

<b>OVMEB BOARD MEETING PUBLIC SESSION</b>	<b>August 20-21, 2021</b>	<b>8:30 AM</b>
	<b>Zoom Conference:</b>	
	<a href="https://zoom.us/j/96838372960?pwd=OXNublRGaitsVEpsdDVodlBFcndWQT09">https://zoom.us/j/96838372960?pwd=OXNublRGaitsV EpsdDVodlBFcndWQT09</a>	
	<b>Meeting ID: 968 3837 2960</b> <b>Passcode: S0yGF1</b>	
<b>Board President: Emilio DeBess, DVM, MPH</b>	<b>Phone 971-673-0224</b>	<b>Fax 971-673-0226</b>

**8:30 AM Convene Public Session**

1. **PUBLIC COMMENTS – For Items Not on the Agenda**  
(Comments must be limited to 3-5 minutes. Notify the Board office in advance, if you wish to address the Board.)
  
2. **CONSENT AGENDA** Action
  - a. Today’s agenda
  - b. June 18, 2021 Public Board Meeting Minutes
  - c. August 6, 2021 Special Public Board Meeting Minutes
  
3. **STATE VETERINARIAN UPDATE – Dr. Ryan Scholz, DVM, MPH** Inform
  
4. **Rule Hearings - ADMINISTRATIVE RULES**
  - a. 8:30a.m. - **OAR 875-040-0010** – Certification of Technicians
  - b. 8:30a.m. - **OAR 875-040-0000** – Certified Euthanasia Technicians (CETs)
  - c. 9:30a.m. - **OAR 875-015-0040** – Minimum Standards for Veterinary Drugs
  - d. 10:30a.m. - **OAR 875-005-0005** – Definitions
  - e. 10:30a.m. - **OAR 875-015-0030** – Minimum Veterinary Practice Standards
  
5. **DISCUSSION AND ACTION ITEMS**
  - a. **Executive Director Report** Inform
  
  - b. **Practice Policies** Inform/Action
    - i. Veterinary Cannabinoid Medicine – Mayfield
    - ii. Breed Changing- Davis
  
  - c. **Administrative Policies** Inform/Action
    - i. License Fees
    - ii. Change facility inspection timeframe from fiscal year to calendar year (Jan. 1 – Dec. 31)
    - iii. Regular facility inspection (in person) to begin Jan. 1, 2022
    - iv. iPad for board members

**d. Measure 110 application/rules review**

Inform/Action

- i. 2021 CET Application New and Evaluation – Draft
- ii. 2021 CET Intern Application and Evaluation Application Section – Draft
- iii. 2021 CVT Application – Draft
- iv. 2021 CVT License Renewal – Draft
- v. 2021 Vet Activate – Draft
- vi. 2021 Vet Application – Draft
- vii. 2021 Vet Intern Application – Draft
- viii. 2021 Vet License Renewal – Draft
- iv. 2021 Vet Reactivate – Draft

**6. ADMINISTRATIVE RULE VOTES**

Action

Votes on administrative rules will be taken after the public comment period ends at 3:00pm.

**7. EXECUTIVE SESSION**

EXECUTIVE SESSION: The Oregon Veterinary Medical Examining Board will now go into Executive Session pursuant to ORS 192.660(2)(L), ORS 192.660(2)(f), ORS 192.660(2)(h), and 676.175(1) concerning discipline, litigation, and exempt public records. Representatives of the news media and designated staff will be allowed to attend the Executive Session. All other members of the audience are asked to leave the room. Representatives of the news media are specifically directed not to report on any of the deliberations during the Executive Session except to state the general subject of the session as previously announced. No decision will be made in Executive Session. At the end of the Executive Session, we will return to open session and welcome the audience back into the room.

**8. IN THE MATTERS OF (following Executive Session)**

<b>OVMEB BOARD MEETING PUBLIC SESSION</b>	<b>June 18, 2021</b>	<b>8:30 AM</b>
	Zoom Conference: <b>Meeting ID: 996 0412 9884</b> <b>Passcode: Fd9rU1</b>	
<b>Board President: Emilio DeBess, DVM, MPH</b>	<b>Phone 971-673-0224</b>	<b>Fax 971-673-0226</b>

<b>Board member Attendees:</b>	<b>Staff Attendees:</b>
Emilio DeBess DVM, MPH, President	Cass McLeod-Skinner JD, Executive Director
Karen Pate, Public Member	Bertina Balajadia, Administrative Assistant
Dannell Davis, DVM	Brenda Biggs, Inspector
Allison Lamb, DVM	Janine Holland, Investigator
Natalie Mair-Williamson, CVT	Joanna Tucker-Davis, Assistant Attorney General
Dean Wilson, DVM	
<b>Public Attendees:</b> Several Public Members Attended	

**Friday, June 18, 2021, Public Session**

**8:30 AM Convene Public Session**

1. **PUBLIC COMMENTS** – None.
2. **CONSENT AGENDA** –
  - a. **Today’s Agenda** – Lamb moved to approve the agenda; Hamilton second; Vote unanimous. Motion passed.
  - b. **April 23-24, 2021, Public Board Meeting Minutes** – Lamb noted a correction on page 5. Wilson moved to approve April 23-24, 2021 Public Board Meeting Minutes as amended; Mair-Williamson second; Vote unanimous. Motion passed.
3. **STATE VETERINARIAN UPDATE – Ryan Scholz, DVM, MPH** –  
 Dr. Scholz provided updates regarding animal health in the state and expressed interest in working to coordinate the ongoing communications and updates with the Board moving forward. Dr. Scholz spoke about diseases they have been seeing over the last 6 months: Enacted emergency orders which includes vaccinating minks and surveillance of mink farms. Reportable animal disease list has expanded and is currently being adopted into State rules. Dr. Scholz spoke about the need to have disaster response rules for how to respond to companion and livestock emergencies and multiple agency coordination
4. **DISCUSSION AND ACTION ITEMS**
  - a. **Executive Director Report**  
Report was given and received.
  - b. **Practice Policies**

**Selling OTC vaccines – Dr. Wilson**

**Issue:** Clinics are often selling vaccines over the counter/without a prescription and without examination of the animal at issue. Are clinics that sell OTC vaccines without VCPR following current pharmacy packaging and FDA rules?

<p><b>Discussion:</b> Discussion was had regarding feed store selling practices that is different than vet facilities. Vaccines are labeled as not for resale but some clinics are reselling.</p>
<p><b>Outcome:</b> If a complaint is received, OVMEB investigates per rule/law like any other complaint. Board requested DOJ clarification and advice.</p>

**c. Administrative Policies**

**i. Telemedicine rule re: VCPR/Governor's waiver issue**

<p><b>Issue:</b> Did the suspension of rules at the beginning of the pandemic include waiving of VCPR for telemedicine?</p>
<p><b>Discussion:</b> Discussion was had regarding the history of the suspension request and Director Makinen’s email of March, 2020.</p>
<p><b>Outcome:</b> Use March 2020 email as model answer to questions regarding VCPR and telemedicine requirements.</p>

**ii. ORS 686.040 – “In consultation with” 30 day rule**

<p><b>Issue:</b> What, exactly, does “in consultation with” mean in statute and rule?</p>
<p><b>Discussion:</b> Discussion was had as to legislative intent, Board interpretation, and Board’s past practice. Legal advice was received during executive session. Board desired to enter into rulemaking to create clarification.</p>
<p><b>Outcome:</b> Lamb moved to enter rulemaking re: ORS 686.040 clarification; Wilson second; Vote unanimous. Motion passed.</p>

**d. Measure 110 Application Rules Review**

<p><b>Issue:</b> In what way do the agency’s license applications need to be changed to come in line with Measure 110.</p>
<p><b>Discussion:</b> Legal advice was obtained during executive session.</p>
<p><b>Outcome:</b> Staff to review all applications and bring back revised documents to align with Measure 110 requirements and Board review and approval.</p>

**5. ADMINISTRATIVE RULES**

**CET Revisions\_21\_05\_27 – Division 40**

**OAR 875-040-0000**

<p><b>Issue:</b> To update CET rule and clarify appropriate drugs and resources to be used by CETs while performing euthanasia.</p>
<p><b>Outcome:</b> Mair Williamson moved to enter rulemaking; Lamb second; Vote unanimous. Motion passed.</p>

**OAR 875-040-0010**

<b>Issue:</b> To update CET certification rules and create CET intern certificate process and requirements.
<b>Outcome:</b> Lamb moved to enter rulemaking; Wilson second; Vote unanimous. Motion passed.

6. **WORK SESSION** (following Executive Session)

**a. CET Checklist**

<b>Issue:</b> To review and update the CET checklist.
<b>Discussion:</b> Should update once the changes to the CET rules have been finalized.
<b>Outcome:</b> Staff to bring back for board review and action once changes to CET rules have been finalized.

**b. AAVSB Topics** – Informational only, no board action taken.

**c. RAC member applications**

Board member to score candidates and provide them to staff. Staff will notify the Board as to membership outcome and communicate with the final RAC members.

7. **BOARD OFFICER ELECTIONS**

For the office of President, Mair Williamson nominated DeBess. DeBess accepted nomination. Unanimous vote of the Board, Dr. DeBess to remain President.

For office of Vice President, Wilson nominated Lamb. Lamb accepted nomination. Unanimous vote of the Board, Dr. Lamb to become Vice President.

8. **IN THE MATTERS OF** (following Executive Session)

**2021-0003AB:** The Board found no violation and voted to close the case for each A and B. Wilson moved; Hamilton seconded; vote unanimous. Motion passed.

**2020-0046:** The Board found no violation and voted to close the case. Lamb moved; Mair Williamson seconded. Vote unanimous. Motion passed.

**2020-0049:** The Board found no violation and voted to close the case. Wilson moved; Mair Williamson seconded. Davis and Hamilton abstained. Motion passed.

**2020-0058:** The Board found no violation and voted to close the case. Lamb moved; Wilson seconded; Mair Williamson abstained. Motion passed.

**2020-0055:** The Board found no violation and voted to close the case. Lamb moved ; Wilson seconded; Hamilton abstained. Motion passed.

**2020-0059:** The Board found no violation and voted to close the case. Wilson moved ; Mair-Williamson seconded; Hamilton abstained. Motioned passed.

**1:25 PM Adjourn meeting 6/18/2021.**

Prepared by Janine Holland, Investigator; 07/23/2021.

Board and Commission Meeting Minutes Series documents the official proceedings of the board or commission meetings. Records may include agendas; minutes; meeting notices; items for board action; contested case hearings schedules; committee reports; exhibits; and related correspondence and documentation. Records may also include audio recordings of meetings used to prepare summaries. Retention: (a) Minutes: Permanent, transfer to State Archives after 10 years; (b) Audio recordings: 1 year after transcribed, destroy; (c) Other records: 5 years, destroy.

DRAFT

<b>OVMEB BOARD MEETING PUBLIC SESSION – SPECIAL MEETING</b>	<b>August 6, 2021</b>	<b>12:00 PM</b>
	<b>Zoom Conference:</b> <a href="https://zoom.us/j/93092077156?pwd=N3NJeFdsNHBEcD FkN0s3ZVILakprUT09">https://zoom.us/j/93092077156?pwd=N3NJeFdsNHBEcD FkN0s3ZVILakprUT09</a>	
	<b>Meeting ID: 930 9207 7156</b> <b>Passcode: 0RbU3a</b>	
<b>Board President: Emilio DeBess, DVM, MPH</b>	<b>Phone 971-673-0224</b>	<b>Fax 971-673-0226</b>

<b>Board member attendees:</b>	<b>Staff attendees:</b>
Emilio DeBess DVM, MPH, President	Cass McLeod-Skinner JD, Interim Executive Director
Allison Lamb, DVM, Vice President	Bertina Balajadia, Administrative Assistant
Dannell Davis, DVM	Brenda Biggs, Inspector
Brett Hamilton, DVM	Janine Holland, Investigator
Natalie Mair-Williamson, CVT	
Karen Pate, Public Member	<b>DAS CHRO attendees:</b>
	John Paschal
	Sherry Lauer

**12:00 PM Convene Public Session**

**1. PERMANENT EXECUTIVE DIRECTOR POSITION Action**

The Board reviewed and discussed the proposed position description for the permanent executive director position, the job posting/announcement, and the hiring plan.

**Board actions taken:**

1. Lamb moved to delegate revising the position description to Pate and DeBess and to adopt the position description as recommended by these delegates. Davis seconded. Motion passed.
2. Lamb moved to delegate revising the job posting/announcement in accordance with the final version of the position description to Pate and DeBess. Mair-Williamson seconded. Motion passed.
3. Pate moved to approve the recruitment advertising budget up to \$1,000.00. Davis seconded. Motion passed.
4. Davis moved to approve hiring plan with revised dates. Mair-Williamson seconded. Motion passed.

## Proposed revisions to OAR 875-005-00005 Definitions

Amended to include definition of Principal, Facility Owner, Licensee Portal, satellite unit, and Facility Registration; Put in alphabetical order; renumbered; Clarified definitions of Veterinary Medical Facility to include "Fixed Location Facility", "Mobile Facility" and "House Call Facility".

### 875-005-0005

#### Definitions

(1) "Agency": Any animal control department, humane society, or facility which contracts with a public agency or arranges to provide animal sheltering services and is registered by the Oregon State Board of Pharmacy.

(2) "Board": The Oregon State Veterinary Medical Examining Board (OVMEB).

(3) "Board of Pharmacy": The Oregon State Board of Pharmacy.

(4) "Certified Euthanasia Technician or ~~or~~ "(CET)": A person who is employed by, or a volunteer at, a humane society or animal control agency and is certified by the Board pursuant to ORS 475.190(4). Any person who was trained prior to October 15, 1983 in euthanasia methods, in the course provided by Multnomah County Animal Control and the Oregon Humane Society, and who has been subsequently certified by the Board.

(5) "Client": An entity, person, group, or corporation that has entered into an agreement with a veterinarian for the purpose of obtaining veterinary medical services.

(6) "Comprehensive": Pertaining to all animal species.

(7) "Conviction of Cruelty to Animals": ~~For~~ purposes of ORS 686.130(11), is defined to include but not limited to animal abuse in the first or second degree, aggravated animal abuse in the first degree, and animal neglect in the first degree.

(8) "Designated Agent": A CET who is responsible for the withdrawal and return of sodium pentobarbital from the drug storage cabinet.

(9) "Diagnostics": Imaging, testing, and samples collected used to provide information for patient care.

(109) "Facility Owner": Any person, corporation, partnership, or other similar organization, private, or not-for-profit, holding title to a facility where licensed veterinarian(s) practice or where the practice of veterinary medicine occurs.

(110) "Facility Registration": A registration issued by the Board to operate a veterinary medical facility when the premises meet minimum standards established by the Board.

(a) "Premises": Includes, but is not limited to, any building, structure, unit, office, land, vehicle, motor or mobile home, utilized in the practice of veterinary medicine or where the practice of veterinary medicine occurs.

