

OVMEB BOARD MEETING PUBLIC SESSION	October 26-27, 2023,	8:30 AM
	Portland State Office Building 800 NE Oregon Street, Conf Rm 1E Portland Oregon, 97232	
	Phone 971-673-0224 Fax 971-673-0226	
Board Chair: Emilio DeBess, DVM, MPH		

October 26-27, 2023, 8:30 AM

Convene Public Session

1. CALL TO ORDER

Public Session is scheduled to start at 8:30AM and will continue until the end of business. Executive Session (closed to the public) will follow, continuing until the end of business. The Board expects to come out of Executive Session and into Public Session for the purpose of voting on the cases discussed during Executive Session and other applicable Board business.

2. ROLL CALL

3. OVMEB BOARD CHAIR’S COMMENTS

a. Welcome comments from Emilio DeBess, OVMEB Board Chair

4. 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.)

5. CONSENTAGENDA

- a. Today’s Agenda**
- b. September 22, 2023- Public Board Meeting Minutes**

6. STATE VETERINARIAN UPDATE – Dr. Ryan Scholz, DVM, MPH

7. EXECUTIVE DIRECTOR REPORT – Pete Burns

8. MEETING DATES FOR 2024 – Pete Burns

9. DISCUSSION AND ACTION ITEMS

- a. Board Administration/Procedures/Practice Policies**
 - i. Strategic Planning – Pete Burns**
 - ii. Animal Massage – Pete Burns and Joanna Tucker-Davis, AAG**
 - iii. CVT Applicants – Brooke**
 - iv. CET Training Course at Univ. of Florida – Dr. Terry G. Spencer**
 - v. CET Rules Review – Allison Lamb, DVM & Joanna Tucker Davis, AAG**
 - Two licensing case studies for Board input

10. RECOGNITION OF SERVICE – Pete Burns & Allison Lamb, DVM

11. EXECUTIVE SESSION: The Oregon Veterinary Medical Examining Board will enter into executive session for the following purposes: 1. To consider information obtained as part of an investigation into the conduct of licensees and applicants, in accordance with ORS 192.660(2)(L) 2. To consider legal advice from the AAG, in accordance with ORS 192.660(2)(f). 3. To consider investigatory information and reports under ORS 676.165, in accordance with ORS 192.660(2)(f) (4) To review transcripts or other confidential application documents, under ORS 192.660(2)(f). 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.

12. IN THE MATTERS OF (following ExecutiveSession)

2. Consent Agenda

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12. IN THE MATTERS OF (following ExecutiveSession)

OVMEB BOARD MEETING PUBLIC SESSION	September 22, 2023,	8:30 AM
	Zoom Conference: https://us06web.zoom.us/j/81043154192?pwd=TCs1TEI3TXhwc2NFUGZ	
	Meeting ID: 810 4315 4192 Passcode: v7KYvB	
Board President: Emilio DeBess, DVM, MPH Phone 971-673-0224 Fax 971-673-0226		

Board member Attendees:	Staff Attendees:
Emilio DeBess, DVM, MPH, President	Peter Burns, Executive Director
Karen Pate, Public Member	Bertina Balajadia, Investigator
Allison Lamb, DVM	Janine Holland, Investigator
Natalie Mair-Williamson, CVT	Brooke Walker, Licensing Administrator
Brett, Hamilton, DVM	Joanna Tucker-Davis, AAG
Public Attendees: Kyle Palmer, Brian Wadyka, Perla Alvarez, Glenn Knob	

Friday, September 22nd, 2023,

8:31AM Public Session Convene

Public Session

1. **PUBLIC COMMENTS** – Perla Alvarez introduced herself to the Board. She was denied for CVT license, but her application is being back to the October Board Meeting. She took the alternate route in California. Graduated and sat for the VTNE. She has over 10 years’ experience in the field. Kyle Palmer: Recognizes that no decision can be made today but would like the Board to reconsider Perla’s application next month. He is a hospital administrator and speaking on Perla’s behalf. In reviewing last meeting’s minutes, the Board approved a similar application. She has great experience in the field. He spoke about her role at VCA in the ER and urgent care.
2. **CONSENT AGENDA** –
 - a. **Today’s Agenda** – Adopted.
 - b. **September 22, 2023- Public Board Meeting Minutes-** Adopted as amended.
3. **Board Officers Nominations and Vote – Effective October 30, 2023,** Action

Opening October 30, 2023, Board Chair position. Emilio asked if anyone would like to nominate anyone. Allison Lamb would like to be the next chair. Glenn Taylor, who recently passed away reached out and said he wanted to nominate Allison. Emilio made a motion to elect Dr. Allison Lamb as the next chair effective October 30, 2023.

8. EXECUTIVE SESSION-

Moved to Executive Session 8:49 AM

Moved back to Public Session 10:13 AM

9. IN THE MATTERS OF (following Executive Session)

Applications

2023-0129 Emilio move to issue a license. Lamb second. All in favor. Motion Passed.

2023-0130 Emilio move to issue settlement agreement for 3 inspections and CE within the first 3 months. Hamilton second. All in favor. Motion passed.

2021-0013 Emilio move to reject settlement offer. Lamb second. All in favor. Motion passed.
Civil penalty of \$750.00.

Close the following cases:

2023-0064

2023-0099

2023-0092

Emilio moved. Lamb second. All in favor. Motion passed.

Emilio moves to:

2022-0027: Emilio moves Civil penalty of 750. Hamilton second. All in favor. Motion passed.

2022-0026: Emilio moves to close. Natalie second. All in favor. Motion passed.

2022-0019: Emilio moves to close. Natalie second. All in favor. Motion passed.

2022-0024: Emilio moves to close. Lamb second. All in favor. Motion passed.

2022-0099: Emilio moves to close. Hamilton second. All in favor. Motion passed.

2022-0021: Emilio moves to close. Karen second. All in favor. Motion passed.

Pete: Question in chat. Hi, Dr. Hua practicing in Central Oregon. I had a quick question about what the status of CBD in veterinary patients is. What are veterinarians allowed to do and what are we not allowed to do? Thank you.

Pete: Is this something we could discuss quickly now?

Joanna: Public comment is over. We can note this for a future agenda since it wasn't noted in the agenda for this meeting.

Pete will reach out to talk to him about this.

Emilio: Any other comments?

Pete: Yes, I wanted everyone to know that next week Dr. Lamb, Ragan and I will be at the AAVSB Conference. We will get trends around the country. Please submit anything you would like to get information on. Will report back after meeting. Reminder that the October meeting will be in person at the PSOB building. It is an extremely jammed packed agenda already.

9. IN THE MATTER OF (Following Executive Session)

Adjourn meeting: 10:22 AM

Prepared by Brooke Walker; Licensing Administrator 10/03/2023.

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.

7. EXECUTIVE DIRECTOR & AAG

Executive Director Report October 2023 Board Meeting

To: Oregon Veterinary Medical Examining Board
From: Peter J. Burns, Executive Director

Board Meeting Details: October 26-27, 2023

2023-24 Budget

As of the end of August 2023, OVMEB has an ending cash balance of \$ 844,551.02 which translates to 16.97 months of available cash. OVMEB Director will continue to meet monthly with DAS – Shared Financial Services. We will coordinate on producing a full quarterly budget report that will be sent to the Board as part of the Executive Director’s Report.

2023 Revised Board Meeting Dates

April 7; June 29-30; August 18; October 26-27; December 1

You will receive a calendar survey between now and the Dec. 1, 2023 Board Meeting. Please submit dates that will work for you for 2024 calendar year. We will select dates at the December Board Meeting.

Outreach Updates:

August 9: OVMEB Board Chair and Director participated in inspection training and tour of Tannasborne Veterinary Emergency facility in Beaverton, Oregon.

September 27-30: OVMEB Board Members Allison Lamb, DVM and Ragan Borzcik, DVM along with OVMEB Director Pete Burns attended the AAVSB Annual Conference in Kansas City, MO. Our notes have been compiled. These reflect trends, challenges and opportunities throughout North America. These notes and our takeaways and priorities will be added to the documents collected as part of our strategic planning process.

December 6: OVMEB will attend the Tribal-State Government to Government Summit at Seven Feathers Resort in Canyonville, Oregon. The Summit will be generously co-hosted by the Cow Creek Band of Umpqua Tribe of Indians. I feel this could be an excellent opportunity for partnership and outreach, particularly in terms of coordinating between OSU/PCC and our tribal partners, focusing on student outreach.

Board Member Appointment Update:

On September 29, 2023, three new Board Members were confirmed by the Oregon State Senate. Dr. Katy Wallace will serve in one of our dedicated veterinary seats. Brian Wadyka will serve in one of our dedicated public member seats. Dr. Max Rinaldi will begin his term in November and fill in a dedicated veterinarian seat. I am pleased to report that OVMEB has a

full slate of Board Member for the first time in many years.

Board Member Onboarding:

DAS – HR support Sherry Lauer will coordinate with Executive Director and incoming Board Chair, Allison Lamb, DVM to provide onboarding information to be introduced at the December meeting and continued at the February meeting. This will provide updated statewide enterprise information and establish a foundation for all members regardless of how long they have been on the Board. Please standby for more information on this. Also, I will be sending out additional information on our required training the Workday system.

