>11. Are you now being treated or have you ever been treated through a drug or alcohol rehabilitation program?</td>
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<tr>
<td>12. Have you ever been named as a defendant to a civil suit other than a separation or divorce decree?</td>
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<tr>
<td>13. Do you operate your veterinary practice under a general or limited partnership in Missouri?</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>INSTITUTION FROM WHICH YOU RECEIVED YOUR DEGREE IN VETERINARY MEDICINE</th>
<th>DEGREE CONFERRED/DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was the institution AVMA accredited? □ YES □ NO</td>
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<tr>
<td>If no, do you have your ECFVG? □ YES □ NO</td>
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<tr>
<td>Submit a letter from the AVMA, sent directly to the Board office, verifying your status.</td>
<td></td>
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<tr>
<td>Are you board certified? □ YES □ NO</td>
<td>□ YES □ NO</td>
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<tr>
<td>If yes, in what specialty</td>
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</table>

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 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.

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 ensure 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.
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 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.

<table>
<thead>
<tr>
<th>PREVIOUS PLACES OF PRACTICE</th>
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<tbody>
<tr>
<td>NAME</td>
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<td>4.</td>
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<td>5.</td>
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</table>

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 DAY OF 19

NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

USE RUBBER STAMP IN CLEAR AREA BELOW.
STATE OF MISSOURI
VETERINARY MEDICAL BOARD
VERIFICATION REQUEST

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

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

9. LICENSE/REGISTRATION NUMBER

10. DATE ISSUED

11. STATUS OF LICENSE/REGISTRATION

☐ PERMANENT ☐ TEMPORARY ☐ CURRENT ☐ INACTIVE ☐ OTHER [EXPLAIN]

12. BASIS FOR LICENSE/REGISTRATION

☐ EXAMINATION ☐ WITHOUT EXAMINATION ☐ GRANDFATHERING ☐ RECIPROCITY ☐ IN ENDORSEMENT OF LICENSE/REGISTRATION

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.

<table>
<thead>
<tr>
<th>TYPE OF EXAMINATION</th>
<th>DATE</th>
<th>RAW SCORE</th>
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</table>

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/registrant 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/415-1211 (11-92)
STATE OF MISSOURI
VETERINARY MEDICAL BOARD
APPLICATION FOR VETERINARY
TECHNICIAN REGISTRATION

INSTRUCTIONS

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)

FOR OFFICIAL USE ONLY

DATE FORWARDED
DATE RECEIVED

APPLICANT
ATTACH
RECENT
PHOTO
HERE

1. GENERAL INFORMATION (APPELLANTS 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.

<table>
<thead>
<tr>
<th>STATE</th>
<th>LICENSE NUMBER</th>
<th>ISSUE DATE</th>
<th>CURRENT STATUS</th>
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<td>OTHER</td>
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MO 419-1518 (3-96)
ANSWER THE FOLLOWING QUESTIONS. "YES" ANSWERS MUST BE EXPLAINED IN SWORN AFFIDAVIT.

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has your application for registration as a veterinary technician ever been rejected by any licensing authority?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Have you ever voluntarily surrendered your veterinary technician registration, allowed it to lapse, or had a limited registration issued by any licensing authority?</td>
<td></td>
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</tr>
<tr>
<td>3. Has your registration ever been revoked or have you ever been the subject of disciplinary action by any licensing agency?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Have you ever taken the Veterinary Technician National Board Examination in any jurisdiction? If yes, how many times? (No affidavit required)</td>
<td></td>
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<tr>
<td>6. Have you ever taken a state board examination in another state? If yes, list state and date taken</td>
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<tr>
<td>7. Have you ever been charged with or convicted of a felony whether or not sentence was imposed or suspended?</td>
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</tr>
<tr>
<td>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?</td>
<td></td>
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</tr>
<tr>
<td>9. Are you now or have you ever been addicted to or used in excess, any drug or chemical substance including alcohol?</td>
<td></td>
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<tr>
<td>10. Are you now being treated or have you ever been treated through a drug or alcohol rehabilitation program?</td>
<td></td>
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<tr>
<td>11. Have you ever been named as a defendant to a civil suit other than a separation or divorce decree?</td>
<td></td>
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</tr>
</tbody>
</table>
II. EDUCATIONAL EXPERIENCE (ALL APPLICANTS MUST BE COMPLETE)

OFFICIAL CERTIFIED TRANSCRIPT REQUIRED

<table>
<thead>
<tr>
<th>INSTITUTION FROM WHICH YOU RECEIVED YOUR DEGREE IN VETERINARY TECHNOLOGY</th>
<th>DEGREE CONFERRED/DATE</th>
</tr>
</thead>
</table>

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)

<table>
<thead>
<tr>
<th>APPLICANT NAME</th>
<th>DATE</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>SCHOOL OF VETERINARY MEDICINE</th>
<th>GRADUATION DATE</th>
</tr>
</thead>
</table>

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  
212/670-3161

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 410:1978 (3-03)
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.

<table>
<thead>
<tr>
<th>PREVIOUS PLACES OF PRACTICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME</td>
</tr>
<tr>
<td>FROM</td>
</tr>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
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<tr>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
</tr>
<tr>
<td>5.</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>APPLICANT SIGNATURE</th>
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</thead>
<tbody>
<tr>
<td>NOTARY PUBLIC SIGNATURE</td>
</tr>
<tr>
<td>STATE OF</td>
</tr>
<tr>
<td>COUNTY (OR CITY OF ST. LOUIS)</td>
</tr>
<tr>
<td>SUBSCRIBED AND SWORN BEFORE ME, THIS</td>
</tr>
<tr>
<td>DAY OF 19</td>
</tr>
<tr>
<td>NOTARY PUBLIC SIGNATURE</td>
</tr>
<tr>
<td>USE RUBBER STAMP IN CLEAR AREA BELOW.</td>
</tr>
<tr>
<td>NOTARY PUBLIC NAME (TYPED OR PRINTED)</td>
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</table>

MO 419-1918 (5-93)
STATE OF MISSOURI
VETERINARY MEDICAL BOARD

DISABILITY ACCOMMODATION REQUEST FOR EXAMINATION

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

ADDRESS

TELEPHONE NUMBER

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

NOTARY PUBLIC EMBOSSED OR BLACK RUBBER STAMP SEAL

SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF

COUNTY (OR CITY OF ST. LOUIS)

NOTARY PUBLIC NAME (TYPED OR PRINTED)

USE RUBBER STAMP IN CLEAR AREA BELOW

SOME ACCOMMODATION REQUESTS MAY REQUIRE ADDITIONAL DOCUMENTATION (SEE REVERSE SIDE)
PROFESSIONAL VERIFICATION OF REQUEST FOR ACCOMMODATION

[Form text extracted from image]

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

SIGNATURE OF PROFESSIONAL

STATE

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF

10

USE RUBBER STAMP IN CLEAR AREA BELOW

NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

MO 419-1914 (11-99)
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.


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. If 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.


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.