(912) "Good Standing and Repute": As used in ORS 686.045(1), means:

(a) A university accredited by the American Veterinary Medical Association (AVMA); or



(b) A foreign school listed by the AVMA whose graduates are eligible to apply for a certificate through the Educational Commission for Foreign Veterinary Graduates (ECFVG) committee of the AVMA, or other programs approved by the Board.

~~(10)~~ (13) "Herd or Flock Animal": Animals, (four or more, of the same species), managed as a group, including, but not limited to, breeding, sale, show, food production, or racing. The veterinarian shall have the discretion to determine 'herd or flock' status for provision of veterinary medical care and recordkeeping.

~~(14)~~ (14) "Licensee Portal": Licensee access point for maintaining personal and facility information and for processing registrations and renewals. Located on the Oregon Veterinary Medical Examining Board website.

~~(15)~~ (15) "Managing Veterinarian": An Oregon veterinarian, licensed in good standing, who has been designated by the facility owner to be accountable to the Board for the facility's compliance with the laws and rules governing the practice of veterinary medicine in this state. Designation of a Managing Veterinarian shall be according to the procedures in OAR 875-010-0031(3).

~~(16)~~ (16) "Medical Records": Systematic documentation of a single patient or patients' medical history, physical examination, diagnosis, treatment, notes, and care across time, pursuant to OAR 875-015-0030.

~~(17)~~ (17) "Principal": A person who has controlling authority over the licensed facility, including but not limited to:

(a) Managers or other persons who have decision-making authority and whose primary duties include control over the operation of the licensed facility;

(b) Officers or directors who have some degree of responsibility for the operation of the licensed facility;

(c) General Partners, limited and joint ventures;

(d) Sole proprietors;

(e) Stockholders holding a majority of outstanding shares of stock; and

(f) Members of a Limited Liability Company.

~~(18)~~ (18) "Mobile Clinic": A vehicle, including but not limited to a camper, motor home, trailer, or mobile home, used as a veterinary medical facility. A mobile clinic is not required for house calls or farm calls. "Satellite Unit" A mobile or house call facility operated under the license of a registered fixed location facility. Satellite Units do not require individual facility registration.

(a) A mobile satellite unit must maintain sufficient capacity to address medical emergencies.

~~(19)~~ (19) Surgery Procedure

(a) "Aseptic Surgery": Aseptic surgical technique exists when everything that comes in contact with the surgical field is sterile and precautions are taken to ensure sterility during the procedure.

(b) "Antiseptic Surgery": Antiseptic surgical technique exists when care is taken to avoid bacterial contamination.

(13) ~~(20)~~ "Supervision" means that each act shall be performed by any employee or volunteer in the practice only after receiving specific directions from a licensed veterinarian.

(a) "Direct" supervision under this provision means both the certified veterinary technician and the licensed veterinarian are on the premises at the same time;

(b) "Immediate" supervision under this provision means that the supervising veterinarian is in the immediate vicinity of where the work is being performed and is actively engaged in supervising this work throughout the entire period it is being performed;

(c) "Indirect" supervision under this provision means that a CVT may, after receiving specific direction from an Oregon-licensed veterinarian, perform duties permitted under OAR 875-030-0040 at a client's home or other location where the animal is kept. A valid VCPR must exist in order for a CVT to perform duties under indirect supervision.

(14) ~~(21)~~ "Veterinary Client Patient Relationship (VCPR)": Except where the patient is a wild or feral animal or its owner is unknown; a VCPR shall exist when the following conditions exist: The veterinarian must have sufficient knowledge of the animal to initiate at least a general or preliminary diagnosis of the medical condition of the animal. This means that the veterinarian has seen the animal within the last year and is personally acquainted with the care of the animal by virtue of a physical examination of the animal or by medically appropriate and timely visits to the premises where the animal is kept.

(15) ~~(22)~~ "Veterinary Medical Facility": Any premises, unit, structure, or vehicle where veterinary medicine is practiced, except when used for the practice of veterinary medicine pursuant to an exemption under ORS 686.040.

(a) "Fixed Location Facility": A veterinary medical facility including but not limited to a building, unit or structure, at a fixed location, where animals are received and/or confined, and where the practice of veterinary medicine is practiced.

(b) "Mobile Facility": A veterinary medical facility including but not limited to any vehicle, trailer, camper, motor, or mobile home, used in the practice of veterinary medicine. Mobile facilities must maintain sufficient capacity to address medical emergencies.

(c) "House Call Facility": A veterinary medical facility with a designated location for drug and record storage where veterinarian(s) practice veterinary medicine that occurs at a client's residence or other non-fixed location., and where the practice of veterinary medicine does not require a mobile or a fixed location facility.

(16) ~~(23)~~ "Veterinary Technician": a person licensed by the Board as a Certified Veterinary Technician.

(17) "Facility Registration": A registration issued by the Board to operate a veterinary medical facility when the premises meet minimum standards established by the Board.

~~(a) "Premises": Any veterinary facility where a licensed veterinarian practices or where the practice of veterinary medicine occurs. Premises include buildings, land, equipment, supplies, pharmaceuticals and the policies and practices that relate to minimum facility standards.~~

~~(b) "Facility Owner": Any person, corporation or other similar organization, private, or not for profit, holding title to a facility where a licensed veterinarian practices or where the practice of veterinary medicine occurs.~~

~~(c) "Managing Veterinarian": An Oregon veterinarian licensed in good standing who has been designated by the facility owner to be accountable to the Board for the facility's compliance with the laws and rules governing the practice of veterinary medicine in this state. Designation of a Managing Veterinarian shall be according to the procedures in OAR 875-010-0031(3).~~

(1824) For purposes of meeting work experience eligibility requirements for intern, veterinarian and Certified Veterinary Technician licensure, a year is defined as at least 2,000 hours in any 52-week period.

**Statutory/Other Authority:** ORS 686.210, ORS 475.190, 609.405, 686.130, 686.255 & 686.510

**Statutes/Other Implemented:** ORS 475.190, 609.405, 686.130, 686.255 & 686.510

**History:**

[VMEB 2-2020, amend filed 02/10/2020, effective 02/10/2020](#)

[VMEB 6-2018, amend filed 07/31/2018, effective 07/31/2018](#)

[VMEB 3-2018, minor correction filed 02/14/2018, effective 02/14/2018](#)

[VMEB 8-2017, amend filed 11/07/2017, effective 11/08/2017](#)

VMEB 1-2015, f. & cert. ef. 11-13-15

VMEB 1-2014, f. & cert. ef. 1-17-14

VMEB 3-2012, f. & cert. ef. 8-28-12

VMEB 1-2012, f. & cert. ef. 6-25-12

Reverted to VMEB 7-2008, f. & cert. ef. 7-22-08

VMEB 5-2011(Temp), f. & cert. ef. 12-12-11 thru 6-9-12

VMEB 7-2008, f. & cert. ef. 7-22-08

VMEB 6-2008, f. & cert. ef. 5-21-08

VMEB 1-2008, f. & cert. ef. 2-11-08

VMEB 2-2006, f. & cert. ef. 5-11-06

VMEB 1-2006, f. & cert. ef. 2-8-06

# Veterinary Medical Examining Board

## Chapter 875

### Division 15

### MINIMUM STANDARDS FOR VETERINARY MEDICAL FACILITIES AND VETERINARY PRACTICE

#### **875-015-0030**

#### **Minimum Veterinary Practice Standards**

Each veterinary medical facility shall comply with the following:

(1) Medical Records: A legible individual record shall be maintained for each animal. However, the medical record for a litter may be recorded either on the dam's record or on a litter record until the individual animals are permanently placed or reach the age of three months. Records for herd or flock animals may be maintained on a group or client basis. All records shall be readily retrievable and must be kept for a minimum of three (3) years following the last treatment or examination. Records shall include, but are not limited to, the following information:

(a) Name or initials of the veterinarian responsible for entries; any written entry to a medical record that is made subsequent to the date of treatment or service must include the date that the entry was added.

(b) Name, address and telephone number of the owner and/or client;

(c) Name, number or other identification of the animal and/or herd or flock;

(d) Species, breed, age, sex, and color or distinctive markings, where applicable, each individual animal;

(e) Vaccination history, if known, shall be part of the medical record;

(f) Beginning and ending dates of custody of the animal;

(g) Pertinent history and presenting complaint;

(2) Required examinations. Unless exempted under (1) of this section or the animal's temperament precludes examination, a physical examination is required:

(a) To establish or maintain a VCPR;

(b) Each time an animal is presented with a new health problem;

- (c) Within 24 hours of scheduled anesthesia; and
- (d) If an animal is presented for euthanasia. (May be limited to elements necessary for the humane application of the procedure, such as a weight estimate and visual assessment if necessary due to the patient's condition or temperament.)
- (e) Examinations waived due to exemption or temperament must be noted in the record. The veterinarian may waive examinations not required by this section.
- (f) For each physical exam the following conditions shall be evaluated and findings documented when applicable by species, even if such condition is normal:
  - (A) Temperature;
  - (B) Current weight or weight estimate for large animals;
  - (C) Body condition or score;
  - (D) Eyes, ears, nose and throat;
  - (E) Oral cavity;
  - (F) Cardiovascular and respiratory systems including heart rate and pulse, auscultation of the thorax, trachea, as species appropriate, and respiratory rate;
  - (G) Evaluation of the abdomen by palpation and/or auscultation if applicable by species;
  - (H) Lymph nodes;
  - (I) Musculoskeletal system;
  - (J) Neurological system;
  - (K) Genito/urinary system;
  - (L) Integumentary system
  - (M) All data obtained by instrumentation;
  - (N) Diagnostic assessment;
  - (O) If relevant, a prognosis of the animal's condition;
  - (P) Diagnosis or tentative diagnosis at the beginning of custody of animal;

(Q) Treatments and intended treatment plan, medications, immunizations administered, dosages, frequency and route of administration;

(R) All prescription or legend drugs dispensed, ordered or prescribed shall be recorded including: dosage, frequency, quantity and directions for use. Any changes made by telecommunications shall be recorded. Legend drugs in original unopened manufacturer's packaging dispensed or ordered for herd use are exempt from this rule. Legend and prescription drugs are as defined by the U.S. Food and Drug Administration in 'FDA and the Veterinarian'.

(S) Surgical procedures shall be described including name of the surgeon, suture material used, and diagnostic findings;

(T) Progress of the case while in the veterinary medical facility;

(U) Exposed radiographs shall have permanent facility and animal identification;

(V) If a client ~~declines an examination, waives or declines any examinations, tests, or other recommended treatments, such waiver or denial~~ it shall be noted in the medical records.

(W) If a client consents to or declines any diagnostics, tests, or other recommended treatments, it shall be noted in the medical records.

(3) Surgery: Surgery shall be performed in a manner compatible with current veterinary practice with regard to anesthesia, asepsis or antisepsis, life support and monitoring procedures, and recovery care. The minimum standards for surgery shall be:

(a) Aseptic surgery shall be performed in a room or area designated for that purpose and isolated from other activities during the procedure. A separate, designated area is not necessarily required for herd or flock animal surgery or antiseptic surgery;

(b) The surgery room or area shall be clean, orderly, well-lighted and maintained in a sanitary condition;

(c) All appropriate equipment shall be sterilized:

(A) Chemical disinfection ("cold sterilization") shall be used only for field conditions or antiseptic surgical procedures;

(B) Provisions for sterilization shall include a steam pressure sterilizer (autoclave) or gas sterilizer (e.g., ethylene oxide) or equivalent.

(d) For each aseptic surgical procedure, a separate sterile surgical pack shall be used for each animal. Surgeons and surgical assistants shall use aseptic technique throughout the entire surgical procedure;

(e) Minor surgical procedures shall be performed at least under antiseptic surgical techniques;

(f) All animals shall be prepared for surgery as follows:

(A) Clip and surgically prepare the surgical area for aseptic surgical procedures;

(B) Loose hair must be removed from the surgical area;

(C) Scrub the surgical area with appropriate surgical soap;

(D) Disinfect the surgical area;

(E) Drape the surgical area appropriately.

(4) A veterinarian shall use appropriate and humane methods of anesthesia, analgesia and sedation to minimize pain and distress during any procedures or conditions and shall comply with the following standards:

(a) Animals shall have a documented physical exam conducted within 24 hours prior to the administration of a sedative or anesthetic, which is necessary for veterinary procedures, unless the temperament of the patient precludes an exam prior to the use of chemical restraint;

(b) An animal under general anesthesia for a medical or surgical procedure shall be under direct observation throughout the anesthetic period and during recovery from anesthesia until the patient is awake and in sternal recumbency;

(c) A method of cardiac monitoring shall be employed to assess heart rate and rhythm repeatedly during anesthesia and may include a stethoscope or electronic monitor;

(d) A method of monitoring the respiratory system shall be employed to assess respiratory rate and pattern repeatedly during anesthesia and may include a stethoscope or electronic monitor.

(e) Where general anesthesia is performed in a hospital or clinic for companion animal species (excluding farm animals), anesthetic equipment available shall include an oxygen source, equipment to maintain an open airway and a stethoscope;

(f) Anesthetic and sedation procedures and anesthetic and sedative medications used shall be documented, including agent used, dosage, route of administration, and strength, if available in more than one strength;

(g) Adequate means for resuscitation including intravenous catheter and fluids shall be available;

(h) Emergency drugs shall be immediately available at all times;

(i) While under sedation or general anesthesia, materials shall be provided to help prevent loss of body heat;

(j) Analgesic medications, techniques and/or husbandry methods shall be used to prevent and minimize pain in animals experiencing or expected to experience pain, including but not limited to all surgical procedures;

(k) Chemical restraint may be used in conjunction with, but not in lieu of, analgesic therapy;

(l) Appropriate analgesic therapy shall be guided by information specific to each case, including but not limited to species, breed, patient health and behavioral characteristics, the procedure performed, and the expected degree and duration of pain.

(5) Library: A library of appropriate and current veterinary journals and textbooks or access to veterinary internet resources shall be available for ready reference.

(6) Laboratory: Veterinarians shall have the capability for use of either in-house or outside laboratory service for appropriate diagnostic testing of animal samples.

(7) Biologicals and drugs: The minimum standards for drug procedures shall be:

(a) All biological substances shall be stored, maintained, administered, dispensed and prescribed in compliance with federal and state laws and manufacturers' recommendations;

(b) Controlled substances and legend drugs shall be dispensed, ordered or prescribed based on a VCPR and shall be labeled with the following:

(A) Name of client and identification of animal(s);

(B) Date dispensed;

(C) Complete directions for use;

(D) Name, strength, dosage and the amount of the drug dispensed;

(E) Manufacturer's expiration date;

(F) Name of prescribing veterinarian and veterinary medical facility.

(c) No biological or drug shall be administered or dispensed after the expiration date, for a fee.