Welcome to our newest Board Members:

This meeting marks the first time in years that OVMEB has a full slate of Board Members. I would like to welcome our two newest Board Members:

Katy Wallace, DVM: Lifetime Oregonian, who obtained her degrees from Oregon State University. Active in outdoor activities from 4-H and livestock judging to working in horse facilities and the sheep barns at Oregon State. An active veterinarian in Oregon since 2006 with unique experience as a mixed animal veterinarian, seeing food animals, small animals and equine. A passion for rural veterinary practice and its sustainability in the changing face of veterinary medicine. District 1 representative for the OVMA for approximately 7 years, guiding recommendations and legislation affecting Oregon veterinarians. Based in Burns, OR.

Brian Wadyka, Public Member: As a pharmacist, Brian is responsible for keeping humans and animals healthy. Brian feels a pharmacist on the OVMEB would be a great way to bridge the gap between two health professions that are dedicated to the same goal: healthy animal patients. Brian is based in Gresham, OR.

9. Discussion and Action Items

Oregon Veterinary Medical Examining Board

Strategic Planning Session – October 27-28, 2023

Board Member Input and Next Steps:

The Board has provided several ideas to consider for areas of focus on our agency’s strategic plan. The Board may elect to form a workgroup to review and identify 3-5 strategic priority areas. The Board may direct staff to work with individual Board Members to establish these priorities and report that back to the full Board in December. Below is a list of compiled responses. The second section is a list of ideas broken out by steps to take internally (OVMEB) and externally (public and partners). The final section here includes notes from AAVSB Conference which could be factored into Strategic Planning and setting priorities. This provides some useful feedback for Board Members to consider as we work together to identify our main priorities for the short and long term.

<p>Strengths</p> <p>Engaged and motivated leadership</p> <p>Functionality of ipads for board business – very smooth process</p> <p>Dedicated and committed full Board</p> <p>Consistent legal advisory with good knowledge of prior precedence</p> <p>Diverse board members</p> <p>Strong partnerships with Associations and other groups</p>	<p>Opportunities</p> <p>Routine/mandatory training schedule for board members</p> <p>Continued utilization of technology for public facing communication and board business</p> <p>Community & student engagement – we are not scary, “how to” apply, increase board meeting attendance and engagement, etc.</p> <p>Meet more in Person – promotes discourse/exchange</p> <p>Deep conversations and better analysis</p> <p>Actual percentage of cases that result in revocation, suspension very low. Even cases resulting in any action is low. We should communicate this better. A case rarely means action.</p> <p>Evaluate efficiencies of case management and for licensing</p> <p>Education opportunities to licensees</p> <p>Website development</p> <p>Could better communicate process and purpose of complaints on our website (example: Med Board)</p>
<p>Weaknesses</p> <p>CVT trends nationally seem aimed at increased title protection but our board is restricted in our ability to accomplish/enforce this</p> <p>Consider changing OARs if need be to better align public and animal safety with consideration with supporting veterinary professionals. Consider the definition of “gross negligence”. Past cases have</p>	<p>Threats</p> <p>National discussions around a 3rd (mid-level) veterinary practitioner for which our PA has no legal oversight.</p> <p>Profession shortages causing increased public dissatisfaction</p>

<p>protected veterinarians from potentially appropriate action.</p> <p>Board members may be overwhelmed with information in reports. Consider ways to streamline complex info in reports. More efficient review for Board Members.</p> <p>Newer/new staff Newer/new board members</p> <p>Current trends in DVM profession to maintain volunteer board members (DVMs/CVTs)</p> <p>Limitations or need for improvement in database/tech</p> <p>Uncertainties/inexperience with how routine operations of the board work</p> <p>Insufficient rules/Confusing rules</p>	<p>Increase in case number/difficulties sorting public profession dissatisfaction and true board relevant cases.</p> <p>Substance abuse causing safety concerns within the profession</p> <p>Maintaining rules to satisfy public safety without micromanaging professional standards</p> <p>Lack of authority over unlicensed practice</p>
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Strategic Planning Options Moving Forward

<i>Board members (internal)</i>	<i>OVMEB (external)</i>
Meet more in Person – promotes discourse/exchange	Could better communicate process and purpose of complaints on our website (example: Med Board)
Better onboarding for new board members	Actual percentage of cases that result in revocation, suspension very low. Even cases resulting in any action is low. We should communicate this better. A case rarely means action.
Consider ways to streamline complex info in reports. More efficient review for Board Members.	Community & student engagement – we are not scary, “how to” apply, increase board meeting attendance and engagement, etc.
Limit medical records to the visit of concerns (complaint) and one previous visit to eliminate multiple pages of non-applicable information	Continued utilization of technology for public facing communication and board business
Shorter but more frequent (monthly?) executive board meeting to get through the backlog of cases	Consider expanding the definition of “gross negligence”. Past cases have protected veterinarians from potentially appropriate action.
Streamline (require) the use of the One-pager from board members on their decisions	Following on the mission of the OVMEB to protect the public – simplify language used in the rules for the public to understand
	Rules: Allow CVTs to conduct wellness exams and vaccines, unless there is a health problem
	Rules: Require xrays to be taken for dental extraction (expect incisors)
	Visit communities throughout the state and provide informational presentation for CE credit
	Improve on licensing portal to minimize complaints (use a focus group to help redevelop a site that is easier to navigate)

Takeaways/priorities from AAVSB Conference

Pete's Notes

TITLE PROTECTION for CVT:

- CVT Title Protection Lite: Alabama has a letter that spells out the difference between CVT and other credentials. A kind of unofficial title recognition if not title protection. Review this letter.
 - o Ragan has AL newsletter for review with copy of letter.
 - o Pete will get copy to all

RECRUITMENT / DIVERSIFICATION:

- Review CVMA Diversity Strategic Plan: Building pipeline programs and recruitment at middle school level
- NC Assoc of minority Veterinarians – NCAMV.com Scholarships, recruitment funds.
- Ragan's program is predominantly white, Caucasian women. Look at our Board demographics and if we are representing veterinary demographically from around the state
- AVMA members can run through a module.
 - o NCBI prejudice training / State prejudice training

CANNABIS:

- CVMA has an information page on their site about cannabis/cbd/hemp products in veterinary medicine. CVMA supports AB 2215 a bill that prohibits Board from disciplining license for discussing use of cannabis. Bill also prohibits licensees from dispensing or administering cannabis products on animals
- Ragan feels many calls about this topic. Agency could do more to provide guidance.
 - o Talk about it as a group – how many calls, what are we saying, how can we message this out appropriately with a focus on supporting licensees. This is a sweet spot where public safety and supporting licensees are in line

OUTREACH:

- AAVSB Student Outreach Committee – good opportunity to network with OSU and PCC, Ragan involved?
 - o Ragan considering and feels this would be a good fit. Will turn in vol form today.
- Network with Melissa Green in WA; Jennier Pedigo in NV and CA counterpart
- What does OR have in terms of active scholarships and recruiting initiatives? Especially regarding OR Tribes
- Develop Agency Vision Statement / Review and update Mission Statement

VCPR:

- Review "USDA Feed Directive" re to VCPR

LICENSING:

- Review old application policy – establish a timeline to deactivate incomplete applications.
 - o Dale Akinson suggests to deny a license, denial note it and move.
 - o Licensees would have to reapply – one year/6months/90 days
- Track how many cases, cases with action, suspension, revocation. Cases with actual action will be very low. Tie this in with student outreach.

BOARD MEMBERS:

- Explore state emails for board members – has been cost prohibitive in the past.
- ED and Bd Chair/Board DVM review notices orders together with AAG guidance. ED for agency. DVM for technical oversight.

COMPLIANCE:

- Consider more proactive substance abuse mitigation programs.
- Update website to help guide complaints – what do we typically investigate? Define what is not our jurisdiction and refer out where applicable.
- Avoid FAQs, use policy driven statements instead.

RAGAN'S NOTES

- Interest in vet student and cvt student liaison member. Involve students.
- Offering CE for bd mtg attendance and participation – encourage community to engage
- Website, where minutes posted, total registered vets and vet techs. Good to start meetings with licensees numbers, compliance numbers, complaints, cases, etc.
- Review Jurisprudence exam – is this robust, fair. Presented as a bad copy. Need to consider the perspectives on this. What is the integrity of this exam? Online exam, rotating questions.
- Licensure – nursing licenses, compact licensure. Explore options for compact btwn WA/OR/CA

ALLISON'S NOTES

- Full support of Ragan's student liaison committee with AAVSB
- Supports incorporating DEI
- Supports Student Liaison concept
- Advise to be cautious about OVMEB taking a leading role in CVT title protection.
 - o Perhaps let Association take lead, OVMEB take a neutral stance
- Supports diversity and prejudice training.
- Supports developing Cannabis position statement and getting this out to board members.
- VCPR – supports workgroup.
- Agree with licensing, have employees definitive timelines to deny or deactivate application.
 - o Get AAG advice
- Supports more data/statistics on apps coming in, type, completion rates, cases, etc .
- Supports, safe haven/substance abuse mitigation options. Self reporting questions, stigma reduction, etc. Involve AAG about what we can or cannot do for licensees and unlicensed individuals.
- Supports position/policy statements over FAQs.
- Supports more info on the website.
- Agency can be clearer on rules and application of those
- Advocates utilizing Board Members for specific topics/projects/committees/research, applying their skills. I.e. Karen is an excellent proofreader. Could help review rules etc. and improve the website.
- Like to see new members go to Board Basics and more participations in AAVSB Conference
- Get more efficiency with Cases
- Support VAULT participation
- Inviting the Governor and higher ups to meetings and sending meeting minutes. We invite our designated Gov's Liaison and DAS support personnel. They usually can not attend, but appreciate the invite and would very likely be there if we ever directly requested.