(d) Rabies vaccine shall be administered only by an Oregon-licensed veterinarian, a Certified Veterinary Technician under direct supervision of an Oregon-licensed veterinarian, or a person authorized by the Oregon Public Health Veterinarian pursuant to OAR 333-019-0017.

(e) If requested, a prescription shall be provided to a client for medications prescribed by the veterinarian under a valid VCPR.



(8) A veterinarian shall not use, or participate in the use of, any form of advertising or solicitation which contains a false, deceptive or misleading statement or claim.

(a) Specialty Services: Veterinarians shall not make a statement or claim as a specialist or specialty practice unless the veterinarian is a diplomate of a recognized specialty organization of the American Veterinary Medical Association;

(b) The public shall be informed if an animal will be left unattended in the veterinary facility.

(9) The veterinarian shall be readily available or has arranged for emergency coverage or follow-up evaluation in the event of adverse reaction or the failure of the treatment regimen.

(10) Euthanasia: Documented consent shall be obtained and a physical exam conducted prior to performing euthanasia. The exam may be limited to the elements necessary for the humane application of the procedure, such as a weight estimate and visual assessment if necessary due to the patient's condition or temperament. When ownership and identification of an animal cannot be reasonably established, the medical record for euthanasia shall contain a physical description of the animal.

**Statutory/Other Authority:** ORS 686.210

**Statutes/Other Implemented:** ORS 686.040 & 686.370

**History:**

[VMEB 13-2017, minor correction filed 11/09/2017, effective 11/09/2017](#)

[VMEB 11-2017, amend filed 11/07/2017, effective 11/08/2017](#)

VMEB 7-2017, f. & cert. ef. 5-16-17

VMEB 3-2016(Temp), f. & cert. ef. 12-12-16 thru 6-9-17

VMEB 2-2014, f. & cert. ef. 1-17-14

VMEB 4-2011, f. & cert. ef. 8-5-11

VMEB 2-2010, f. & cert. ef. 5-6-10

VMEB 1-2008, f. & cert. ef. 2-11-08

VMEB 2-2006, f. & cert. ef. 5-11-06

VMEB 1-2006, f. & cert. ef. 2-8-06

VME 5-1992, f. & cert. ef. 12-10-92

**From:** [n.morales](#)  
**To:** [OVMEB Inspector](#)  
**Subject:** A public hearing will be held on August 20, 2021 9:30am  
**Date:** Sunday, May 9, 2021 3:58:51 AM

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With regard to the following:

Proposed changes to OAR 875-015-0030 Minimum Veterinary Practice Standards

Amending to correspond with recent rule revision to OAR 875-010-0011 requiring documented consent for surgery,

diagnostics, tests or recommended treatments. Requires that whenever a client either approves or declines an exam,

diagnostics, tests or recommended treatments it shall be documented in the medical record.

"Requires that whenever..." "Whenever" is doing a huge and vague lift in this clause.

I understand the rationale to document these items, it is protection for both parties regarding informed consent. However, it is the veterinarian's duty and goal to educate the client and present options for pathways forward regarding their pet's/livestock's health care.

In many instances there can be several pathways, and within each, a number of reasonable steps, each or which can be permitted/approved or declined/rejected by the client. I can think of a common case where 20 such choices are not unusual in making a veterinary medical plan. Each choice falling into the definition of exam, diagnostic, test, or treatment. After all, those are the foundation stones of veterinary medicine.

In fact one can illustrate the problem just looking at bloodwork: the vet can propose a CMP and CBC, and the owner can ask for only the absolutely essential individual tests/diagnostics for a single differential Dx, so does the vet then list the entire contents of a CMP and CBC and strike and initial each as to whether or not the owner approved or declined it? And is this something a tech can do instead? Should they? It may or may not be cheaper, but then do we also document that the owner declined each affected element due to cost? I hope the issue gains clarity here.

So if we discuss several pathways, are we to then document 60 choices, and are we to have the owner initial at each of those choices, and then go over it all again on followup, and again have the client initial it all over again? For some of us the documentation of declined pathways (and their steps) in addition to the followed pathway--and now it's individualized steps--may not be onerous, for others it will be such a great change as to be unmanageable. However, for the client, who often balks at initialing and signing even in two places on a single printed plan, the additional documentation will be intolerable.

I would love to have every veterinarian outfitted with the complete Dragon Voice to Text Medical system with additional Veterinary module, such that the entirety of each visit can be recorded directly to digital text document medical file, as starting point to the documentation of the visit. Really and truly, I wish for this. But, it is currently an unreasonable requirement for most clinics, the system is not cheap; hiring a stenographer is even more expensive. Documentation is important and we all understand it demands a serious amount of time, but as the brief of the proposed language change is written in the notification email, it appears simply too broad.

Furthermore in my education, I was taught, and remain a proponent of, the POMR-SOAP medical approach and documentation; however as an employee, not only were my employers not using such documentation, they actively discouraged it, and in one case forbid its use due to the amount of paper pages required. Many years have passed, but I would be mightily surprised if even 50 percent of practices use it and it's handy check boxes for tasks and education and client decision/initials. How are such practices to meet such a broad requirement? How are office visits for anyone to meet the time demands for documenting all the choices/decisions presented to the client?

Those are my concerns.

I have tried to think of possible solutions. Leaving aside the wishful fantasy of getting the Dragon system. One would be to modify the clause to "reasonable extent", but then isn't that already in the rules for all the veterinary codes. Another would be to limit the decisions to "critical decisions", but then why was the word "whenever" used; also how is anyone to know in advance for each/every case which specific decision would turn out to be the critical decision, all the decisions are part of the plan, any one could be the most important to whatever the results turn out to be for any case.

This seems to be much less cut and dry than say the requirements of documenting a prescription whenever a medication is dispensed. It also seems to push the veterinary occupation toward the recipe box approach, where for each case a pre-printed page of decisions will be placed in the file for each pathway for each problem in the case, such that 10 pages might be added with the various places for signatures and initials (and dates). There lies the path to mediocrity and stagnation in the field. There have been-and might still be-practices that simply have computer algorithms for a set of S/S and for liability reasons the employee vets shall never stray from them. These practices might be helpful to new vets, the practices certainly minimize liability that way, but they are also universally considered to be the bottom level of care, because they are one recipe for all, cookie cutter operations, and pets are not cookie dough. Most pathetically not only do the pets not get the best care, the vets can be stunted or delayed in their development as practioners of really good veterinary medicine.

And while good documentation is needed, and is excellent for solid understandings between client and vet. Time management and privacy are also important for both. The word transparency is often mixed in with good communication, and it has it's place, but how far do we want to push it in medical records? I really don't want to live in a near-future world where we have to completely video record every office visit in full. Privacy issues alone would be terrible. And I think it is paramount to keep in mind that all these records are, and are going to be, digital, and thus hackable. There has to be a place in the rules that allows for thorough documentation without being an undue burden or an unacceptable threat. Somewhere... Is there any reading on this to be done?

I don't know what is possible with regard to the specifications of rules for veterinary medicine; are very detailed examples possible to be written into the rules? Because while the proposed changes should obviously be for the protection of both client and vet\*, I believe as written, the veterinarian will be extremely vulnerable to unintentional violations of the new rules; disclipinary actions for same; lawsuits from clients pinned on such violations despite perfectly acceptable medicine in every other way, and a gargantuan clusterfoul-up of litigation and counter-litigation by all three parties (client, vet, OVMEB).

\*I understand that the OVMEB exists to protect the animals (well really I guess to protect the clients), but it won't do that by driving good veterinarians out of the field. It only takes one legal case to show a vet other ways of making a living are less damaging to their lives--financial, medical, mental. Veterinary medicine is an occupation of idealism an altruism. Yes, there are always those in any profession that are in it solely for the money, and some do well, others live on the misfortune of others. But the majority veterinary professionals wish only to do good for others during their working lifetimes.

Summary: I think the language of the proposed change needs modification, hopefully in the area of specification or perhaps limitation, of requirements.

Thanks for your time.

Proposed revisions to OAR 875-015-0040 Minimum Standards for Veterinary Drugs  
Amending to clarify "Pharmacy" self-inspection checklist; Amending to require pharmacy inspection checklist as part of registration; Amended to include all prescription labeling requirements here; Amended separating facility and managing veterinarian responsibilities from responsibilities of all licensees; Amended to include that it is the Managing Veterinarian responsibility to ensure that all agents, licensees, and employees of the facility are in compliance with this rule.

875-015-0040

## Minimum Standards for Veterinary Drugs

### (1) Definitions:

(a) Administer' means the direct application of a drug or device whether by injection, inhalation, ingestion or any other means, to the body of an animal patient by:

(A) A veterinarian, Certified Veterinary Technician or employee under the veterinarian's supervision; or

(B) A client or their authorized agent at the direction of the veterinarian.

(b) Dispense' or Dispensing' means, under a lawful prescription of a veterinarian, the preparation and delivery of a prescription drug, in a suitable container appropriately labeled for subsequent veterinary patient administration, to a client or other individual entitled to receive the prescription drug.

Controlled substances and legend drugs shall be dispensed, ordered or prescribed based on a VCPR.

~~(2) Policies and Procedures. The veterinary facility.~~

(c) "Pharmacy Self-Inspection Form": The Oregon Veterinary Medical Examining Board Dispensing Practitioner Drug Outlet Self-Inspection form. The pharmacy self-inspection form will be available from the Board on its website or upon request.

(2) Policies and Procedures, Acquisition and Inspection: The veterinary facility and managing veterinarian must:

(a) Maintain written policies and procedures for drug procurement and management, including storage, security, integrity, access, dispensing, disposal, record-keeping and accountability; ~~and Comply with all federal and state laws regarding veterinary drugs.~~

~~(3) Drug Security and Storage:-~~

(b) All records of receipt and disposal of drugs must be retained for a minimum of three years;

(c) All records required by these rules or by other state or federal law must be readily retrievable and available for inspection by the Board's inspector or inspectors from other agencies having jurisdiction;

(d) The veterinary facility and managing veterinarian must verify that prescription drugs are acquired from a source registered with the Board of Pharmacy;

(e) Inspection: Veterinary facilities will be periodically inspected to ensure compliance with these rules. The Managing Veterinarian of a veterinary facility must annually complete the pharmacy self-inspection form. The completed pharmacy self-inspection form shall be submitted with the application for a veterinary facility license and with the annual application to renew a veterinary facility license. All drug records and storage areas shall be made available for inspection.

(f) Managing veterinarians are responsible for ensuring that all licensees, agents and employees of the facility, and the facility as applicable, maintain compliance with the rules and regulations set forth in section (3) or this rule.

(3) Drug Dispensing, Security, Storage and Recordkeeping: All licensees, managing veterinarians and facilities must:

(a) Comply with all federal and state laws regarding veterinary drugs.

(a**b**) All drugs must be kept in a locked drug cabinet or designated drug storage area that is sufficiently secure to deny access to unauthorized persons. Controlled drugs must be kept in a locked cabinet with access limited to persons authorized by the Managing Veterinarian.

(b**c**) In accordance with 21 CFR 11301.75, controlled substances listed in Schedule I, II III, IV and IV shall be stored in a securely locked, substantially constructed cabinet.

(4d) Drugs that are outdated, damaged, deteriorated, misbranded, or adulterated must be quarantined and physically separated from other drugs until they are destroyed or returned to the supplier;

(e) All drugs, including drug samples, must be stored according to manufacturer's published guidelines and in appropriate conditions of temperature, light, humidity, sanitation, ventilation and space.

(5f) Prescription Labeling. A prescription must be labeled with the following information:

(aA) Name of patient;

(bB) Name of prescriber;

(cC) Name, address, and phone number of the facility;

(dD) Identification of the animal, herd or flock, (if appropriate);

(E) Date of dispensing;

(eF) Name and strength of the drug;

(fG) Quantity dispensed;

(gH) Dosage and frequency;

(I) Withdrawal time, (if appropriate);

(J) Any other Directions for use;\_

(hK) Manufacturer's expiration date, or an earlier date if preferable, after which the drug should not be administered to the patient; and

(iL) Cautionary information as required for patient safety and required precautionary information regarding controlled substances: In accordance with 21 CFR 1290.5, the label of any drug listed as a 'controlled substance' in Schedule II, III or IV of the Federal Controlled Substances Act must, when dispensed to or for a patient, contain the following warning: "Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed." This statement is not required to appear on the label of a controlled substance dispensed for use in clinical investigations which are 'blind.'

(eG) Dispensing and Drug Delivery:

(aA) The veterinarian or their representative must orally counsel the client concerning all new drugs prescribed unless circumstances would render oral counseling ineffective.

(bB) If requested, a prescription shall be provided to a client for drugs and medications prescribed by the veterinarian under a valid VCPR.

(eC) Rabies vaccine shall be administered only by an Oregon-licensed veterinarian, a Certified Veterinary Technician under direct supervision of an Oregon-licensed veterinarian, or a person authorized by the Oregon Public Health Veterinarian pursuant to OAR 333-019-0017.

(dD) Drugs must be dispensed in a new container that complies with the current provisions of the Federal Consumer Packaging Act (~~Public Law 91-601, 91st Congress, S. 2162~~ 16 CFR 500) and rules or regulations and with the current United States Pharmacopoeia/National Formulary monographs for preservation, packaging, storage and labeling.

(zE) Disposal of Drugs: Drugs that are outdated, damaged, deteriorated, misbranded, or adulterated must be quarantined and physically separated from other drugs until they are destroyed or returned to the supplier. At the discretion of the veterinarian, outdated drugs may be dispensed as long as the client is informed and there is no fee charged for the drugs.

(8h) Record Keeping

~~(a)~~ For all drugs, a dispensing record must be maintained separately from the patient chart and retained for a minimum of three years. The record must show, at a minimum, the following:

- (A) Name of patient;
- (B) Dose, dosage form, quantity dispensed;
- (C) Directions for use;
- (D) Date of dispensing; and
- (E) Name of person dispensing the prescription.

~~(b) All records of receipt and disposal of drugs must be retained for a minimum of three years.~~

~~(c) All records required by these rules or by other state or federal law must be readily retrievable and available for inspection by the Board's inspector or inspectors from other agencies having jurisdiction.~~

~~(9) Drug Acquisition: The veterinary facility must verify that prescription drugs are acquired from a source registered with the Board of Pharmacy.~~

~~(10) Inspection: Veterinary facilities will be periodically inspected to ensure compliance with these rules. The Managing Veterinarian of a veterinary facility must annually complete and maintain the self-inspection form prior to inspection, and must make all drug records and storage available for inspection. The self-inspection form will be available from the Board on its website or upon request.~~

Statutory/Other Authority: ORS ~~686.240~~, 686.040, ORS 686.370, ORS 686.130

Statutes/Other Implemented: ORS ~~686.240~~, 120, ORS 686.040, ORS 686.370, ORS 686.130

**875-005-0005**

**Definitions**

(4) “Certified Euthanasia Technician or “CET”. A person who is employed by or a volunteer at a humane society or animal control agency and is certified by the Board pursuant to ORS 475.190(4). Any person who was trained prior to October 15, 1983 in euthanasia methods, in the course provided by Multnomah County Animal Control and the Oregon Humane Society, and who has been subsequently certified by the Board.

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**Division 40**

**CERTIFIED EUTHANASIA TECHNICIANS**

**875-040-0000**

**Certified Euthanasia Technicians (CETs)**

(1) Only licensed veterinarians and Certified Euthanasia Technicians (CETs) may perform euthanasia or administer sodium pentobarbital. No person not licensed as a veterinarian shall perform euthanasia or administer sodium pentobarbital unless the person is certified by the Board. CETs shall administer euthanasia in conformance with the 2010 Association of Shelter Veterinarians (ASV) Guidelines for Standards of Care in Animal Euthanasia for small animals and the 2011 American Veterinary Medical Association (AVMA) Guidelines on Euthanasia for large animals. Under ORS 609.405, lethal injection of sodium pentobarbital or other substance(s) approved by the Oregon State Veterinary Medical Examining Board are is the only approved methods for the euthanasia of dogs and cats injured, sick, homeless domestic pets and other animals by an animal control agency, humane society or subcontractor thereof.

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Commented [O1]: This is included in ORS 609.405

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Commented [O2]: ORS 609.405 refers specifically to "Cats and Dogs".

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~~Individuals not licensed as veterinarians shall not (1) Only licensed veterinarians and Certified Euthanasia Technicians (CETs) may perform euthanasia.~~

(2) For the euthanasia process, CETs may only administer the following drugs:

(A) Acepromazine (DEA Non-scheduled); Sodium pentobarbital;

(B) Butorphanol; Acepromazine (DEA Non-scheduled);

(C) Diazepam/Midazolam (DEA Schedule IV);

(D) Ketamine (DEA Schedule III); Xylazine (DEA Non-scheduled);

(E) Medetomidine (DEA Non-scheduled);

(F) Sodium pentobarbital; Ketamine (DEA Schedule III);

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(G) Tiletamine and Zolazepam (Telazol) (DEA Schedule III)



~~(H) Xylazine (DEA Non-scheduled). Butorphanol.~~

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~~administer sedation and sodium pentobarbital, unless the person is licensed by the Board as a CET.~~

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(3) CETs shall administer sedation and euthanasia drugs in conformance with any of the most current~~these~~ guidelines;

~~(A) developed by the~~ Association of Shelter Veterinarians (ASV) Guidelines for Standards of Care in Animal Shelters ~~(2014 edition);~~

Commented [O13]: Dr. Ferry suggests that we simply use (Current Addition) this way we don't have to check for more current versions or update rule when one changes. See public comments.

~~(B) Euthanasia of Shelter Animals, American Veterinary Medical Association (AVMA) Guidelines on Euthanasia of Animals (2020 edition); and~~

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~~(C) AVMA Guidelines on~~ Depopulation of Animals ~~(2019 edition); and~~

~~and (D) The~~ Humane Society of the United States Euthanasia Reference Manual ~~(2013 edition).~~

(4) ~~These~~ references above shall be used in conjunction with ~~development of~~ sedations protocols created by a veterinarian licensed with the OVMEB~~board~~.

(5) Unprofessional conduct for CETs includes, but is not limited to:

(A) Handling animals in an inhumane manner or with unnecessary force;

(B) Theft or diversion of legend or controlled drugs;

(C) Improper use of sedation or euthanasia drugs;

(D) Non-compliance with euthanasia protocols or guidelines;

(E) Non-compliance with DEA regulations;

(F) Non-compliance with proper drug storage;

(G) Performing euthanasia or sedation outside the scope of the CET certification; or;

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(H) Any conduct described in ORS 686.130;

(I) Gross negligence in the performance of duties as a CET;

(J) A pattern, practice, or continuous course of negligence, ignorance, incompetence or inefficiency in practice as a CET. The incidents may be dissimilar;

(K) Diagnosing, prescribing, or performing other activities that may be done only by a licensed veterinarian;

(L) Failure to respond or appear as requested, without good cause, within the time required by the Board.;

(M) Failure to comply with any rule or order of the Board or as required by OAR 875-005-0010.;

(N) Altering or falsifying medical records.;

(O) Making a misrepresentation or omission on a certificate renewal application.;

(P) Violations of veterinary laws in other states that would constitute violations of Oregon law.;

(Q) Violations of other laws that relate to the practice of veterinary medicine.;

(R) Failure without good cause to notify the Board within 15 days of a change in personal or business address and contact information.;

(S) Providing false, misleading, or deceptive information to the Board.;

(T) Failure to report unprofessional or prohibited conduct as described in ORS 676.150.

~~Under ORS 609.405, sodium pentobarbital and only those substances specifically approved by the board for sedation prior to euthanasia can be used by CETs when euthanizing small animals at an animal control agency, humane society or subcontractor thereof.~~

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**Statutory/Other Authority:** ORS 686.210

**Statutes/Other Implemented:** ORS 475; 686.110, 120, 130, 132, 150 & 160

**History:**

VMEB 9 2018, minor correction filed 08/01/2018, effective 08/01/2018

VMEB 1 2012, f. & cert. ef. 6-25-12

**From:** [Rodney Ferry](#)  
**To:** [OVMEB Inspector](#)  
**Subject:** Proposed Rule Making  
**Date:** Tuesday, June 29, 2021 3:14:53 PM

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OVMEB,

I see no issues with the proposed rulemaking for CET's. My only question would be: why do you list dated editions on your guidelines and references? This essentially requires an updating of your rule anytime one of these guidelines or references is updated. Would it not be more prudent to simply list (current edition) following the guidelines and references so that when one of the guidelines or references is updated the rule is still current and does not have to be changed?

Rodney W. Ferry  
Lakeview, OR 97630

**From:** [OVMEB Inspector](#)  
**To:** [kahlil@baileyvet.com](mailto:kahlil@baileyvet.com)  
**Subject:** Euthanasia Rules and Laws in Oregon  
**Date:** Tuesday, July 13, 2021 1:15:00 PM

---

The below email originated with a phone call from a licensee who had questions regarding the new CET rules. The Licensee was asking about having a CET hired on as a licensee of a veterinary facility to allow them to perform euthanasia's for the veterinary facility and if allowed to hire a CET, would a licensed Veterinarian have to perform an exam prior to the CET performing the euthanasia?

Below is the follow up email sent to office manager and licensed CVT Kahlil Knebel at Baily Veterinary Clinic. OAR 875 Certified Euthanasia Technician rules require a CET applicant and licensee must be employed by or a volunteer at an animal control agency or humane society. The rules state that if a licensed CET leaves that employment, that they will not euthanize animals until that person is again employed by or is a volunteer at another approved agency. The rules also indicate that CET licenses are only valid for the agency at which the person is currently working. This restricts licensed CET's from performing euthanasia's at veterinary facilities.

**EMAIL:**

Good afternoon Kahlil,

It was a pleasure speaking with you this morning. Below you will find additional information regarding Oregon animal Euthanasia Rules and Rules for Oregon CET's:

The Oregon Board of Pharmacy registers Animal Shelters, Animal Control Agencies and Humane Societies as Dispensing Practitioner Drug Outlets (DPDO's) which allows those agencies to purchase the drugs required to perform euthanasia. These outlets have to register with the Board of Pharmacy since they are not veterinary facilities. Part of the Board of Pharmacy rules requires that it is a violation for a person working at a shelter or animal control agency to administer euthanasia drugs unless that person is certified by the Oregon State Veterinary Medical Examining Board to administer those drugs. The Oregon Veterinary Medical Examining Board Certified Euthanasia Technician license was created specifically to allow certification of persons who are not veterinarians and/or have no other training in veterinary practice, to perform euthanasia at shelters and animal control agencies. An applicant for this type of license and CET licensee's must specifically be employed at an animal shelter or animal control agency.

Oregon Board of Pharmacy Rules

OAR 855-080-0100 Animal Euthanasia

(4) The Board of Pharmacy will suspend or revoke the registration of an animal euthanasia drug outlet which allows a person to administer sodium pentobarbital or sedative and analgesic medications who is not certified by the Oregon State Veterinary Medical Examining Board to administer such drug.

The Oregon State Veterinary Medical Examining Board created the "Certified Euthanasia Technician" license in compliance with the Board of Pharmacy rules for these DPDO outlets. As such, a person

must be actively/specifically employed by a shelter or animal control agency to apply for, obtain, and maintain an active, CET certification/license from the Oregon Veterinary Medical Examining Board.

Oregon Veterinary Medical Examining Board proposed rules:

#### OAR 875-040-0010 Certification of Technicians

(1) Applicants must first apply as a CET Intern in order to obtain the training required for a permanent CET certificate. CET Interns may not act independently but only under the immediate supervision of a CET or Oregon licensed veterinarian. The intern certificate will expire within one year and does not renew.

\*\*\*

(b) The applicant must be an employee or a volunteer at a humane society or animal control agency;

\*\*\*

(4) Upon separation from an organization, a CET will not euthanize animals until the person is employed by or is a volunteer at another approved agency, completed specific training in association with that agency, and the CET has notified the Board.

(a) Certificates are valid only for the agency at which the person is currently working.

#### OAR 875-005-0005 Definitions

(4) "Certified Euthanasia Technician or "CET". A person who is employed by or a volunteer at a humane society or animal control agency and is certified by the Board pursuant to ORS 475.190(4). Any person who was trained prior to October 15, 1983 in euthanasia methods, in the course provided by Multnomah County Animal Control and the Oregon Humane Society, and who has been subsequently certified by the Board.

I would encourage you to speak at the public hearing on this rule on August 20, 2021. The Board of Pharmacy rules do not restrict a CET from working at a Veterinary facility. However, OAR 875 rules do restrict this type of licensee from working at a veterinary facility. The rule says that an "applicant" for this type of license must be working at, or a volunteer at, a humane society or animal control agency and that a CET license is only valid for the agency at which the person is currently working. I can not guess as to what the Board might decide regarding allowing a CET to work from a veterinary clinic, but it is definitely worth discussing at the public hearing regarding this rule.

From my review of both the veterinary and pharmacy board rules, I could not find any rule that would allow a CET to perform euthanasia on their own, (i.e. door to door, offering euthanasia services over the internet, etc). A CET **MUST** be working at an animal shelter or animal control agency.

I hope this information is helpful and thank you for your interest in the rules.

**Per Governor Kate Brown's Executive Order 20-12, the Oregon Veterinary Medical Board remains closed to the public for in-person service. Board staff primarily are working remotely for the duration of the order; therefore, email is the most efficient mode of communication at this time. Response to all communication, but especially hand-delivered mail (USPS, FedEx, etc.), may be delayed. We appreciate your patience.**

Sincerely,

Brenda Biggs  
OVMEB Inspector  
503-995-3121

**From:** [INSPECTOR OVMEB \\* OVMEB](#)  
**To:** [INSPECTOR OVMEB \\* OVMEB](#)  
**Subject:** Certified Euthanasia Technician  
**Date:** Monday, August 9, 2021 11:40:23 AM  
**Attachments:** [image001.png](#)

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**From:** DEBESS Emilio E <[Emilio.E.DEBESS@dhsosha.state.or.us](mailto:Emilio.E.DEBESS@dhsosha.state.or.us)>  
**Sent:** Thursday, July 8, 2021 9:48 AM  
**To:** OVMEB Info <[OVMEB.INFO@oregon.gov](mailto:OVMEB.INFO@oregon.gov)>  
**Subject:** RE: Certified Euthanasia Technician

## If a DVM does the euthanasia Its under

### 875-015-0030

10) Euthanasia: Documented consent shall be obtained and a **physical exam conducted prior to performing euthanasia**. The exam may be limited to the elements necessary for the humane application of the procedure, such as a weight estimate and visual assessment if necessary due to the patient's condition or temperament. When ownership and identification of an animal cannot be reasonably established, the medical record for euthanasia shall contain a physical description of the animal.

## Nothing on the proposed CET rules

Perhaps, we need to re discuss the CET rules to include  
Creation of a MR and an exam (visual assessment)

---

**From:** Kahlil Knebel <[Kahlil@baileyvet.com](mailto:Kahlil@baileyvet.com)>  
**Sent:** Thursday, July 8, 2021 8:07 AM  
**To:** OVMEB Info <[OVMEB.INFO@oregon.gov](mailto:OVMEB.INFO@oregon.gov)>  
**Subject:** Certified Euthanasia Technician

Hello,

I was looking into the CET certification and I was wondering if you still have to have a veterinarian perform an exam on the animal prior to the CET coming in and euthanizing, or if the CET can do everything? I tried to find the rules online, but didn't see anything pertaining to a physical exam specifically.

Thanks,  
Kahlil

**Kahlil A. Knebel, BS, CVT**  
**Practice Manager**  
Bailey Veterinary Clinic  
248 NW Garden Valley Blvd  
Roseburg, OR 97470  
P: 541-673-4403 ext. 301  
[www.baileyvet.com](http://www.baileyvet.com)





**875-040-0010**

**Certification of Technicians**

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(1) In order for a person to become a Certified Euthanasia Technician (CET), the person must:

(a) Be an employee or a volunteer at a humane society, animal control agency, or animal holding facility (agency);

(b) Complete Board-approved training;

(c) Pay an annual certification fee of \$25.00.

(2) Upon separation from an agency, a CET may not euthanize animals until the person is employed by or a volunteer at another agency, and the agency has notified the Board. Certificates are valid only for the agency at which the person is currently working.

(3) If a CET is reemployed or volunteers again within 18 months of last certification, the agency may apply to the Board for reactivation of the person's certification. After an 18-month lapse in certification, the person must become recertified as described in (1).

(4) All certifications expire on October 31st of each year.

(5) The Board may suspend, revoke or discipline a CET holder for failure to comply with any part of OAR chapter 875 or Board of Pharmacy Rules (OAR chapter 855).

\*\*\*\*\*

**Certification of Technicians**

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(1) Applicants must first apply as a CET Intern in order to obtain the training required for a permanent CET certificate. CET Interns may not act independently but only under the immediate supervision of a CET or Oregon licensed veterinarian. The intern certificate will expire within one year and does not renew.

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Commented [O1]: A CET license may only be issued to a person working at a humane society or animal control agency;

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(a) The Board may conduct background checks on applicants and certificate holders. Applicants and certificate holders shall be required to provide any police and court records for any arrests and convictions.;

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(b) The applicant must be an employee or a volunteer at a humane society or animal control agency;

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(c) Pay an initial certification fee of \$25.00.

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(2) Upon completion of the internship's training, the intern may apply for a permanent certificate.