MASSAGE & ANIMALS FAQ

The Board has received questions from graduates of programs that give certificates in animal massage about what they may and may not do in Oregon. Below are the Board's positions on these questions. Please know that the Board cannot give people individualized legal advice.

What can I do and not do with animal massage certificate?

In Oregon, unless you are licensed from the Board as a veterinarian, or you fit into one of the exceptions to licensure in ORS 686.040 [include link], you cannot practice veterinary medicine or represent that you practice veterinary medicine. ORS 686.030 [include link] provides the definition of the practice of veterinary medicine, which includes diagnosing and treating animal medical problems. A person who unlawfully practices veterinary medicine can be subject to up to a \$5,000 fine, see ORS 686.020 [include link] and ORS 686.992 [include link]. A person who is not licensed as veterinarian and is not subject to an exception to licensure could be fined for up to \$5,000 for providing animal massages to treat animal medical problems.

Examples of persons who would not be practicing veterinary medicine are:

- A person who is offering animal massage only for the purpose of relaxation for a healthy animal;
- A person who is offering massage as part of grooming an animal.

A person offering or providing services like these will need to be careful that they do not cross the line into treating animal medical problems. If the person is not treating animal medical problem through massage, they likely do not need a license from the Board.

What if I have a license in human massage therapy from Oregon State Board of Massage Therapists?

There is an exception to the licensure to practice veterinary medicine for licensed human health care practitioners who are acting on a referral from a human veterinarian:

A practitioner of allied health methods may practice that method on animals without violating ORS 686.020 (1)(a), as long as the practice is in conformance with laws and rules governing the practitioner's practice and the practice is upon referral from a licensed veterinarian for treatment or therapy specified by the veterinarian.

ORS 686.040(4). A licensed Massage Therapist, so long as this statute's requirements are met, would not be practicing veterinary medicine without a license when acting on a referral from a veterinarian and only providing massage as a treatment to the animal.

What if I am a licensed veterinarian referring to other health care practitioners?


The Board expects that referring veterinarians will ensure that the referral is appropriate, to someone who is licensed in their field and competent to practice the health method on animals. Below we list information for allied health methods in which veterinarians often refer animals for specialized care. This does not include every type of possible referral and veterinarians should do their own research into licensure and competence before making a referral.

For massage, that would mean the referral should be to a person licensed with the Oregon State Board of Massage Therapists [insert link to Board's website] and competent to provide massage as a treatment or therapy to animals.

For chiropractic care, the veterinarian should ensure the Chiropractic Doctor is licensed with the Oregon Board of Chiropractic Examiners [insert link] and competent to provide the care. ORS 684.025(3), which governs Chiropractic Doctors provides that Chiropractic doctors are not prohibited "from accepting a referral from a practitioner licensed under ORS chapter 686. The care rendered as a result of the referral must be in writing and in accordance with ORS 686.040 (4) and only as prescribed and diagnosed by a licensee under ORS chapter 686. The applicable standard of care is established under ORS chapter 686."

For physical therapy, the veterinarian should ensure the referral is to a Physical Therapist licensed by the Oregon Board of Physical Therapy [insert link] and competent to provide the care. OAR 848-040-0117 provides: "A physical therapist may provide physical therapy treatment to an animal under a referral from a veterinarian licensed under ORS Chapter 686. The referral must be in writing and specify the treatment or therapy to be provided pursuant to 686.040(4). The standard of care and documentation for physical therapy care to an animal shall be as provided for veterinarians under ORS Chapter 686."

DRAFT



5 October 2023

Ms. Brooke A Walker

Licensing Administrator

Oregon Veterinary Medical Examining Board

800 NE Oregon St. Suite 407

Portland, Oregon 97232

Dear Ms. Walker:

I am writing to you and the Oregon Veterinary Medical Examining Board to formally request, in writing, my desire to sit for the Veterinary Technician National Examination (VTNE). I make this request based off of my formal education and experience.

With regards to my education, I'm a 2018 graduate from The University of Georgia with a Bachelor of Science degree in Agriculture – Animal Science. Of the 120 semester units required for my degree, 64 units were derived from courses in Sciences, Animal Science, or my Area of Emphasis. I have provided a list of classes I've taken, in an earlier email to the Board (September 9, 2023 to Brooke Walker).

On its website (<https://www.caes.uga.edu/students/undergraduate-programs/majors/animal-science.html>), The University of Georgia highlights "Veterinary Technician" as one of the jobs a graduate might get with an Animal Science degree.

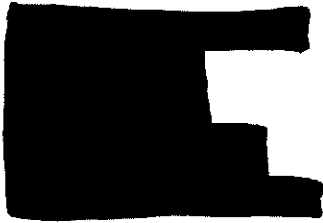
In addition to the classroom studies, I was a 2-semester intern at Bear Hollow Zoo (Athens, Georgia), and a volunteer at Bear Hollow after my internship ended. Furthermore, I was a 3-year member of UGA's Large Animal Critical Care Team – a volunteer, on-call team of students who worked alongside veterinarians and student veterinarians at the renowned University of Georgia Veterinary Hospital.


Professionally, I've worked at The Animal Medical Clinic, Peachtree City, Georgia for 5 years and Aumsville Animal Clinic, Aumsville, Oregon for the past 3 years. The last year at The Animal Medical Clinic and all of my years at Aumsville Animal Clinic have been as a full-time Veterinary Technician/Assistant.

In summary, I've dedicated my entire life to the pursuit of helping animals and clients. I believe my education and experience shows my dedication and love for this career field. I respectfully request you consider my request to sit for the VTNE so that I might further my professionalism in the career I love.

Thank you for your consideration.

Sincerely,

A large black rectangular redaction box covering the signature area.



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

Subject: Exemption Request for AVMA Accreditation Requirement

Dear Members of the Oregon Veterinary Medical Examining Board,

I hope this letter finds you well. I am writing to request an exemption from the AVMA accreditation requirement. Although the school I attended is not AVMA accredited, I believe that my extensive education, experience, and successful completion of the Veterinary Technician National Examination qualify me for consideration as a competent and knowledgeable veterinary professional.

I understand that the AVMA accreditation is an essential standard for evaluating the quality of veterinary education programs. However, I would like to provide a comprehensive overview of my qualifications to demonstrate that despite attending a non-accredited institution, I possess the necessary skills and knowledge to meet the requirements set forth by the Board.

Education:

I completed a veterinary attendant program at Heritage College where I gained a solid foundation in becoming a veterinary attendant from October 14th, 2014 until graduating on January 22nd, 2015.

I also completed the alternate VN2 and VN3 courses at OC Veterinary Assistant School until June 12th, 2017 completing the courses with a 3.5 GPA. Although these schools are not AVMA accredited, the curriculum closely aligns with the AVMA standards.

Experience:

During my education, I had the opportunity to gain valuable practical experience through internships and externships at reputable veterinary clinics. I have accumulated over 7 years of classwork and hands-on experience working directly with veterinarians and veterinary technicians. This practical experience has provided me with invaluable skills in assisting with surgeries, administering medications, performing laboratory tests, handling animals, managing medical records, and communicating with clients. I have also been responsible for managing emergency situations, applying critical thinking skills, and making sound decisions in high-pressure environments.

VTNE Exam:

To further validate my knowledge and competence, I successfully passed the Veterinary Technician National Examination (VTNE).

Positions and Further Education:

In addition to my formal education and VTNE certification, I have actively pursued continuous learning opportunities to stay updated on the latest advancements and best practices in veterinary medicine. When I started in this field I worked at Banfield in California and afterwards moved to Texas where I continued my work at Banfield and worked at the MedVet ER department. I now live in Oregon and work for VCA in their ER department. I believe that this commitment to professional growth ensures that I remain a competent and knowledgeable veterinary technician.

I kindly request the Oregon Veterinary Medical Examining Board to consider my exceptional education, extensive practical experience, and successful completion of the VTNE as justification for an exemption from the AVMA accreditation requirement. I am confident that my qualifications and dedication to the veterinary profession make me a suitable candidate for licensure.

I would welcome the opportunity to provide any additional information or documentation that may be required to support my request. Thank you for considering my application. I look forward to a positive outcome.

Sincerely,





Dear Oregon Veterinary Medical Examining Board,

I am writing to petition acceptance of my California Veterinary Technician Alternate Route Program that is approved by the California Veterinary Medical Board. Called Veterinary Allied Staff Education, it was a 17 week course which provided me with 308 hours of schooling to suffice for the requirement to sit for the VTNE in California. I completed the program on May 11th, 2023. I passed the VTNE on August 7th, 2023 and received my Registered Veterinary Technician license on 09/15/2023. I was employed at California Pet Hospital in Napa, CA as a veterinary receptionist from November 18th, 2018 to October 14th, 2019. I was then employed at California Pet Hospital in Napa, CA as a Veterinary Assistant from October 14th, 2019 to July 31st, 2023. I resigned from this position on good terms due to the decision to relocate to Oregon. I was then hired as a Veterinary Nurse at Wilvet South in Springfield, OR on September 13th, 2023 with a start date of October 17th, 2023 when I officially relocate to Oregon. I will submit my course completion certificate, course completion letter, course curriculum, and my proof of experience form signed by a DVM for review. My VTNE scores have been sent to the OVMEB from AAVSB. I will also request that my transcript and post secondary education checklist form be sent directly to OVMEB. I submitted my CVT application and will await to hear from you.

To:

American Association of Veterinary State Boards

From:

[REDACTED]

10/23/2023

To Whom It Concerns:

I am writing to request to be able to sit for the VTNE in order to obtain a Veterinary Technician license in the state of Oregon. I have been a Registered Veterinary Technician in the state of California since 2004. I obtained my license following the Alternate Route to State Board Certification, which consisted of academic course work combined with documented hours in clinical practice and skills performed under the supervision of licensed veterinarians. Therefore, although I did attend classes in the Foothill College Veterinary Technology Program, I do not have an official diploma from the school.

Thank you very much for your consideration.

Sincerely,

[REDACTED]

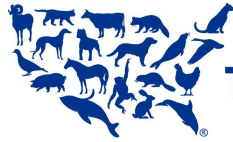
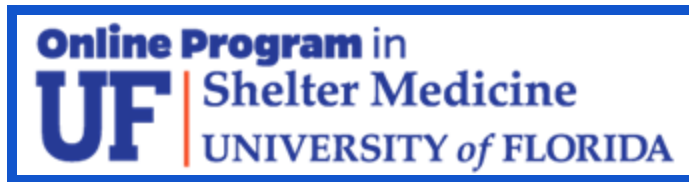
Previous Board Approved CVT Applications

2022

Feb 17-18	Requested to sit for VTNE based on BS in Animal Science
April 29-30	Requested to sit for VTNE based on BS in Animal Science

2023

24-Feb	Took VTNE, licensed in NV, Associates of Science Degree
June 29-30	Took VTNE, attended non accredited college, 1 year active license in another state



**THE HUMANE SOCIETY
OF THE UNITED STATES**

Euthanasia by Injection (EBI)

Continuing Education/Professional Development
Training for Pre-Certification as a Euthanasia Technician
(CET Training)

Approved for 18 CEs/1.8 CEUs of training

Cost of Full Course = \$400.00 (18 CE hours), 180 days
access to course

Cost of Part 1 Training Only = \$200 (14 CE hours), 90
days access to course

Cost of Part 2 Training Only = \$200 (4 CE hours), 90
days access to course



Approvals

- Endorsed by the Humane Society of the United States (HSUS).
- Approved for CEUs by the National Animal Control Association (NACA)
- The University of Florida Online Graduate Program in Shelter Medicine is an approved provider of content which enhances professional competence and aligns with the [5 domains of the CAWA Exam specifications](#).
- Meets the Requirements of **Florida** Administrative Code: [61G18-16.003](#). Continuing Education Standards and [61G18-16.005](#). Euthanasia of Dogs and Cats; Technician Certification Course. Approved by Florida DBPR as Continuing Education course #0009124
- Meets the training requirements of **Washington State**'s Department of Health, Pharmacy

Quality Assurance Commission’s for animal shelters to obtain an annual license for using sodium pentobarbital for animal euthanasia. [RCW 69.50.310 and Chapter 246-886 WAC](#), which “requires completion of approved training by each of the agency's agents or personnel who possess and administer approved legend drugs or sodium pentobarbital, before being approved to administer such drugs.”

- Approved in **Michigan** by MDARD as meeting the current requirements of 1978, PA 368, as amended (The Public Health Code) in November, 2022.
- Approved for Continuing Education in **New Mexico, Ohio, and Tennessee** by the State Boards of Veterinary Medicine.
- Approved for certification of euthanasia technicians in **Alaska**, on June 12, 2023, by the Division of Corporations, Business, and Professional Licensing (CBPL)
- Approved for certification of euthanasia technicians in **Tennessee** on 12/14/2022 by the State Board of Veterinary Medicine
- Approved in **Wisconsin**, students seeking certification must complete both Parts 1 and 2 (the full course)
- Maples Center for Forensic Medicine and the University of Florida College of Veterinary Medicine are approved CE providers for the **South Carolina** Board of Veterinary Examiners CE Broker Tracking #: 50-37054 1/24/2023
- Euthanasia by Injection Part 1 is approved by the **Texas Department of State Health Services** for 14 CE hours; initial-level courses also require completion of Euthanasia by Injection Part 2 for 4 CE hours. **Veterinarians in Texas who oversee clinical skill training must be pre-approved by sending a brief bio to The.Vet@dshs.texas.gov** . If a participant wants to provide feedback on this course and/or its sponsor, comments can be either mailed to the Texas Department of State Health Services, Training Course Coordinator, Zoonosis Control, MC 1956, P.O. Box 149347, Austin, Texas 78714-9347 or emailed to The.Vet@dshs.texas.gov.

Licensure/Certification Information

Prospective students who reside outside of the state of Florida and who are interested in any online University of Florida program that may lead to professional licensure or certification are expected to inquire with the appropriate regulatory agency in their home state, prior to beginning the program in order to assure that the program is approved to provide the desired licensure or certificate.

This online course is endorsed by the Humane Society of the United States as being in

concordance with their long-standing Euthanasia by Injection (EBI) in-person training for animal shelter staff members.

Instructors

Cathy Anderson, DVM, MS E-mail: cathyanderson@ufl.edu ([resume](#))
(grades assignments in course October - January) MI veterinary license #6901006460

Laurie Wright, DVM, MS E-mail: laurenekwright@ufl.edu ([resume](#))
(grades assignments in course February - May) MI veterinary license #6901009663

Course Coordinator

Terry Spencer, DVM, MEd E-mail: tspencer@ufl.edu ([resume](#))
(grades assignments in course June - September) TN license #6525

Please allow a minimum of 2 business days for instructors to reply to e-mail messages and 10 business days to grade assignments.

Guest Lecturers

Kathleen Cooney DVM, MS, CHPV, CCFP Founder, Director of Education, Companion Animal Euthanasia Training Academy (CAETA) ([resume](#))

Alice Imhof RN, MSN, MS (Concentration in Shelter Medicine) Training and Education Coordinator, Helping Strays, Humane Society of Monroe County ([resume](#))

Kent Schulte, CBCC-KA, Behavioral Health Services Trainer and Supervisor, Michigan Humane ([resume](#))

Program Administration

Phone: 352-294-4509

Email: maples-center@ahc.ufl.edu

Website: <https://maples-center.ufl.edu/continuing-education/>

Course Description

An on-demand, self-paced, course that prepares students with the knowledge and clinical skills necessary to seek licensure as a Certified Euthanasia Technician for animal shelters throughout the U.S.A. Instruction and documentation of proficiency with clinical skills is overseen by licensed veterinarians. The course is built upon the Guidelines for Euthanasia of Animals as published by the American Veterinary Medical Association (AVMA) and the Association of Shelter Veterinarians (ASV), and it is endorsed by the Humane Society of the United States

(HSUS) and the National Animal Control Association (NACA).

Course Content and Completion

NOTE: You will have 180 days (6 months) to complete both parts of the course once you are enrolled (90 days for Part 1, and 90 days for Part 2). Please plan your time accordingly. Enrollment fees are not refundable. There may be an additional fee of \$125 to extend the time period.

The course content is divided into two parts: (\$400 for both)

- Part 1 (\$200): is equivalent to a minimum of 14 CE hours (1.4 CEUs) of interactive lecture content about anatomy, pharmacology, proper administration and storage of euthanasia drugs, federal and state laws regulating the storage and accountability of euthanasia solutions, euthanasia technician stress management, and proper disposal of euthanized animals.
- Part 2 (\$200): is equivalent to minimum of 4 CE hours (0.4 CEUs) of hands-on, clinical skills competency training where students will practice and demonstrate proficiency with animal selection; proper handling of syringes and needles; calculating drug dosage; record-keeping for controlled drug logs; low-stress handling of animals; giving SC, IM, IV, IP, and IC injections; verifying depth of anesthesia; verifying death; and proper body disposal.

Course Enrollment

Follow this link:

<https://reg.pwd.aa.ufl.edu/search/publicCourseSearchDetails.do?method=load&courseId=1312783>

Course Website to Access Content After Enrolled

<https://elearning.ufl.edu/>

Certificates of Completion

Two certificates will be issued by the University of Florida upon successful completion of Parts 1 and 2 of this course, which can then be used to seek Certification from state and local agencies that regulate or monitor training requirements for Certified Euthanasia Technicians across the USA.

- After completing all the activities and passing the Final Exam in Part 1, a certificate of completion will be available to download from Credly. (Each student will receive an email and invitation to create a Credly account at the conclusion of the course.)