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(3) In order for a person to become a permanent Certified Euthanasia Technician (CET), an application must include the following, within the last 12 months;

(A) 15 hours of documented observation and hands-on training done with a licensed DVM or CET within the entity the individual is employed or volunteers with and exhibits proficiency when assessed within their organization performing euthanasia of domestic pets and other animals when observed by a licensed veterinarian; or

(B) Completion of an approved euthanasia course and exhibits proficiency when assessed within their organization performing euthanasia of domestic pets and other animals when observed by a licensed veterinarian; and

(C) Submission of an evaluation verification form attesting that the applicant has satisfactorily completed the internship. The supervising veterinarian shall submit this form.

(4) Upon separation from an organization, a CET will not euthanize animals until the person is employed by or is a volunteer at another approved agency, completed specific training in association with that agency, and the CET has notified the Board.

(a) Certificates are valid only for the agency at which the person is currently working.

(b) The CET will notify the Board within 10 days of their separation from their organization.

(5) If a CET is reemployed or volunteers within 12 months of holding a CET license, the CET may apply to the Board for reactivation of their certification. After a 12-month lapse, the person must become recertified as described in (1).

(6) CET certificate holders will need to be recertified every 5 years in the form of a proficiency assessment done by a licensed veterinarian submitted to the Board with their certificate renewal.

(7) All CET certificates expire on October 31st of each year and are in effect for one calendar year.

(8) Certificate renewal fee is \$15.

(9) Annual verification of employment or volunteer status must come directly from the organization the CET is employed or volunteers with.

(10) Failure to renew or provide verification of employment or volunteer status will result in a lapse and euthanasia duties may not be conducted until the certificate is reinstated.

(11) The Board may suspend, revoke, or otherwise discipline a CET Intern or permanent CET certificate holder for unprofessional conduct or non-compliance with applicable Board statutes and rules.

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**Executive Director Report  
August 2021 Board Meeting**

To: Oregon Veterinary Medical Examining Board  
From: Cass McLeod-Skinner, Interim Executive Director

<b>Board Meeting Details:</b>	<b>August 20-21, 2021 Via Zoom</b>
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**2019-21 Budget**

As of the close of May, 2021, we have an estimated ending cash balance of \$705,018.35 translates into 13.43 months of expenditure reserve.

**Rules Advisory Committee**

Members of the Rules Advisory Committee have been appointed and we will be setting up a meeting schedule in due course.

**Permanent Executive Director Recruitment**

The job description and posting are currently being finalized, per our August 6, 2021, special board meeting. Our goal is to have a permanent hire made by October/November.

**2021 Board Meeting Dates**

**October 22-23  
December 17-18**

**From:** [Patti Mayfield](#)  
**To:** [INFO OVMEB \\* OVMEB](#)  
**Subject:** October 22/23 Board Meeting-- request for speaking opportunity  
**Date:** Thursday, July 29, 2021 10:15:24 AM

---

Good morning!

I'm writing to learn if there is an opportunity to engage the Board Members in a brief conversation regarding veterinary cannabinoid medicine and the legal considerations surrounding it's discussion, recommendation, prescription, administration and/or dispensation to veterinary patients.

I serve as the Chair of the Advocacy Committee of the Veterinary Cannabis Society (VCS) -- I'm also a past Board Member of the OVMEB :)  
Our mission is to increase awareness regarding the appropriate and safe use of cannabinoids, along with providing education to the potential benefits and risks of cannabinoid medicine. The members of the VCS have provided similar assistance to the AAVSB Task Force charged with preparing the Guidance regarding cannabinoid use and implementation in veterinary medicine.

It would be my absolute pleasure to engage your Board Members in a brief educational opportunity during the Public Session of your October meeting.  
Is that something that could be arranged? Please let me know if there is time or interest to accommodate this request, or if your Board Members would have any interest in literature that could further their learning experience in order to better prepare them for the ever-changing landscape of the potential use of cannabinoids in our patients.

I'm happy to answer any questions, please reach out if you have any thoughts or concerns, or if I can be helpful!

Warmly,

**Patti Mayfield, DVM, HABC, CVCH, SDEP Certified**  
**Veterinary Cannabis Society** -- Chair of the Advocacy Committee  
[Smiling Dog Veterinary Services](#)  
541-221-0908



-----Original Message-----

From: dannell davis <[dannelldavis@gmail.com](mailto:dannelldavis@gmail.com)>

Sent: Tuesday, August 10, 2021 9:58 AM

To: MCLEOD-SKINNER Cass \* BCE <[Cass.MCLEOD-SKINNER@oregon.gov](mailto:Cass.MCLEOD-SKINNER@oregon.gov)>

Subject: Question

I have a client who wants me to change her the breed of her dog from Wolf mix to husky/ malamute cross because she is having trouble with housing. I don't think I can do this because the dog's breed is already embedded in our MR that we cannot change, when the MR is finalized it becomes unchangeable. She also has filled out the client registration which clearly states "wolf mix" in her handwriting and signature. I'm fairly certain I already know the answer but I thought I'd check with you anyway. If I'm wrong please say so, perhaps changing the breed isn't a big deal?

Dannell Davis

Sent from my iPhone

\*\*\*\*\*CONFIDENTIALITY NOTICE\*\*\*\*\*

This e-mail may contain information that is privileged, confidential, or otherwise exempt from disclosure under applicable law. If you are not the addressee or it appears from the context or otherwise that you have received this e-mail in error, please advise me immediately by reply e-mail, keep the contents confidential, and immediately delete the message and any attachments from your system.

\*\*\*\*\*

# Oregon Veterinary Medical Examining Board

## CERTIFIED EUTHANASIA TECHNICIAN APPLICATION

### How to Apply for Internship and Certification

OAR 875-040-0010 Certification of Technicians

(1) Applicants must first apply as a CET Intern in order to obtain the training required for a permanent CET certificate. CET Interns may not act independently but only under the immediate supervision of a CET or Oregon licensed veterinarian. The intern certificate will expire within one year and does not renew.

(a) The Board may conduct background checks on applicants and certificate holders. Applicants and certificate holders shall be required to provide any police and court records for any arrests and convictions.;

(b) The applicant must be an employee or a volunteer at a humane society or animal control agency;

(c) Pay an initial certification fee of \$25.00.

(2) Upon completion of the internship's training, the intern may apply for a permanent certificate.

(3) In order for a person to become a permanent Certified Euthanasia Technician (CET), an application must include the following, within the last 12 months:

(a) 15 hours of documented observation and hands-on training done with a licensed DVM or CET within the entity the individual is employed or volunteers with and exhibits proficiency when assessed within their organization performing euthanasia of domestic pets and other animals when observed by a licensed veterinarian; or

(b) Completion of an approved euthanasia course and exhibits proficiency when assessed within their organization performing euthanasia of domestic pets and other animals when observed by a licensed veterinarian; and

(c) Submission of an evaluation verification form attesting that the applicant has satisfactorily completed the internship. The supervising veterinarian shall submit this form.

(4) Upon separation from an organization, a CET will not euthanize animals until the person is employed by or is a volunteer at another approved agency, completed specific training in association with that agency, and the CET has notified the Board.

(a) Certificates are valid only for the agency at which the person is currently working.

(b) The CET will notify the Board within 10 days of their separation from their organization.

(5) If a CET is reemployed or volunteers within 12 months of holding a CET license, the CET may apply to the Board for reactivation of their certification. After a 12-month lapse, the person must become recertified as described in (1).

(6) CET certificate holders will need to be recertified every 5 years in the form of a proficiency assessment done by a licensed veterinarian submitted to the Board with their certificate renewal.

(7) All CET certificates expire on October 31st of each year and are in effect for one calendar year.

(8) Certificate renewal fee is \$15.

(9) Annual verification of employment or volunteer status must come directly from the organization the CET is employed or volunteers with.

(10) Failure to renew or provide verification of employment or volunteer status will result in a lapse and euthanasia duties may not be conducted until the certificate is reinstated.

(11) The Board may suspend, revoke, or otherwise discipline a CET Intern or permanent CET certificate holder for unprofessional conduct or non-compliance with applicable Board statutes and rules.

#### Fees are NOT REFUNDABLE

Make sure you meet all eligibility criteria before submitting this application with \$35 check or MO to:

**Oregon Veterinary Medical Examining Board**  
800 NE Oregon St., Ste. 407  
Portland, OR 97232

Contact the Board if you have any questions. 971-673-0224 or [ovmeh.info@state.or.us](mailto:ovmeh.info@state.or.us)



# CERTIFIED EUTHANASIA TECHNICIAN APPLICATION

## 1 DEMOGRAPHIC INFORMATION

Certification - \$25 (\_\_\_)

Name:	Social Security #:
Mailing Address (street, city, state, zip):	
Phone: _____ Email: _____	Birthdate:

## 2 BACKGROUND (You must answer each of the following questions.)

Are you or have you ever been certified as a CET, CVT, RVT or AHT in another state or country? Yes No

Are you or have you ever been licensed in another profession in any other state or country? Yes No

→ If you answered "yes" to either of the above, you must ask each jurisdiction to send a letter of license verification and status directly to the Oregon Veterinary Board.

Type of License	State	License #	Date Issued
_____	_____	_____	_____

Have you ever been convicted of a felony or misdemeanor?..... Yes No

Is there any reason you can not safely perform the duties of a euthanasia technician?..... Yes No

Have you ever had a CET, CVT or other professional license suspended or revoked or been issued other disciplinary action in any state or country?..... Yes No

Are there facts not disclosed by your previous answers that might bear adversely on your eligibility and competence to practice as a euthanasiatechnician?..... Yes No

**If any answers above are "yes" you must provide explanations on a separate sheet. Failure to provide explanations could result in denial of application.**

Do you agree that, if there be any other matter(s) that occur hereafter, before you receive your certification as a euthanasia technician, which might adversely bear on your eligibility to perform euthanasia technology duties, such matter(s) will be disclosed immediately to the Oregon Veterinary Medical Examining Board..... Yes No

## 3 REFERENCES List 3 references below. Two must be veterinarians.

Name	Address/Phone Number	Occupation
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mail application with check or money order to: OVMEB 800 NE Oregon St., Ste. 407 Portland, OR 97232

**5 AFFIDAVIT OF APPLICANT**

I, \_\_\_\_\_, depose and say that all statements herein and photograph are true and correct, and that I am the person described and identified on this Application Form for the Euthanasia Technician Certification.

Signature: \_\_\_\_\_

**NOTARY PUBLIC:**

In the State of \_\_\_\_\_, County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signed \_\_\_\_\_

Commission expires: \_\_\_\_\_



(NOTARY SEAL HERE)



**EUTHANASIA TECHNICIAN EVALUATION**

Agency: \_\_\_\_\_

Applicant Name:	Date of Birth:	Social Security #
-----------------	----------------	-------------------

Home Address	City	State	Zip
--------------	------	-------	-----

Phone Number(s) & Email Address

**Euthanasia Technician Standards**

	Pass	Fail	Comments
Animal Handling			
IV Injections			
IP Injections			
IC Injections			
Permitted Injections			
Aspirates			
Cap kept on needle?			
Needle size appropriate?			
Correct Dosage?			
Animals Supported?			
Terminal Signs			
Verification of Death			

Veterinarian Who Conducted Training (please print)

**I certify that I trained the above candidate pursuant to OAR 875-040-0005 (see reverse) and that the candidate satisfactorily meets the above competencies.**

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

Mail this form and \$25 licensing fee to Veterinary Medical Board, 800 NE Oregon St., Ste. 407, Portland, Or 97232

# Oregon Veterinary Medical Examining Board

## INTERN EUTHANASIA TECHNICIAN APPLICATION

### How to Apply for Internship and Certification

OAR 875-040-0010 Certification of Technicians

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(a) The Board may conduct background checks on applicants and certificate holders. Applicants and certificate holders shall be required to provide any police and court records for any arrests and convictions.;

(b) The applicant must be an employee or a volunteer at a humane society or animal control agency;

(c) Pay an initial certification fee of \$25.00.

(2) Upon completion of the internship's training, the intern may apply for a permanent certificate.

(3) In order for a person to become a permanent Certified Euthanasia Technician (CET), an application must include the following, within the last 12 months:

(a) 15 hours of documented observation and hands-on training done with a licensed DVM or CET within the entity the individual is employed or volunteers with and exhibits proficiency when assessed within their organization performing euthanasia of domestic pets and other animals when observed by a licensed veterinarian; or

(b) Completion of an approved euthanasia course and exhibits proficiency when assessed within their organization performing euthanasia of domestic pets and other animals when observed by a licensed veterinarian; and

(c) Submission of an evaluation verification form attesting that the applicant has satisfactorily completed the internship. The supervising veterinarian shall submit this form.

(4) Upon separation from an organization, a CET will not euthanize animals until the person is employed by or is a volunteer at another approved agency, completed specific training in association with that agency, and the CET has notified the Board.

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(b) The CET will notify the Board within 10 days of their separation from their organization.

(5) If a CET is reemployed or volunteers within 12 months of holding a CET license, the CET may apply to the Board for reactivation of their certification. After a 12-month lapse, the person must become recertified as described in (1).

(6) CET certificate holders will need to be recertified every 5 years in the form of a proficiency assessment done by a licensed veterinarian submitted to the Board with their certificate renewal.

(7) All CET certificates expire on October 31st of each year and are in effect for one calendar year.

(8) Certificate renewal fee is \$15.

(9) Annual verification of employment or volunteer status must come directly from the organization the CET is employed or volunteers with.

(10) Failure to renew or provide verification of employment or volunteer status will result in a lapse and euthanasia duties may not be conducted until the certificate is reinstated.

(11) The Board may suspend, revoke, or otherwise discipline a CET Intern or permanent CET certificate holder for unprofessional conduct or non-compliance with applicable Board statutes and rules.

### Fees are NOT REFUNDABLE

Make sure you meet all eligibility criteria before submitting this application with \$35 check or MO to:

**Oregon Veterinary Medical Examining Board**  
800 NE Oregon St., Ste. 407  
Portland, OR 97232

Contact the Board if you have any questions. 971-673-0224 or [ovmeh.info@state.or.us](mailto:ovmeh.info@state.or.us)



# INTERN EUTHANASIA TECHNICIAN APPLICATION

## 1 DEMOGRAPHIC INFORMATION

Certification - \$25 (\_\_\_)

Name:	Social Security #:
Mailing Address (street, city, state, zip):	
Phone: _____ Email: _____	Birthdate:

## 2 BACKGROUND (You must answer each of the following questions.)

Are you or have you ever been certified as a CET, CVT, RVT or AHT in another state or country? Yes No

Are you or have you ever been licensed in another profession in any other state or country? Yes No

→ If you answered "yes" to either of the above, you must ask each jurisdiction to send a letter of license verification and status directly to the Oregon Veterinary Board.