- After successfully documenting core competencies and clinical skills and submitting your Final Assignment in Part 2, a certificate of completion will be available to download from Credly. (Each student will receive an email and invitation to create a Credly account at the conclusion of the course.)
- If you do not achieve a score of 75% or higher, contact the program administrator for direction. Email: forensics@ahc.ufl.edu for technical issues or support with enrollment or completion. **There may be an additional fee of \$125 to extend the time period.**

Refer to **Course Schedule** and **Overview of Grading** sections below for more detail.

Course Prerequisites

None

Course Corequisites

1. Have a relationship with an animal shelter or other animal welfare organization where you will be permitted to observe euthanasia and practice performing clinical skills on models, cadavers, and/or live animals under supervision of experienced staff (preferably a shelter veterinarian, licensed veterinary technician or certified euthanasia technician).
2. Have an agreement with a local veterinarian who is willing to document your proficiency with each of the clinical skills taught in this course. (Preferably a shelter veterinarian or a local hospice or home-euthanasia veterinarian if one is available. However, a private-practice veterinarian can also agree to do this with you if they are willing.) Veterinarians associated with [Companion Animal Euthanasia Training Academy International \(CAETA\)](#) or [Lap of Love \(LOL\)](#) might volunteer to assist you with documenting your clinical skills if your shelter does not have a shelter veterinarian.
3. Enroll in and provide proof of completing Modules 1-4 of Fear Free Shelters. <https://fearfreeshelters.com/> (Due by Chapter 17 in the course.)

Course Objectives

By the end of this course, students will be able to:

1. Apply best practice guidelines for conducting humane euthanasia in an animal shelter setting, including arranging the physical space, using checklists, SOPs, and dosing charts to ensure consistency, and accurately selecting those pets intended for euthanasia.

2. Know how and why the euthanasia process changes for owner-intended euthanasia.
3. Properly handle, dose, administer, and log controlled drugs used in the humane euthanasia process.
4. Identify and adhere to federal, state, and local laws and regulations that pertain to the practice of humane euthanasia in animal shelters in the student's geographic location.
5. Select appropriate sizes of needles and syringes for administering injections to animals of different species and sizes.
6. Safely dispose of medical waste and bodies of euthanized animals.
7. Handle and restrain dogs and cats using low-stress techniques.
8. Recognize when pre-euthanasia drugs are needed prior to handling animals for procedures.
9. Check for the presence of reflexes to assess the depth of anesthesia of an animal.
10. Use anatomical landmarks to give injections.
11. Know how, when, and when not to give SC, IM, IV, IP, or IC injections.
12. Determine which injection route is appropriate for a variety of case scenarios.
13. Verify death by checking for the absence of multiple clinical signs.
14. Know where to go for guidance about humanely euthanizing species other than dogs and cats.
15. Know why compassion stress and fatigue is a professional risk for euthanasia technicians and identify self-care and we-care practices that can help diminish this risk.

Materials and Supplies Fees

None

Required Course Materials

1. **ASV Guidelines for Standards of Care in Animal Shelters, Second Edition.**
Association of Shelter Veterinarians (2022)

Download a copy from the Association of Shelter Veterinarians website at:
<https://www.sheltervet.org/shelter-standards-task-force>

2. Checklist of key actionable statements from the 2022 ASV Guidelines.

Download a copy from the Association of Shelter Veterinarians website at:
<https://www.sheltervet.org/shelter-standards-task-force>

3. **AVMA Guidelines for the Euthanasia of Animals 2020 Edition.** American Veterinary Medical Association Panel on Euthanasia (2020).

Download a copy from the AVMA website at:
<https://www.avma.org/resources-tools/avma-policies/avma-guidelines-euthanasia-animals>

4. **Mid-Level Practitioners by State.** U.S. Department of Justice, Drug Enforcement Administration, Diversion Control Division

CAUTION: Laws were current at the time of publication of this course. It is each student's responsibility to check for changes and updates in their location because laws, rules, and regulations frequently change.

Download a copy from the DEA website at:
<https://www.deaiversion.usdoj.gov/drugreg/practioners/>

5. **State Laws Governing Euthanasia.** American Veterinary Medical Association

CAUTION: Laws were current at the time of publication of this course. It is each student's responsibility to check for changes and updates in their location because laws, rules, and regulations frequently change.

Download a copy from the AVMA website at:
<https://www.avma.org/advocacy/state-local-issues/state-laws-governing-euthanasia>

6. **Fear Free Shelters**

Visit <https://fearfreeshelters.com/> to enroll and complete the free **Modules 1 - 4 in the Fear Free Shelter Program**. Download and keep a copy of your Certificate of Completion to document that you completed the program.

7. Cooney, K. **The 14 Essential Components of Companion Animal Euthanasia**, CAETA (2017) Download a copy from Companion Animal Euthanasia Training

Academy website at: <https://caetainternational.com/programs/>

8. **Euthanasia Reference Manual , Second Edition.** Humane Society of the United States. (2013)

Download a copy from HumanePro website at: <https://humanepro.org/topics/euthanasia>

NOTE: This text is outdated and some of the recommendations are no longer acceptable practices. However, we will refer to this text as it was historically the basis for EBI training in many states. UF is working with HSUS to update this manual with an expectation of publication in 2024.

Optional Course Materials

1. Cooney, K.A., Chappell, J.R., Callan, R.J., and Connally, B. A. Veterinary Euthanasia Techniques: A Practical Guide. Wiley-Blackwell, 2012.
2. For additional training opportunities, visit Companion Animal Euthanasia Training Academy (CAETA) at: <https://caetainternational.com/>
3. Bassert, J.M, Beal, A.D, and Samples, O.M. McCurnin’s Clinical Textbook for Veterinary Technicians and Nurses, 10th Edition. Elsevier, 2022.
4. Colville, T., and Bassert, J.M. Clinical Anatomy and Physiology for Veterinary Technicians, 3rd Edition. Elsevier, 2016.
5. Sheldon, C.C., et. al., Sheldon: Animal Restraint for Veterinary Professionals 2nd Edition. Elsevier, 2016.
6. Kreeger, TJ, and Arnemo, JN, Handbook of Wildlife Chemical Immobilization, 5th Edition, 2017.
7. Sadar, MJ and Brandaq,J (eds) Sedation and Anesthesia of Zoological Companion Animals, Veterinary Clinics, Exotic Animal Practice. Elsevier, 2022.
8. Visit LaFeberVet website for many educational resources about the various species of animals other than dogs and cats that might be housed at your shelter. (Includes webinars, handouts, husbandry information, emergency & critical care information about many species) You can sign up for a free membership in order to access additional content for veterinary professionals. <https://lafeber.com/vet>
9. AVMA Guidelines for Depopulation of Animals, 2019 edition. Available from the AVMA here: <https://www.avma.org/resources-tools/avma-policies/avma-guidelines-depopulation-anim>

[als](#)

Required Technology:

1. A cell phone or tablet with a camera in order to record videos that document your clinical skills. You will submit these as MP4 files for grading in Part 2 of the course.
2. Computer with reliable, high speed internet access; your preferred web browser; video player with ability to play MP4 videos; speakers and/or headphones and working sound; PDF reader. For more information on hardware and software necessary to run Canvas, visit <https://community.canvaslms.com/docs/DOC-2059> (Links to an external site.). Canvas offers mobile applications for both [Apple](#) (Links to an external site.) and [Android](#) (Links to an external site.) products. These apps may be downloaded in the respective app stores. Depending on the device and your equipment, not all Canvas features may be available on the app at this time. For more information on Canvas apps, visit <https://community.canvaslms.com/docs/DOC-1542> (Links to an external site.).
3. Access to multiple internet browsers, such as Safari, Chrome, and/or Firefox. The online course is not compatible with Internet Explorer or Microsoft Edge.

Course Schedule

Part 1 of Course = INTERACTIVE LECTURES (equivalent to minimum of 14 lecture hours)

Part 2 of Course = HANDS-ON TRAINING (equivalent to a minimum of 4 clinical skills contact hours)

NOTE: You will have 180 days (6 months) to complete both parts of the course once you are enrolled (90 days for Part 1 and 90 days for Part 2). Please plan your time accordingly.

Curriculum Map

Instruct ional Time (hours)	Chapt er	Title	Concepts	Clinical Skills
0	1	Start Here	Glossary, Intro to state specific laws, rules, regulations, history of shelter medicine and shelter euthanasia	Using online technology, Using Glossary, Locating State Specific Laws

1	2	Introduction to Euthanasia by Injection (EBI)	Evidence-based euthanasia practices, Euthanasia as a process, 6 Rights, patient selection and matching, recordkeeping	Microchip Scanning, Using 6 Rights for Giving Drugs Intro of Competency D: Right Pet Intro of Clinical Skill 1: 6 Rights
1	3	Introduction to Giving Injections	Selection and handling of syringes and needles, butterfly extension sets, tourniquets,. anatomical landmarks for giving SC and IM injections	Subcutaneous injections (SC), Intramuscular injections (IM), One-handed recapping of needles, Disposal of medical waste Intro of Competency C: Using Syringes and Needles Intro of Clinical Skills 2-4 SC and IM Injections
2	4	Animal Handling and Restraint	Reading body language, reviewing medical and behavioral records, preventing aggression, safe use of shelter tools for animal handling, Fear Free Shelters	Low-stress animal handling, Two-person restraint holds Intro of Competencies A and B: Fear Free Shelters and Low-Stress Restraint Holds
1	5	The Euthanasia Room	Best Practices for setting up and using the space	Clinical efficiency, Planning Comfort Rooms for Owner-Intended Euthanasia
2	6	Pre-Euthanasia Drugs	Sedation, Anesthesia, Levels of Consciousness, Intro to Recordkeeping, Intro to Controlled Drugs, Veterinary Oversight for drugs and dosing, Decision-making around when and how to use common pre-euthanasia drugs, Delivery of medications PO, OTM, and/or IM, SC	When and how to use pre-euthanasia drugs. Properly relabeling bottles. Determining level of consciousness (sedation vs. anesthesia) Recordkeeping, Calculating dose for injecting ketamine/xylazine combination (PreMix)
1	7	Sodium Pentobarbital	Formulations available, Controlled drug, Pharmacology of drug, Dosing of drug , Labeled uses for drug	Dosing, Reading labels

1	8	Injection Routes for Euthanasia	Anatomical landmarks for giving IV, IP, and IC injections, When and why to give an IV, IP, or IC injection. Confirming an animal is anesthetized prior to using an IC injection, Dosing of Sodium Pentobarbital for IV, IP, and IC injection routes	Intravenous (IV), Intraperitoneal (IP) and Intracardiac (IC) injections (when and when not to use) Intro of Clinical Skills 5 - 9 IP, IV, and IC injections
0.5	9	Verifying Death	Normal peri and post-mortem changes, Using multiple methods for verifying death	Checklist for Verifying Death, Properly using a stethoscope, Checking capillary refill time (CRT), mucus membrane color, reflexes, respiration, pulse
0.5	10	Body Disposal	Protecting environment from contamination by sodium pentobarbital (soil, water, scavengers), methods of body disposal (burial, cremation, composting, rendering, aquamation), use of certified transporters, advising clients regarding at-home burial safety.	Proper post-mortem body care, proper post-mortem body identification
1	11	Keeping People Safe	OSHA regulations, preventing needle-sticks, preventing loss of controlled drugs, bite & scratch prevention, reporting injuries, medical waste disposal, sanitation, Personal Protection Equipment (PPE)	Proper use of PPE, Proper selection and use of disinfectants, Proper medical waste disposal, Injury prevention, Injury reporting
2	12	Controlled Drug Laws	Class I - V controlled drugs, Federal laws, State laws, Medical recordkeeping, Drug Logs, Daily drug log reconciliation, (Drug Enforcement Administration (DEA) licensing, Mid-level practitioner authorizations, Veterinary oversight,	Keeping accurate drug logs, Verifying drug logs

1	13	Compassion Fatigue and Stress	Burnout, Stress, Compassion satisfaction, Compassion Fatigue, Resilience, Personal wellness care, Organization wellness care for staff and volunteers	Develop a Self-care plan, Review We-care strategies
0.5	14	Owner-Intended Euthanasia	Emotional intelligence, owner-requested euthanasia, owner-present euthanasia, where to access additional training for delivering owner-intended euthanasia services to the public, use of comfort rooms, appointment-based scheduling, body care, memorials & keepsakes, returning remains to pet owners, recognition of human-animal bond, pet-loss, and grief	14 Essential Components of Companion Animal Euthanasia
0.5	15	Euthanasia for Animals Other than Dogs & Cats	Where to find humane resources and guidelines for different species and for depopulation; recognizing safety risks when working with other species such as hoofstock, birds, fish, amphibians, and reptiles; anatomical and physiological differences between species	Low-stress handling of other species, Chemical restraint for other species, ICo (intracoelomic) injections, Verifying death of amphibians and reptiles; Depopulation of herds or flocks of animals as a group during disease outbreaks or disaster situations.
0	16	Final Exam for Part 1 of this Course (allow 2 hours but does not count toward CE hours)		

2	17	Document Core Competencies		Core Competency A: Document completion of Modules 1-4 in the Fear Free Shelters training course. Core Competency B: Document using low-stress animal handling techniques while working with a partner. Core Competency C: Document ability to properly use and safely dispose of syringes and needles. Core Competency D: Document ability to scan for a microchip and ensure this is the "right pet."
2	18	Document Clinical Skills		Clinical Skills 1 - 11: 6 Rights, SC, IM hindleg & epaxial, IV cephalic, lateral & medial saphenous, IC verifying death, EU dog & Cat
TOTAL = 18 hours				

Overview of Grading

Please allow 10 business days for grades to be returned after submitting each assignment.

Part 1: A Certificate of Completion for Part 1 of this course will be issued after successful completion of all activities in Chapters 1-15 and achieving a score of 75% or above on the Final Exam.

Part 2: A Certificate of Completion for Part 2 of this course will be issued after documenting proficiency with the 4 Core Competencies and the 11 Clinical Skills presented in this course. Proficiency will be documented in multiple ways:

- Submitting 11 scoring sheets (rubrics) signed by a licensed veterinarian who documented ability to perform each of the 11 Clinical Skills. **Veterinarians in Texas who oversee clinical skill training must be pre-approved by sending a brief bio to The.Vet@dshs.texas.gov.**

- Submitting 11 videos made by the student for grading that documents performance of Core Competencies B, C, and D and each of the 11 Clinical Skills
- Submitting proof of completion of Modules 1-4 of Fear Free Shelters for Core Competency A.

4 Core Competencies

Core Competency A:

Document completion of Modules 1-4 in the Fear Free Shelters training course.

Core Competency B:

Document using low-stress animal handling techniques while working with a partner.

Core Competency C:

Document ability to properly use and safely dispose of syringes and needles.

Core Competency D:

Document ability to scan for a microchip and ensure this is the “right pet.”

11 Clinical Skills

Clinical Skill 1:

Six Rights of Giving Drugs and Recordkeeping

Clinical Skill 2:

SC Injections

Clinical Skill 3:

IM Injection Hind Leg

Clinical Skill 4:

IM Injection Epaxial Muscles

Clinical Skill 5:

IP Injection (small mammal less than 10#)

Clinical Skill 6:

IV Injection Cephalic Vein (front leg)

Clinical Skill 7:

IV Injection Lateral Saphenous Vein (hind leg dog or cat)

Clinical Skill 8:

IV Injection Medial Saphenous Vein (hind leg cat)

Clinical Skill 9:

IC Injection (on cadaver only) with Checklist for Verifying Death

Clinical Skill 10:

Humane Euthanasia Process of a Dog (from selection to body care)

Clinical Skill 11:

Humane Euthanasia Process of a Cat (from selection to body care)

Expectations and Policies

Frequently Asked Questions

See this webpage for help with accessing the course, passwords, extensions, etc.:

<https://pwd.aa.ufl.edu/support/>

Academic Policies

Students are responsible for meeting all academic objectives as defined by the instructor. Plagiarism ([as defined by the UF Student Honor Code](#)) will not be tolerated.

[UF Maples Center for Forensic Medicine Code of Conduct and Professionalism \(our Department\)](#)

University Honesty Pledge

UF students are bound by The Honor Pledge which states, “We, the members of the University of Florida community, pledge to hold ourselves and our peers to the highest standards of honor and integrity by abiding by the Honor Code. On all work submitted for credit by students at the

University of Florida, the following pledge is either required or implied: “On my honor, I have neither given nor received unauthorized aid in doing this assignment.” The Honor Code (<https://www.dso.ufl.edu/sccr/process/student-conduct-honor-code/>) specifies a number of behaviors that are in violation of this code and the possible sanctions. Furthermore, you are obligated to report any condition that facilitates academic misconduct to appropriate personnel. If you have any questions or concerns, please consult with the instructor or TAs in this class.

Instructional Policy

This course is part of the distance education program at the University of Florida. The preferred medium for communication between course instructors, teaching assistants and students is by using the Inbox in Canvas e-learning. (<http://elearning.ufl.edu>).

Attendance

This course is self-paced, and taught on-demand, asynchronously so no real-time attendance is required. Once enrolled, you will have 90 days (3 months) to access the content.

Class Participation

Students are expected to constructively participate in online activities, complete online assignments with appropriate preparation, and to interact professionally with their instructors.

Performance Expectations

Students are expected to participate regularly in the online chapters. Students must submit original work. Notes may be used to complete assignments unless expressly prohibited by the instructor.

Due Dates and Late Submissions

This course is self-paced and designed for working professionals like yourself. There are no hard due dates.

Grade Changes

Grades will be changed only when a grading error has been made. If you think an error has been made, you should email the instructor as soon as possible.

Students Requiring Accommodations

Students with disabilities requesting accommodations should first register with the Disability Resource Center (352-392-8565, <https://www.dso.ufl.edu/drc>) by providing appropriate documentation. Once registered, students will receive an accommodation letter which must be presented to the instructor when requesting accommodation. Students with disabilities should follow this procedure prior to enrollment in the course.

Software Use

All faculty, staff, and students of the University are required and expected to obey the laws and legal agreements governing software use. Failure to do so can lead to monetary damages and/or criminal penalties for the individual violator. Because such violations are also against University policies and rules, disciplinary action will be taken as appropriate. We, the members of the University of Florida community, pledge to uphold ourselves and our peers to the highest standards of honesty and integrity.