Type of License	State	License #	Date Issued
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been convicted of a felony or misdemeanor?..... Yes No

Is there any reason you can not safely perform the duties of a euthanasia technician?..... Yes No

Have you ever had a CET, CVT or other professional license suspended or revoked or been issued other disciplinary action in any state or country?..... Yes No

Are there facts not disclosed by your previous answers that might bear adversely on your eligibility and competence to practice as a euthanasiatechnician?..... Yes No

**If any answers above are "yes" you must provide explanations on a separate sheet. Failure to provide explanations could result in denial of application.**

Do you agree that, if there be any other matter(s) that occur hereafter, before you receive your certification as a euthanasia technician, which might adversely bear on your eligibility to perform euthanasia technology duties, such matter(s) will be disclosed immediately to the Oregon Veterinary Medical Examining Board..... Yes No

## 3 REFERENCES List 3 references below. Two must be veterinarians.

Name	Address/Phone Number	Occupation
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mail application with check or money order to: OVMEB 800 NE Oregon St., Ste. 407 Portland, OR 97232

**5 AFFIDAVIT OF APPLICANT**

I, \_\_\_\_\_, depose and say that all statements herein and photograph are true and correct, and that I am the person described and identified on this Application Form for the Euthanasia Technician Certification.

Signature: \_\_\_\_\_

**NOTARY PUBLIC:**

In the State of \_\_\_\_\_, County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signed \_\_\_\_\_

Commission expires: \_\_\_\_\_



(NOTARY SEAL HERE)

## EUTHANASIA TECHNICIAN EVALUATION

Agency: \_\_\_\_\_

Applicant Name:	Date of Birth:	Social Security #
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Home Address	City	State	Zip
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Phone Number(s) & Email Address

### Euthanasia Technician Standards

	Pass	Fail	Comments
Animal Handling			
IV Injections			
IP Injections			
IC Injections			
Permitted Injections			
Aspirates			
Cap kept on needle?			
Needle size appropriate?			
Correct Dosage?			
Animals Supported?			
Terminal Signs			
Verification of Death			

Veterinarian Who Conducted Training (please print)

**I certify that I trained the above candidate pursuant to OAR 875-040-0005 (see reverse) and that the candidate satisfactorily meets the above competencies.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Oregon Veterinary Medical Examining Board

## CERTIFIED VETERINARY TECHNICIAN APPLICATION

Applicants must have completed an AVMA-accredited veterinary technology program or meet the criteria listed in NOTE below. All applicants must have passed the Veterinary Technician National Exam (VTNE).

### How to Apply for Certification:

1) Complete and notarize the application form. Attach proof of required Continuing Education that is current at the time of application. Have an official school transcript sent to the address below, or include a sealed transcript with your application. Graduates of AVMA-accredited schools need not complete section 6 on the application form.

NOTE: If you did not graduate from an AVMA-accredited school, complete sections 1-6 on the application form. You are eligible for licensure if you:

A) Have been actively licensed in good standing as a CVT, RVT or AHT in another state or states for a period of at least four years within the last eight years prior to this application and:

B) Have worked as a licensed or registered veterinary or animal health technician or instructor of veterinary technology for a minimum of four years within the last eight years prior to this application; and

C) Pass the examinations referred to in OAR 87-030-0020 (VTNE and JPE/RDT), and

D) Provide notarized confirmation of clinical competency as a veterinary technician or instructor from at least one veterinarian or school official (dean or program head) who supervised you pursuant to B of this section. Confirmation must be provided in section 6 of the application form, and must match the information provided pursuant to E below; and

E) Provide W2 federal tax forms or other Board-approved proof of employment or experience as a licensed veterinary technician or instructor; and

F) Provide proof of CE as required in OAR 875-010-0090 that is current at the time of application.

2) If you took the VTNE elsewhere, have your score transferred to Oregon. Contact the American Association of Veterinary State Boards (AAVSB) at [www.aavsb.org](http://www.aavsb.org) to arrange score transfer.

3) Arrange for license verification letters to be sent to Oregon from states where you are or ever have been licensed as a veterinary technician. Contact AAVSB or each state board individually.

4) All applicants must complete the Juris Prudence Exam/Regional Disease Test (JPE/RDT). This exam will be sent to you after your application has been approved. It is a multiple choice exam, and a link to the Veterinary Practice Act is provided for reference.

### Fees are NOT REFUNDABLE

Make sure you meet all eligibility criteria before submitting this application with \$35 check or MO to:

**Oregon Veterinary Medical Examining Board**  
800 NE Oregon St., Ste. 407  
Portland, OR 97232

Contact the Board if you have any questions. 971-673-0224 or [ovmeh.info@state.or.us](mailto:ovmeh.info@state.or.us)





**4 CONTINUING EDUCATION** ( *Not applicable to new graduates.* )

CVT licensure in Oregon requires reporting 15 hours of CE every two years. Attach proof of completed CE with this application. The Board may waive the CE requirement for good cause. For more information, including a list of approved CE, go to our website, [www.oregon.gov/ovmeb](http://www.oregon.gov/ovmeb), click on 'Veterinary Practice Act,' then click on 'Oregon Administrative Rules' and see 875-010-0090, Continuing Education Requirements.

**5 AFFIDAVIT OF APPLICANT**

I, \_\_\_\_\_, depose and say that all statements herein and photograph are true and correct, and that I am the person described and identified on this Application Form for the Veterinary Technician National Examination and/or Certification.

Signature: \_\_\_\_\_

**NOTARY PUBLIC:**

In the State of \_\_\_\_\_, County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signed \_\_\_\_\_

Commission expires: \_\_\_\_\_

(NOTARY SEAL HERE)

**6 AFFIDAVIT OF VETERINARIAN or SCHOOL OFFICIAL**

For applicants who did not graduate from an AVMA-accredited veterinary technology program. Signature must be notarized.

I, \_\_\_\_\_, a veterinarian in the state of \_\_\_\_\_, license number \_\_\_\_\_, **OR** a Dean or Program Head at \_\_\_\_\_, in the state of \_\_\_\_\_, depose and say that the above named applicant worked under my supervision for four years (from: \_\_\_\_\_ to: \_\_\_\_\_), and demonstrated competency as a veterinary technician or veterinary technology instructor.

\_\_\_\_\_  
Signature of veterinarian or school official

**NOTARY PUBLIC:**

In the State of \_\_\_\_\_, County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signed \_\_\_\_\_

Commission expires \_\_\_\_\_

(NOTARY SEAL HERE)



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# OREGON VETERINARY MEDICAL EXAMINING BOARD

## 2021 CVT Renewal Application

Complete & return this application with payment. Completion of all sections is required. Make corrections or additions as needed. Sign and date on back. Your signature on this document attests that you have personally completed the application.

Fees are waived for 2021 renewals. See late fee information on next page:

Mail renewal form to:

OVMEB  
800 NE Oregon St., Ste. 407  
Portland, Oregon 97232

✓ Renewal \$ \_\_\_\_\_ (0257)  
Late Fee \$ \_\_\_\_\_ (0208)  
Total Enclosed \$ \_\_\_\_\_



**Continuing Education Reporting is Not Required for the 2021 CVT License Renewal.**

LICENSE NO. \_\_\_\_\_

### NAME

Last \_\_\_\_\_ First \_\_\_\_\_ Mid. Init. \_\_\_\_\_

**CONTACT INFORMATION - BOARD ONLY** You may deny public access to your private, confidential information. Shall the Board to restrict this information from disclosure to the public? Yes  No

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### EMPLOYMENT/WORKPLACE INFORMATION

Practice Name \_\_\_\_\_

Owner(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**Send mail to:**  My Home  My Workplace

I am not employed as a CVT at this time. I understand all licensees must notify the Board within 30 days of a change of home or work address and telephone number.

## Late Fees and Deadlines

- License fees have been waived for 2021 renewals.
- Renewal forms must be processed, received or postmarked by January 31st.
- Renewal forms received after January 31, 2021 are subject to late fees.

Received/Postmarked Add Late Fee	
January 1-31.....	\$0-
February 1-28.....	\$25.00
March 1-31.....	\$35.00

### The following questions must be answered.

Explain 'yes' answers separately. Failure to provide truthful answers and explanations may result in denial of license renewal. The questions relate to your Oregon CVT license as well as any other professional licenses you hold or have held.

During calendar year 2020:	
• Were you arrested, charged with or convicted of a felony or misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• <del>Were you treated for controlled substance or alcohol abuse?</del>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Is there any reason you are unable to safely practice as a certified veterinary technician?</u>	
• Did you receive a Final or Stipulated Order of suspension, revocation or any other type of discipline or civil penalty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any other facts not disclosed by your previous answers that might bear adversely on your competence or eligibility for a license to practice as a Certified Veterinary Technician?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I have already reported matters relative to the questions above which occurred prior to 2020.

If a matter relative to these questions occurred prior to 2020, and you did not report it, do so now and provide a separate explanation, including an explanation of why the matter was not reported.

### Sign and date this application.



***I certify that the information given herein is true, correct, and complete.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

Lic. Fee \$150 – 0260

Oregon Veterinary Medical Examining Board  
800 NE Oregon Street Suite 407  
Portland, Oregon 97231  
Phone: 971-673-0224 Fax: 971-673-0226

# Veterinary License Activation

Name (please print):		License No:
Home Address:		Home Phone:
Practice/Business Name:		Business Phone:
Address:		City/State/Zip
Owner's Name:	Practice Type: <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Mixed	Your Diplomate Specialty:
List states or provinces in which you are now or have ever been licensed to practice veterinary medicine (see back):		
<input type="checkbox"/> None		

**Employment:** List veterinary employment or educational activities that took place after applying Oregon licensure, if applicable (attach more pages if necessary).

Employer/Activity:	Dates:

**Continuing Education:** completed within last 2 years. Interns do not need to report CE.

Name and Type of CE:	# CE Hours	Dates:

**YOU MUST ANSWER THE FOLLOWING QUESTIONS.** Explain "yes" answers to questions 1-4 on a separate sheet. Failure to provide explanations or to be truthful could result in denial of licensure. A "yes" answer does not preclude licensure. The Board will review applications with exceptional circumstances on an individual basis and decide on the facts presented for each case. If application is denied, you have the right to a hearing to appeal the Board's decision.

	Yes	No
● <i>Have you ever been convicted of a felony or misdemeanor other than a traffic violation?.....</i>	<input type="checkbox"/>	<input type="checkbox"/>
● <i>Have you ever been treated for controlled substance or alcohol abuse? .....</i>	<input type="checkbox"/>	<input type="checkbox"/>
● <i>Is there any reason you are unable to safely practice as a veterinarian?</i>		
● Have you ever had a veterinary or other professional license suspended or revoked, or been issued other disciplinary action in any other state or country? .....	<input type="checkbox"/>	<input type="checkbox"/>
● Are there any other facts not disclosed by your previous answers which might bear adversely on your eligibility and competence to practice veterinary medicine? .....	<input type="checkbox"/>	<input type="checkbox"/>
● Do you agree that, if there are other matter(s) that occur hereafter, before you receive your license as a veterinarian, which might adversely bear on your eligibility to practice veterinary medicine, such matter(s) will be disclosed by you immediately to the Oregon Veterinary Medical Examining Board? ....	<input type="checkbox"/>	<input type="checkbox"/>

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*I certify that my statements on this application are true and correct.*

\_\_\_\_\_  
*Applicant's signature*

\_\_\_\_\_  
*Date*

#### **Other State Licensure**

Verification of licensure from other states is required at the time of initial application for license eligibility. If you became licensed in another state after you applied for your Oregon license, please immediately arrange for verification to be sent to OVMEB. US and Canadian veterinary licensing board information is available at [www.aavsb.org](http://www.aavsb.org).

#### **Renewals**

Oregon veterinary licenses expire on December 31 of each year. If your activation form is received at the Board office or postmarked between November 1st and December 31, your license will expire at the end of the next calendar year. License renewal forms are mailed in early November. PLEASE NOTE THAT IT IS YOUR RESPONSIBILITY TO ENSURE THAT YOUR LICENSE IS CURRENT. Practicing without a valid, current license is a violation of state law.

#### **Continuing Education**

Continuing Education (30 hours) must be completed prior to December 31 of each odd-numbered calendar year and reported on the renewal form for that year. If you have just completed your internship year, you will not need to report CE for your first year of practice on a permanent active license. For CE requirements, go to [www.ovmeb@state.or.us](mailto:www.ovmeb@state.or.us), click on Links, then click on Oregon Administrative Rules and look for OAR 875-001-0010.

#### **Fees**

Attach a check or money order for \$150, payable to OVMEB, to this form and mail to:

OVMEB  
800 NE Oregon Street, Suite. 407  
Portland, Oregon 97232

You should receive your license within 7-14 days after the Board has received all required application materials and fees.

*If you need assistance with this application or have questions, contact the Board office.  
Phone: 971-673-0224 Fax: 971-673-0226 E-Mail: [ovmeb.info@state.or.us](mailto:ovmeb.info@state.or.us)*

**Oregon Veterinary Medical Examining Board**

800 NE Oregon Street Suite 407

Portland, Oregon 97231

Phone: 971-673-0224 Fax: 971-673-0226

**VERIFICATION OF EXPERIENCE (Intern)**

Applicants for a permanent active Oregon veterinary license must have at least one year of experience in another state, province or territory of the U.S. or one year of supervised experience (internship) in Oregon. This must be verified by a licensed veterinarian employer or colleague who has knowledge of the applicant's experience. Use a separate form for each veterinarian verifying the experience. Return form with original signature to address above. Forms may be faxed.

Verification of Experience For: \_\_\_\_\_  
(applicant name)

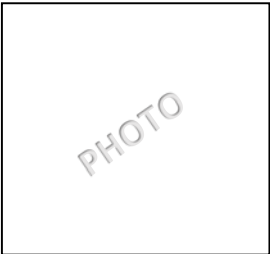
Calculate as follows, including vacation or sick leave:  
2,080 hours = one year; 174 hours = one month; 40 hours = one week.

- One Year  (and/or \_\_\_\_\_ months/weeks) of supervised experience in Oregon.
- One Year (and/or \_\_\_\_\_ months/weeks) of experience as a practicing veterinarian in the state of \_\_\_\_\_.  
(Fill in number of months if experience equals less than one year and list dates of employment here:  
\_\_\_\_\_ )

Applicant received this experience by practicing in (check all that apply):

- Private Practice
- Residency in a graduate veterinary program\* of the following accredited veterinary school:  
\_\_\_\_\_
- Preceptorship or externship\* in a veterinary program of Oregon State University College of Veterinary Medicine.
- Agency of the State of Oregon or Federal Government.  
Describe: \_\_\_\_\_

I, (please print) \_\_\_\_\_, certify that I am a licensed veterinarian in the state of \_\_\_\_\_; have knowledge that the above-named applicant for an Oregon veterinary license has the experience checked above; and that the statements herein are true and correct.



\_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Address)

\_\_\_\_\_

# Application Instructions

**1. Request Transfer of NBE/CCT or NAVLE Scores:** Use attached form or, if you are viewing this on our Website, go to the AAVSB link or [www.aavsb.org](http://www.aavsb.org) and download the forms.

Request your score transfer at:

<http://aavsb.org/VIVA/score-transfers>

Note: You do not need to transfer scores if you took the NBE/CCT or registered for NAVLE in Oregon. Go to step #2.

**2. Complete Veterinary License Application:** To confirm degree status, attach or send separately a letter from a school official verifying your date of expected graduation or completed graduation, or attach a copy of your veterinary school diploma. Graduates of unaccredited foreign veterinary schools must attach a letter from the ECFVG or PAVE program indicating the date of expected certification, or attach a copy of the certificate of completion.

**3. Send Application and Fee:** Make check or money order payable to Oregon Veterinary Medical Examining Board or OVMEB; mail application and fee to:

**OVMEB**  
800 NE Oregon St., Ste. 407  
Portland, OR 97232

**If you are licensed in other states and/or have previous clinical experience, also complete the following steps:**

**4. Request Letters of Good Standing:** Ask the licensing board of each state in which you are or have been licensed to send a letter to Oregon verifying your licensure, current status and discipline, if any.

**5. Submit Documentation of Previous Experience:** Ask former employer(s) or colleague(s) to complete the enclosed verification of clinical experience in another state, or have them write a letter describing the nature and length of your experience. Experience may be acquired in any clinical setting including a residency in a graduate program of an accredited veterinary school.

## **If you are a new graduate from a veterinary school:**

Procedures (1-3 above) may be completed prior to graduation, however, you may not practice as an intern until graduation has occurred at your school and the Intern Permit has been received by you. Notify the Board office if you will be employed immediately after graduation and we will issue your Intern Permit as quickly as possible when all required documents are received.

Veterinary Medical Examining Board  
800 NE Oregon St., Suite 407  
Portland, OR 97232  
Phone: 971-673-0224 Fax: 971-673-0226  
E-mail: [ovmeb.info@state.or.us](mailto:ovmeb.info@state.or.us)

## How to apply for your Veterinary License or Intern License



Oregon Veterinary  
Medical Examining  
Board

### REQUIREMENTS

1. Graduate of a veterinary medical school accredited by the AVMA, or if a foreign graduate, have a certificate from ECFVG, PAVE or other equivalency program approved by the Board.

2. Passed the NBE/CCT\* or NAVLE and Juris Prudence exams.

3. If you have less than one year's US experience, you must obtain an intern license and practice under the supervision of an Oregon-licensed veterinarian for one year (or the balance of a year). See details below.

\*If you meet the following conditions, you may include a letter requesting waiver of the CCT. Your letter must cite compliance with each of these requirements:

- Graduate of an accredited veterinary school or earned ECFVG certificate prior to 1991;
- Engaged in five contiguous years of active veterinary clinic practice immediately preceding date of application;
- Have held license(s) in good standing in other US states or provinces since graduation; and
- Have continuing education of at least 10 hours per year during the five years immediately preceding date of application

### EXAMINATIONS

North American Veterinary Licensing Examination (NAVLE): See [www.nbvme.org](http://www.nbvme.org) for details. Scores must be reported directly to the Board from VIVA (find forms at [www.aavsb.org](http://www.aavsb.org)). If you tested in Oregon, you do not need to request a score transfer.

NBE/CCT: Passing score before December 1992 is 75.00 based on 1.5 standard deviations. After December 1992, passing score is the criterion referenced score of 425.

Juris Prudence Exam/Regional Disease Test: Open-book 40-question test on state veterinary law and Northwest-specific diseases. The exam is sent to applicants upon receipt of the license application and \$75 fee. A passing score of 95% (38 correct answers) is required for the JPE and all Disease Test answers must be correct.

#### Costs: (not including VIVA)

Application.....	\$75
Active or Intern License.....	\$150
Annual License Renewal.....	\$150
NAVLE.....	\$560

Deadlines: at [www.nbvme.org](http://www.nbvme.org) /  
JP Exam Included with app fee; no deadline

**LICENSING:** This is the first step for all veterinary license and intern license applicants.

Complete and submit the application and fee. The Juris Prudence Exam/Regional Disease Test will be sent to you to complete and return. When you pass the JP exam, you will be sent an activation form. **You may not practice in Oregon until you activate your license.** Complete and send in the activation form, along with the \$150 fee. Your license will be issued upon receipt of all necessary documentation. (NOTE: You do not need to activate your license until you plan to actually practice in Oregon. However, if you activate more than one year beyond your application date, you will need to ask that "letters of good standing" be sent to Oregon from states/provinces where you have been licensed, and you must provide proof of one year's active clinic practice, if not submitted with original application.

**Active Veterinary Licenses:** If you have at least one year's documented veterinary clinical experience, you may activate your permanent license. All active licenses expire annually on December 31st. Applications for licenses received after November 1st will be valid through December 31st of the following year.

**Intern Licenses:** New graduates or veterinarians with less than one year's experience must obtain an intern license. This license expires one year after date of issue or less if prior experience is documented. Renewal notices are sent approximately six weeks prior to expiration date, at which time interns may activate their active license or request another intern license if one year's experience has not been acquired. Current veterinary school seniors may submit application materials prior to graduation; however an intern license will not be issued until the Board receives either a dean's letter confirming graduation or a diploma copy.

**Continuing Education:** Active licensees are required to report 30 hours of CE every odd year. The Practice Act lists CE requirements at OAR 875-001-0010. CE reporting requirements also appear on renewal forms.

**Discipline:** The VIVA report includes disciplinary action taken in other states. If you have a disciplinary record in another state, include an explanation letter with your application.

Lic. Fee \$75 – 0250

**Oregon Veterinary Medical Examining Board**  
800 NE Oregon Street Suite 407



Portland, Oregon 97231  
Phone: 971-673-0224 Fax: 971-673-0226

### Veterinary License or Intern License Activation

Name (please print):	Birthdate:
Mailing Address:	Home Phone:
	Business Phone:
Resident Address (if different):	Social Security # (see reverse):
E-Mail Address:	
Veterinary College: Attach copy of diploma or proof of expected graduation from a school official. If you graduated from an unaccredited foreign school, attach a copy of ECFVG or PAVE certification.	
School:	Degree: Year:
<b>National Examinations:</b> Both NBE and CCT or NAVLE are required for Oregon licensure. Waiver of CCT completion may be granted if you meet the requirements listed in the information page. Scores must be reported directly from VIVA. If you took these tests in Oregon, you do not need to request score transfers.	
Date and location of NBE _____ Date and location of NAVLE _____	
<b>B A C K G R O U N D  &amp;  R E F E R E N C E S</b>	<b>If you are not a new graduate, or are a new graduate with some practice experience,</b> list your veterinary employment for the last 5 years. One of the listed employers (or colleagues, if you were self-employed), must complete and submit an experience verification form.
	_____ Employer name & location _____ Dates of Employment _____
	_____ Employer name & location _____ Dates of Employment _____
	_____ Employer name & location _____ Dates of Employment _____
	<b>List all states in which you are or ever have been licensed.</b> Check here if none. <input type="checkbox"/>
	<b>ALL</b> applicants must list three personal references, at least two of which are veterinarians.
	_____ Name, address & occupation
	_____ Name, address & occupation
	_____ Name, address & occupation
	_____ Name, address & occupation

**NOTICE OF REQUIREMENT AND USE OF SOCIAL SECURITY NUMBER**

You are required to provide your Social Security Number (SSN) on this application. THIS IS MANDATORY. Authority for this requirement is ORS 25.785, ORS 305.385, 42USC § (405)(c)(2)(C)(i) and 42 USC § 666(a)(13). Failure to provide your SSN will be a basis to refuse to issue or renew the license. This record of your SSN will be used for child support enforcement and tax administration purposes (including identification) only unless you authorize other uses. Although a number other than your SSN appears on the face of the veterinary license, your SSN will remain on file with the Veterinary Medical Examining Board.

**YOU MUST ANSWER THE FOLLOWING QUESTIONS**

Explain 'yes' answers to questions 1 through 4 and a 'no' answer to question 5 on a separate sheet. Failure to provide explanations or to be truthful may result in denial of licensure". A 'yes' answer does not preclude licensure. The Board will review applications with exceptional circumstances on an individual basis and decide on the facts. If your application is denied, you have the right to a fair hearing to appeal the denial.

- 1. Have you ever been arrested, charged or convicted of a felony or misdemeanor? Yes No
- 2. ~~Have you ever been treated for controlled substance or alcohol abuse?~~ Yes No  
~~Is there any reason that you are unable to safely practice as a veterinarian?~~
- 3. Have you ever had a veterinary or other professional license suspended or revoked, or had other disciplinary action taken against you in any other state or country? Yes No
- 4. Are there any other facts not disclosed by your previous answers which might bear adversely on your eligibility and competence to practice veterinary medicine? Yes No
- 5. Do you agree that if there are other matter(s) which occur hereafter before you receive your license as a veterinarian, which might adversely bear on your eligibility to practice veterinary medicine, such matter(s) will be disclosed by you immediately to the Oregon Veterinary Medical Examining Board? Yes No

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Make \$75 check or money order payable to OVMEB and mail to:

Veterinary Medical Examining Board  
800 NE Oregon St., Ste. 407  
Portland, OR 97232



Sign and date a current photo and attach ← here

**NOTARY PUBLIC:**

In the State of \_\_\_\_\_, County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signed: \_\_\_\_\_ (Seal)

Notary Public for: \_\_\_\_\_

County Commission Expires: \_\_\_\_\_

**PLEASE NOTE:** You may not practice veterinary medicine in Oregon until you have received your license or permit unless you are already licensed in another state and are working in consultation with a licensed Oregon veterinarian for 30 days or less (ORS 686.040(8)). When you have completed the application process, including passing the Juris Prudence exam, a license or permit activation form will be sent to you. You may download forms at our website, www.ovmeb.state.or.us.

**AFFADAVIT OF APPLICANT:** I, \_\_\_\_\_, depose and say that all of the preceding statements are true and correct, that I am the person described and identified above and on all attached documents, and that I will not practice veterinary medicine in Oregon until my license or permit has been issued.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

**Oregon Veterinary Medical Examining Board**

800 N.E. Oregon St., Suite 407  
Portland, Oregon 97232  
Phone: 971-673-0224 Fax: 971-673-0226

## VERIFICATION OF EXPERIENCE

---

**Applicant Name:** (please print)

Applicants for a **permanent active** Oregon veterinary license must have at least one year of experience in another state, province or territory of the U.S. or ~~one year of supervised experience (internship)~~ in Oregon. This must be verified by a licensed veterinarian employer or colleague with knowledge of applicant's experience. Use a separate form (copy this original) for each veterinarian verifying experience. A signed letter with similar statements may be accepted in lieu of this form. Return form with original signature to address above. Form may be faxed if original is mailed.

### Verification

- One year (and/or \_\_\_\_\_ months) of supervised experience in Oregon.
- One year (and/or \_\_\_\_\_ months) of experience as a practicing veterinarian in the state of: \_\_\_\_\_ .

Applicant received this experience by practicing in (check all that apply):

- Private Practice
- Residency in a graduate veterinary program\* of the following accredited veterinary school: .
- Preceptorship or externship in a veterinary program\* of the following accredited veterinary school: .

**Additional comments:** \_\_\_\_\_

I, \_\_\_\_\_, certify that I am a licensed  
(print name)  
veterinarian in the state of \_\_\_\_\_, that I have knowledge that the  
above-named applicant for an Oregon veterinary license has the experience checked  
above, and that the statements herein are true and correct.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Address)

## Oregon Veterinary Medical Examining Board

800 N.E. Oregon St., Suite 407  
Portland, Oregon 97232  
Phone: 971-673-0224 Fax: 971-673-0226

### HOW TO GET YOUR VETERINARY INTERN LICENSE

For Applicants With Less Than 12 Months of Experience

This packet should contain the following forms:

- **Internship Requirements for Applicants and Supervisors**

**PLEASE READ THIS!!** Your supervising veterinarian should read it too.

- **Veterinary Intern Activation**

Fill in all parts that apply. If any information has changed since you applied for your permit, please note it on the form. Be sure to include a check or money order for \$150 with this application. Your intern license will expire one year from the date of issue. You will receive a notice prior to its expiration, but it is your responsibility to ensure that you have a valid license if you will be continuing to practice in Oregon.

- **Verification of Experience**

If you have experience in another state or territory of the US, or have participated in a preceptorship or externship through a Board-approved or an AVMA accredited program, have your employer or advisor sign this form. Practice experience or time spent in preceptorships or externships may be counted toward the one-year internship requirement, e.g., a two-month externship reduces the internship period to 10 months. (If you haven't participated in such a program or don't have other experience, disregard the form.)

- **Intern Supervision Agreement**

The licensed Oregon veterinarian(s) for whom you will be working must sign this form. By so doing, your supervisor agrees to all the terms and conditions of ORS 686.085 and OAR 875-010-0050.

Keep a copy of the completed forms and mail originals, including fee, to:

**OVMEB**  
**800 NE Oregon St., Suite 407**  
**Portland, OR 97232**

Your intern license will be mailed to you when we have received all required forms and documents. Incomplete applications or missing forms will delay the process.

**Call us at 971-673-0224 or email [ovmeh.info@state.or.us](mailto:ovmeh.info@state.or.us) if you have any questions.**

IL Fee \$150  
0251  
Attach payment here

**Oregon Veterinary Medical Examining Board**  
800 NE Oregon Street Suite 407  
Portland, Oregon 97232  
Phone: 971-673-0224 Fax: 971-673-0226

**Intern License Activation**

Name: (please print): \_\_\_\_\_ License No : \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Practice/Business Name \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Owner(s) Name: \_\_\_\_\_ Diplomate Specialty (if any): \_\_\_\_\_  
Practice Type:  Small  Large  Mixed

NOTE: Interns must complete one year of supervised experience to be eligible for an active license. Graduate residency or preceptorship/externship experience may be counted toward the internship period. If you are licensed and have veterinary experience in another state or province, that experience also counts toward the internship period, but you must have that state or province send a certified (Board sealed) "Letter of Good Standing" to the address above. List any states or provinces in which you are now or have ever been licensed to practice veterinary medicine:  None

YOU MUST ANSWER THE FOLLOWING QUESTIONS. Explain "yes" answers on a separate sheet. Failure to provide explanations or to be truthful could result in denial of licensure. A "yes" answer does not preclude licensure. The Board will review applications with exceptional circumstances on an individual basis and decide on the facts presented for each case in terms of the Oregon Veterinary Practice Act. If your application is denied, you have the right to a fair hearing to appeal the Board's decision.