Student Privacy

There are federal laws protecting your privacy with regards to grades earned in courses and on individual assignments. For more information, please see:

<http://registrar.ufl.edu/catalog0910/policies/regulationferpa.html>

On-Line Students Complaints

<http://www.distance.ufl.edu/student-complaint-process>

Veterinary Medical Examining Board

Chapter 875

Division 40

CERTIFIED EUTHANASIA TECHNICIANS

875-040-0000

Certified Euthanasia Technicians (CETs)

(1) **Under ORS 475.190, only licensed veterinarians and Certified Euthanasia Technicians (CETs) may perform euthanasia or administer sodium pentobarbital as allowed under this Division.** Under ORS 609.405, lethal injection of sodium pentobarbital or other substance(s) approved by The Oregon State Veterinary Medical Examining Board are the only approved methods for the euthanasia of injured, sick, homeless domestic pets and other animals by an animal control agency, humane society, or subcontractor thereof.

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

(a) Acepromazine (DEA Non-scheduled).

(b) Butorphanol (DEA Schedule IV).

(c) Diazepam/Midazolam (DEA Schedule IV).

(d) Ketamine (DEA Schedule III).

(e) Medetomidine (DEA Non-scheduled).

(f) Sodium pentobarbital. **(DEA Schedule II).**

(g) Tiletamine and Zolazepam (Telazol) (DEA Schedule III).

(h) Xylazine (DEA Non-scheduled).

(3) CETs shall administer sedation and euthanasia drugs in conformance with any of these **following** guidelines:

(a) **The Association of Shelter Veterinarians (ASV) Guidelines for Standards of Care in Animal Shelters (2014 edition) (Second Edition – December 2022);**

(b) ~~Euthanasia of Shelter Animals~~, American Veterinary Medical Association (AVMA) Guidelines on Euthanasia of Animals **(2020 edition); or**

(c) AVMA Guidelines on Depopulation of Animals (2019 edition). ~~And;~~

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

(4) The references above shall be used in conjunction with sedations protocols created by a veterinarian licensed with the OVMEB.

(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.

(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.

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 an~~ **Oregon** CET or Oregon licensed veterinarian. The intern certificate will expire within one year of issue date 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,~~ **requirements below to become a permanent CET**, 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 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, Oregon licensed, veterinarian shall submit this form.~~

(a) Documented evidence of completion of either requirement in (4) or evidence that applicant is exempt from those requirements as described in (5) and

(b) Submission of an evaluation verification form completed within the previous 12 months attesting that the applicant exhibits proficiency to perform euthanasia of domestic pets and other animals when observed by an Oregon licensed veterinarian within their organization while holding a valid CET intern certificate. The evaluation must be performed after completion of the requirements (4) or (5) of this rule.

(c) The required documentation may be submitted by the intern, the supervising veterinarian, or the agency the CET intern certificate holder is an employee of, or volunteers with.

(4) Unless exempt under (5), applicants to be a permanent CET must complete one of the following requirements to satisfy the requirement in (3)(a):

(a) 15 hours of documented instruction, observation, and hands-on euthanasia training done with an Oregon licensed DVM or Oregon CET within the past 12 months, or

(b) Completion of an OVMEB approved euthanasia course containing the following within the past 5-years.

i. 1-hour of Evidence-based euthanasia practices including the euthanasia process, patient selection, confirming correct patient for euthanasia, and record keeping practices.

ii. 1-hour of Selection of and handling of syringes, needles and other medical equipment, and anatomical landmarks for injection by SQ and IM routes

iii. 2 -hours of Humane animal handling and restraint.

iv. 1-hours of Humane euthanasia space and equipment

v. 2-hours of Pre-euthanasia drugs, including levels of consciousness, recordkeeping, oversight of drug, dosing, decision making, and routes of administration.

vi. 1-hour of Sodium Pentobarbital including formulations, controlled drug status, pharmacology, dosing and labeled uses.

vii. 1-hour Appropriate routes of Sodium Pentobarbital including IV, IP, and IC. With emphasis on dosing, levels of consciousness in the patient, and appropriate level of consciousness for IC administration.

viii. 1-hour of Verifying death and body disposal practices.

ix. 1-hour of Human Safety including OSHA regulations, injury prevention, medical waste disposal, sanitation, and PPE.

x. 2-hours of Controlled Drug Logs and Federal LAWS, State Laws, Medical record keeping, Drug logs, drug log reconciliation, DEA, and veterinary oversight.

xi. 1-hour of Compassion Fatigue and Stress

xii. 1-hour of Owner-Intended Euthanasia practices and other species euthanasia.

(5) An applicant to be a permanent CET is exempt from the training requirements in (4) if:

(a) The applicant is: (i) a previously certified Oregon CETs outside the 12-month window of reinstatement, (ii) a CET licensed in another state or territory of the United States, or (iii) an Oregon licensed CVT; and

(b) Successfully passes a 30-question test provided by the OVMEB on the first attempt.

(c) The applicant must still obtain an intern CET certificate and satisfy the requirements of (3)(b).

(46) 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 and is issued a new certificate.

(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.

(57) 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 both an intern CET and a permanent CET as described above.

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

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

(810) Certificate renewal fee is \$15.

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

(1012) 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.

~~(1113)~~ 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.

Veterinary Medical Examining Board

Chapter 875

Division 40

CERTIFIED EUTHANASIA TECHNICIANS

875-040-0000

Certified Euthanasia Technicians (CETs)

(1) **Under ORS 475.190, only licensed veterinarians and Certified Euthanasia Technicians (CETs) may perform euthanasia or administer sodium pentobarbital as allowed under this Division.** Under ORS 609.405, lethal injection of sodium pentobarbital or other substance(s) approved by The Oregon State Veterinary Medical Examining Board are the only approved methods for the euthanasia of injured, sick, homeless domestic pets and other animals by an animal control agency, humane society, or subcontractor thereof.

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

(a) Acepromazine (DEA Non-scheduled).

(b) Butorphanol (DEA Schedule IV).

(c) Diazepam/Midazolam (DEA Schedule IV).

(d) Ketamine (DEA Schedule III).

(e) Medetomidine (DEA Non-scheduled).

(f) Sodium pentobarbital. **(DEA Schedule II).**

(g) Tiletamine and Zolazepam (Telazol) (DEA Schedule III).

(h) Xylazine (DEA Non-scheduled).

(3) CETs shall administer sedation and euthanasia drugs in conformance with any of these **following** guidelines:

(a) **The Association of Shelter Veterinarians (ASV) Guidelines for Standards of Care in Animal Shelters (2014 edition) (Second Edition – December 2022);**

(b) ~~Euthanasia of Shelter Animals~~, American Veterinary Medical Association (AVMA) Guidelines on Euthanasia of Animals **(2020 edition); or**

(c) AVMA Guidelines on Depopulation of Animals (2019 edition). ~~And;~~

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

(4) The references above shall be used in conjunction with sedations protocols created by a veterinarian licensed with the OVMEB.

(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.

(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.

875-040-0010

Certification of Technicians

(1) **Except as provided in (5),** 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~~ **an Oregon** CET or Oregon licensed veterinarian. The intern certificate will expire within one year of issue date 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,~~ **requirements below to become a permanent CET,** the intern may apply for a permanent certificate.

(3) **Except as provided in (5),** 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 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, Oregon licensed, veterinarian shall submit this form.~~

(a) Documented evidence of completion of either requirement in (4) or evidence that applicant is exempt from those requirements as described in (5) and

(b) Submission of an evaluation verification form completed within the previous 12 months attesting that the applicant exhibits proficiency to perform euthanasia of domestic pets and other animals when observed by an Oregon licensed veterinarian within their organization while holding a valid CET intern certificate. The evaluation must be performed after completion of the requirements (4) or (5) of this rule.

(c) The required documentation may be submitted by the intern, the supervising veterinarian, or the agency the CET intern certificate holder is an employee of, or volunteers with.

(4) Except as provided in (5), applicants to be a permanent CET must complete one of the following requirements to satisfy the requirement in (3)(b):

(a) 15 hours of documented instruction, observation, and hands-on euthanasia training done with an Oregon licensed DVM or Oregon CET within the past 12 months, or

(b) Completion of an OVMEB approved euthanasia course containing the following within the past 5-years.

i. 1-hour of Evidence-based euthanasia practices including the euthanasia process, patient selection, confirming correct patient for euthanasia, and record keeping practices.

ii. 1-hour of Selection of and handling of syringes, needles and other medical equipment, and anatomical landmarks for injection by SQ and IM routes

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ix. 1-hour of Human Safety including OSHA regulations, injury prevention, medical waste disposal, sanitation, and PPE.

x. 2-hours of Controlled Drug Logs and Federal LAWS, State Laws, Medical record keeping, Drug logs, drug log reconciliation, DEA, and veterinary oversight.

xi. 1-hour of Compassion Fatigue and Stress

xii. 1-hour of Owner-Intended Euthanasia practices and other species euthanasia.