	Yes	No
• Have you ever been convicted of a felony or misdemeanor other than a traffic violation?.....	<input type="checkbox"/>	<input type="checkbox"/>
• <del>Have you ever been treated for controlled substance or alcohol abuse? .....</del> <u>Is there any reason you are unable to safely practice as a veterinarian?</u>	<input type="checkbox"/>	<input type="checkbox"/>
• Have you ever had a veterinary or other professional license suspended or revoked, or been issued other disciplinary action in any other state or country? .....	<input type="checkbox"/>	<input type="checkbox"/>
• Are there any other facts not disclosed by your previous answers which might bear adversely on your eligibility and competence to practice veterinary medicine? .....	<input type="checkbox"/>	<input type="checkbox"/>
• Do you agree that, if there are other matter(s) that occur hereafter, before you receive your license as a veterinarian, which might adversely bear on your eligibility to practice veterinary medicine, such matter(s) will be disclosed by you immediately to the Oregon Veterinary Medical Examining Board? .....	<input type="checkbox"/>	<input type="checkbox"/>

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*I certify that the statements herein are true and correct.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Oregon Veterinary Medical Examining Board**

800 N.E. Oregon St., Suite 407

Portland, Oregon 97232

Phone: 971-673-0224 Fax: 971-673-0226

**VERIFICATION OF EXPERIENCE —Intern**

**NOTE: If you do not have prior veterinary practice experience or did not participate in an externship or preceptorship, do not include this form with your application.**

**Applicant Name:** \_\_\_\_\_  
(please print)

Applicants for an Oregon veterinary intern permit may count experience gained in another state or through graduate residency or preceptorship/externship at an accredited veterinary college toward the one-year internship requirement. Experience must be verified by a licensed veterinarian employer or colleague with knowledge of applicant's work. Use a separate form (copy this original) for each veterinarian verifying experience. A signed letter with similar statements may be accepted in lieu of this form. Return form with original signature to address above. Form may be faxed if original is mailed.

**Verification:**

\_\_\_\_\_ months of experience as a practicing veterinarian in the state of \_\_\_\_\_  
(Only U.S. or U.S. territory experience qualifies.)

**Applicant received this experience by practicing in (check all that apply):**

Private Practice

Residency in a graduate veterinary program\* of the following accredited veterinary school:  
School Name: \_\_\_\_\_

Preceptorship or externship in a veterinary program\* of the following accredited veterinary school:  
School Name: \_\_\_\_\_

=====  
I, \_\_\_\_\_, certify that I am a licensed veterinarian in the state of \_\_\_\_\_  
(print name)

\_\_\_\_\_, that I have knowledge that the above-named applicant for an Oregon veterinary license has the experience checked above, and that the statements herein are true and correct.



\_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Address, City, State, Zip)

**Oregon Veterinary Medical Examining Board**

800 N.E. Oregon St., Suite 407

Portland, Oregon 97232

Phone: 971-673-0224 Fax: 971-673-0226

**INTERN SUPERVISION AGREEMENT**

=====

**Applicant Name:** \_\_\_\_\_  
(please print)

New graduates or applicants with less than one year of clinical experience must complete an internship under the supervision of a licensed Oregon veterinarian. If applicants have some licensed experience in another state or U.S. territory, or through a graduate residency or preceptorship/externship program, their employer or advisor must sign the "Verification of Experience" form. Prior experience may reduce the term of internship. The intern license will expire one year from the date of issue.

Internship may be satisfied by: practicing in Oregon under the supervision of an Oregon-licensed veterinarian; engaging in educational, regulatory or research work under the supervision of an Oregon-licensed veterinarian; or engaging in livestock sanitary control while in the employ of the state, the federal government, or a municipality of Oregon.

=====

I, \_\_\_\_\_, certify that I am a licensed Oregon veterinarian,  
(print name)  
license number \_\_\_\_\_, and that I agree to supervise the above- named applicant for an internship during the next year (or \_\_\_\_\_ months), beginning approximately \_\_\_\_\_.

I have read the "Standards For Supervision of Veterinary Interns" and understand that direct supervision of the applicant means that I may not be absent from supervision for more than 14 consecutive days, or more than 21 total days in a six month period (exclusive of weekends), and that I may not conduct the supervision from a separate site. If employment of the applicant ceases for any reason, I agree to immediately notify the Veterinary Medical Examining Board of the termination date.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Business Phone: \_\_\_\_\_

## Oregon Veterinary Medical Examining Board

800 N.E. Oregon St., Suite 407  
Portland, Oregon 97232  
Phone: 971-673-0224 Fax: 971-673-0226

### INTERNSHIP REQUIREMENTS For Interns & Supervisors

=====

1. The one-year internship is equivalent to 52 full-time work weeks, including holidays and weekends. The supervising veterinarian must have a current active Oregon license in good standing. If the intern is supervised by multiple veterinarians, each must sign an intern supervision form.
2. Supervision during internship requires that the supervising veterinarian exercise best professional judgment to determine the degree of supervision necessary. See Standard For Supervision of a Veterinary Intern (below) for guidelines. At no time may the supervisor be absent from the clinic for more than 14 consecutive days or more than 21 total days during any 6-month period of the total one year; or conduct the supervision from a separate or satellite clinic. The intern may make field visits, if the supervisor has determined that the intern is competent to handle procedures independently and provided the intern is able to communicate with the supervisor for assistance.
3. An applicant may perform only veterinary technician duties until receiving the intern license, regardless of hire date. The supervising licensed veterinarian may be subject to discipline if the applicant is practicing veterinary medicine prior to issuance of the intern license. An applicant hired prior to graduation from veterinary school who subsequently does not graduate may not work as an intern until graduation requirements have been met.
4. The intern license is effective on the date issued and valid for one year from that date. Four to six weeks prior to expiration, the intern will receive an application for a permanent license and a verification of experience form for the supervisor to complete. Interns may not legally practice veterinary medicine in Oregon after the intern license expires unless they have obtained a license.
5. If the intern does not complete 12 months with the same supervisor, within 30 days the Board must be notified of end of employment and re-employment dates so that the internship can be calculated accurately. A supervision agreement must be completed by the new supervisor(s) and provided to the Board to ensure a record of continuous supervision. If the intern does not obtain 12 months of experience in a year, a second intern license may be requested.

#### STANDARD FOR SUPERVISION OF VETERINARY INTERNS ORS 686.085, OAR 875-010-0050

The purpose of requiring supervision of an Intern is to help prepare the new graduate veterinarian for competent, independent practice by providing him/her with sufficient experience in medical and office practice procedures. Direct supervision means the Intern performs procedures in the immediate presence and at the direction of the supervisor. The internship shall commence with a period during which the supervising veterinarian directly supervises each and every procedure conducted by the Intern. The supervising veterinarian shall continue to directly supervise procedures conducted by Intern until such time as the supervising veterinarian can reasonably determine that Intern has sufficient training and experience to competently conduct a particular procedure, or class of procedures, independently. Once this determination is made, supervising veterinarian need not continue to directly supervise that procedure or class of procedures, but shall reasonably monitor results thereof.

The supervising veterinarian shall make competency determinations on a procedure-by-procedure, or class of procedures, basis. The Board recommends that supervising veterinarians maintain a written record of such competency determinations. The supervising veterinarian shall continue to directly supervise all procedures performed by the intern for which the supervising veterinarian has not yet made competency determinations.



**OREGON VETERINARY MEDICAL EXAMINING BOARD  
VETERINARY LICENSE RENEWAL APPLICATION**

• Sign, date and return this application with payment. Completion of all sections is required. Make corrections or additions as needed. Your signature on this document attests that you have personally completed the application. If you have questions, contact us at 971-673-0224 or [ovmeb.info@oregon.gov](mailto:ovmeb.info@oregon.gov)

Fees have been Waived for 2021 License renewal.  
Return completed form to:

OVEMB  
800 NE Oregon St., Ste. 407  
Portland, Oregon 97232



**VETERINARIANS MUST REPORT 30 HOURS OF CE TO RENEW FOR 2021.** (See next page.)

✓	Renewal \$	<u>WAIVED</u> \$150 (0253)
	Late Fee	_____
\$		_____ (0254)
<b>Total enclosed \$</b>		_____

**LICENSE NO.** \_\_\_\_\_ **Check below *only* if you are changing your current license status.**

Send mail to:

Home     Business

- Active (Veterinarian) —Will practice in Oregon more than 30 days in 2021
- Inactive—Will not practice in Oregon in 2021. (Inactive license fee is waived)
- Lapsed—Will not practice in Oregon in 2021. Not renewing veterinary license.

**NAME**

Last \_\_\_\_\_ First \_\_\_\_\_ Mid. Init. \_\_\_\_\_

**CONTACT INFORMATION - BOARD ONLY** You may deny public access to your private, confidential information. Shall the Board to restrict this information from disclosure to the public? Yes  No

Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

I am doing relief work only at this time. I understand all licensees must notify the Board within 30 days of a change of home or work address and telephone number.

**FACILITY INFORMATION** PRACTICE TYPE:  Small Animal  Large Animal  Mixed

Corporation Name \_\_\_\_\_  
Practice Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_  
Co-Owner/Business Partner(s) \_\_\_\_\_

**Are you the practice owner/co-owner?** No  Yes  If you own or hold an interest in one or more veterinary practices in Oregon, you must complete and return the Veterinary Practice Ownership Information page.

## Continuing Education

■ CE requirements may be viewed online at [www.oregon.gov/ovmweb](http://www.oregon.gov/ovmweb). Click on Veterinary Practice Act and scroll down to Division 10, Licenses and Permits. If you have not completed CE by the deadline, renew anyway to avoid late fees, and indicate in the box at right when and how you will complete CE by March 31, 2021.

**You must report one hour of CE in appropriate antibiotic use and one hour of CE in analgesia/ anesthesia methods. Suggested resources:**

<http://amrls.cvm.msu.edu/>

[www.vasq.org](http://www.vasq.org)

<https://go.usa.gov/xPqdh>.

**Additional relevant CE is on the website:**

[www.oregon.gov/ovmweb](http://www.oregon.gov/ovmweb)

## Deadlines and Late Fees

■ Renewal forms must be received or completed online by December 31st. Late or incomplete renewal forms are subject to fees (below).

### Received/Postmarked Add Late Fee

January 1-31.....	\$-0-
February 1-28.....	\$100.00
March 1-31.....	\$150.00

## Continuing Education Credits

*Fill in the name or title, location, and total number of CE credit hours earned in year 2019 and/or 2020. A minimum of 30 hours must be reported. If you completed your internship in 2019 or 2020, you do not need to report CE.*

Description of CE (Use additional sheets if necessary)	Number of Hours
<b>Total CE Credits Earned 2020-2021:</b>	

## The Following Questions Must Be Answered

Explain 'yes' answers separately. Questions relate to your Oregon veterinary license and any other professional licenses you hold. Untruthful responses or omissions may result in denial of license renewal or disciplinary action.

Check here if you previously reported matters which occurred prior to 2020 relative to the questions below.

If a matter relative to these questions occurred prior to 2020, and you have not already reported it, do so now, including an explanation of why the matter was not reported.

### During Calendar year 2020:

- |  |  |
|--|--|
| <input type="checkbox"/> Were you arrested, charged with or convicted of a felony or misdemeanor?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> <del>Were you treated for controlled substance or alcohol abuse?</del>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> <u>Is there any reason you are unable to safely practice veterinary medicine?</u>   |  |
| <input type="checkbox"/> Was your veterinary license or other professional license suspended, revoked or otherwise disciplined?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Are there any other facts not disclosed by your previous answers that might bear adversely on your competence or eligibility for a license to practice veterinary medicine? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## The veterinarian must sign and date this application.

*I certify that the information given herein is true, correct and complete.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**OREGON VETERINARY MEDICAL EXAMINING BOARD  
2021 VETERINARY PRACTICE OWNERSHIP INFORMATION**

See OAR 875-015-0005 for authority and details.

**Provide the following information for each veterinary facility/practice in Oregon that you own or co-own, or in which you have any ownership interest. Attach additional copies if needed.**

Sole proprietor     Partnership     Corporation or LLC     Other \_\_\_\_\_

Business Name \_\_\_\_\_

Facility Name (if different) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**Co-owner/Business Partner(s)**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sole proprietor     Partnership     Corporation or LLC     Other \_\_\_\_\_

Business Name \_\_\_\_\_

Facility Name (if different) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**Co-owner/Business Partner(s)**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Application to Activate A Lapsed Veterinary License

Name (please print clearly):	Oregon Veterinary License Number:
Residence Address:	Phone: Fax: E-Mail:
Practice Name and Address (If different from above):	Phone: Fax: E-Mail:

**Employment activity since your Oregon license was last active (use additional sheets if necessary).**

Employer name & Location	Dates of Employment
Employer name & Location	Dates of Employment
Employer name & Location	Dates of Employment
Employer name & Location	Dates of Employment

**Continuing Education:** List CE activities completed since your Oregon license was last active. (You must have obtained at least 30 hours of CE within the last two years. Use additional sheets if necessary.)

CE Program	Date of Completion
CE Program	Date of Completion
CE Program	Date of Completion
CE Program	Date of Completion

Other State Veterinary Licenses: Check here if none

**You must request a status report from each state in which you are or ever have been licensed.**

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**YOU MUST ANSWER THE FOLLOWING QUESTIONS** (Explain 'yes' answers on a separate sheet.)

- ▶ Have you ever been arrested, charged or convicted of a felony or misdemeanor other than a traffic violation? Yes No
- ▶ ~~Have you ever been treated for controlled substance or alcohol abuse?~~ Yes No
- ▶ Is there any reason that you are unable to safely practice as a veterinarian? Yes No
- ▶ Have you ever had a veterinary or other professional license suspended or revoked, or been issued other disciplinary action in any other state or country? Yes No
- ▶ Are there any other facts not disclosed by your previous answers which might bear adversely on your eligibility and competence to practice veterinary medicine? Yes No
- ▶ Do you agree that if there are other matter(s) which occur hereafter before you receive your reactivated license as a veterinarian, which might adversely bear on your eligibility to practice veterinary medicine, such matter(s) will be disclosed by you immediately to the Oregon Veterinary Medical Examining Board? Yes No

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Make \$250 check or money order payable to  
OVMEB and mail to:

Oregon Veterinary Medical Examining Board  
800 NE Oregon St., Ste. 407  
Portland, OR 97232

Once this application is approved, you will receive a license that expires December 31<sup>st</sup> of the current calendar year. If this application is received by the Board office between November 1<sup>st</sup> and December 31<sup>st</sup>, your license will expire at the end of the next calendar year. License renewals are mailed before November of each year. 30 hours of CE must be completed prior to December 31<sup>st</sup> of each odd-numbered calendar year.

***I certify that all statements herein are true and correct.***

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

Office Located at 800 NE Oregon St., Suite 407  
Phone: 971-673-0224  
Fax: 971-673-0226  
E-Mail: [ovmeb.info@state.or.us](mailto:ovmeb.info@state.or.us)  
Web: [www.oregon.gov/ovmeb](http://www.oregon.gov/ovmeb)