(5) An applicant may qualify to become an Oregon CET through this alternative pathway if the following requirements are met:

(a) The applicant is: (i) a previously certified Oregon CETs outside the 12-month window of reinstatement, (ii) a CET licensed in another state or territory of the United States, or (iii) an Oregon licensed CVT; and

(b) Successfully passes a 30-question test provided by the OVMEB on the first attempt.

(c) If the applicant meets the requirements of (5)(a) and (b), the applicant will be issued a certificate to practice as an intern CET for 30 days. During those 30 days, the intern CET must obtain and submit an evaluation verification form attesting that the applicant exhibits proficiency to perform euthanasia of domestic pets and other animals when observed by an Oregon licensed veterinarian within their organization while holding a valid CET intern certificate.

(d) If the applicant fails to submit the evaluation verification form within the 30 days from issuance of the intern CET certificate, the applicant must reapply as an intern CET under (1), and meet the requirements to become a permanent CET under (2) and (3).

(46) 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 **and is issued a new certificate.**

(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.

(57) 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 both an intern CET and a permanent CET as described above.**

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

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

(810) Certificate renewal fee is \$15.

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

(1012) 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.

(1113) 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.

Cattle Research and Consulting, LLC

Rich Linhart DVM, DACT
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Star, ID 83669

208-781-2187
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October 3, 2023

Honorable Members of the Oregon Veterinary Medical Examining Board,

After reading comments associated with the initiative that would permit the establishment of a Veterinary Client Patient Relationship (VCPR) with the use of telemedicine, I believe that the OVMEB may have concerns that were not addressed. There is no intention of circumventing current state law regarding the establishment of a valid VCPR needed for animal owners to receive health care or obtain a prescription for veterinary legend products.

There should be a distinction made between animals such as horses, dogs and cats from production or food animals; cattle sheep and goats, veterinary care is currently readily accessible for the owners of companion animals. Most, if not all large scale food animal producers already have a VCPR established with a qualified veterinarian that has expertise in the care, management, and treatment of food animals. The concern centers around the accessibility experienced veterinarians for Oregon producers with small herds of food animals that only sporadically utilize a veterinarian to treat an occasional disease or condition. The ongoing challenge for smaller producers and at times larger producers as well is finding a veterinarian that is experienced, accessible and available to provide advice or healthcare services on an ongoing basis. One solution to the limited availability of experienced food animal veterinarians is to allow the use of telemedicine for the establishment, maintenance of a VCPR, and for consultation.

Telemedicine/telehealth is a widely established, accepted and used practice in human medicine for the establishment of a client patient relationship and health care delivery. In fact, Oregon law allows for the use of telemedicine for the establishment of the provider-patient relationship and delivery of health care in human medicine. Telemedicine is even more applicable and appropriate for use in food animal veterinary medicine due to the great distance between experienced veterinarians and food animal producers. An experienced food animal veterinarian can in many instances quickly and easily diagnose, recommend a course of therapy, a change in a herd health protocol or make a management adjustment, and provide follow up as needed to remedy a problem using telemedicine. In those cases where a definitive diagnosis and course of treatment cannot be established through telemedicine, an in person evaluation of the animal(s) and operation's management practices would continue to be required.

A revision of Oregon laws and regulations regarding the delivery of virtual or remote health care to farm and production animals should be considered to alleviate the shortage of food animal focused veterinarians, and improve the availability and accessibility of health care to those producers and animals in need .

I would like to request an opportunity to appear in person at the October 26-27, 2023 OVMEB meeting to answer any questions the Board may have and to provide examples of how effectively telemedicine can be used in veterinary practice.

Please see the below a summary of pertinent information on telehealth/telemedicine.

Respectfully,



Richard Linhart DVM, DACT
Cattle Research and Consulting LLC

AVMAs Position on VCPRs

- A veterinarian shall provide competent veterinary medical care under the terms of a veterinarian-client-patient relationship (VCPR), with compassion and respect for animal welfare and human health.
- A veterinarian should first consider the needs of the patient to prevent and relieve disease, suffering, or disability while minimizing pain or fear.
- Regardless of practice ownership, the interests of the patient, client, and public require that all decisions that affect diagnosis and treatment of patients are made by veterinarians in the context of a VCPR.
- It is unethical to engage in the practice of veterinary medicine without a VCPR.
- When an attending veterinarian assumes responsibility for primary care of a patient, a VCPR is established with the attending veterinarian.
- Clients may terminate the VCPR at any time.
- If there is no ongoing medical or surgical condition, veterinarians may terminate a VCPR by notifying the client that they no longer wish to serve that patient and client.
- If there is an ongoing medical or surgical condition, the patient shall be referred to another veterinarian for diagnosis, care, and treatment. The former attending veterinarian shall continue to provide care, as needed, during the transition.

Oregon Law

OAR 875-005-0005 Definitions

“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.

Oregon Veterinary Medical Examining Board Website

Do I have to examine each animal I treat?

- Yes. You must establish a Veterinary-Client-Patient-Relationship (VCPR) by conducting and documenting one yearly complete physical examination of every patient. Once the VCPR is in place, you may choose to waive other exams during the year UNLESS the animal presents with a new health problem, is scheduled for anesthesia, or is brought in for euthanasia. Remember, it the veterinarian's choice—not the client's—whether to waive exams.

From OVMA <https://www.oregonvma.org/care-health/companion-animals/responsible-ownership/understanding-the-veterinary-client-patient-relationship-vcpr>

- By Oregon law, a licensed veterinarian must have a valid Veterinary-Client-Patient Relationship with you and your animal in order to provide veterinary services. A valid VCPR cannot be established online, via e-mail, or over the phone. It can only be established by a veterinarian performing a physical examination of your animal.

Oregon Medical Board

1. Telemedicine is not a separate form of medicine, but rather a delivery tool. It is the practice of medicine, through means of electronic communication or information technology between a health care provider at one location and a patient in another location. The same standards of care must be met regardless of the delivery method (in-person or via telemedicine).
2. The practice of medicine occurs at the patient's location. The Oregon Medical Board regulates the practice of medicine within Oregon, and (with some limited exceptions) an Oregon medical license is required when providing care via telemedicine for patients located in Oregon. Physicians and PAs with an Active license or a Telemedicine license may practice via telemedicine in Oregon. Oregon Medical Board licensees intending to provide care to patients outside of Oregon must check with the other state's licensing board regarding licensure requirements.

Statistics

- Over 1,800 Oregon veterinarians are AVMA members.
- Approximately 65 Oregon clinics are listed as offering food animal services, but some are equine clinics, Banfield, and others that do not offer services for production animals.
- 59 Oregon DVMs are AABP members, 6 are AVC members, beef practice (50% of those do not actively practice).

Other States Rules on Telemedicine

Idaho

- Telemedicine is defined by where the owner/animal is, regardless of where the veterinarian is (i.e., a vet must be licensed in ID and have VCPR to treat an animal in ID).

- A VCPR must be established by an in-person examination at least annually and only applies to one veterinarian.

Washington WAC 246-933-200

A veterinary-client-patient relationship is the basis for interaction between veterinarians and their clients and patients.

(1) A veterinary-client-patient relationship exists when all of the following conditions have been met:

(a) The veterinarian has assumed responsibility for making clinical judgments regarding the health of the animal(s) and need for medical treatment, and the client or key party as defined in WAC 246-934-020 has agreed to follow the instructions of the veterinarian.

(b) The veterinarian has sufficient knowledge of the animal(s) to initiate, at a minimum, a general or preliminary diagnosis of the medical conditions of the animal(s). This means the veterinarian:

(i) Has examined the animal(s) within the last year, or sooner if medically appropriate; or

(ii) In cases involving operations with several animals, such as encountered at farms, laboratories, or in shelters, is personally acquainted with the keeping and care of the animal(s) by virtue of an examination of the animal(s) or by medically appropriate and timely visits to the premises where the animal(s) are kept.

(c) The veterinarian is readily available for follow-up evaluation or has arranged for emergency coverage and continuing care and treatment.

(2) The veterinarian shall not establish a veterinary-client-patient relationship solely by telephonic or other electronic means. However, once established, a veterinary-client-patient relationship may be maintained between medically necessary examinations via telephone or other types of consultations.

(3) The veterinary-client-patient relationship may be terminated under these conditions:

(a) Veterinarians may terminate a veterinary-client-patient relationship as long as the termination does not constitute patient abandonment as described in WAC 246-933-060.

(b) If there is an ongoing medical or surgical condition, the patient should be referred to another veterinarian for diagnosis, care, and treatment.

(c) Clients may terminate the veterinary-client-patient relationship at any time.

(4) For animals or animal products for food consumption:

(a) There must be a written agreement with the client that identifies the farm veterinarian of record (VOR) who is accountable for drug use and treatments administered to the animals on the farm operation;

(b) The VOR is the responsible party for providing appropriate oversight of drug use on the farm operation. Oversight includes establishment of diagnostic and treatment protocols, training of personnel, review of treatment records, monitoring drug inventories, assuring appropriate labeling of drugs, and monitoring compliance and outcomes. Veterinary oversight of drug use must include all drugs used on the farm regardless of the distribution of the drugs to the farm;

- (c) Provision of drugs or drug prescriptions must be for specific time frames appropriate to the scope and type of operation involved and only for the management groups within the operation that the VOR has direct involvement and oversight;
- (d) A veterinarian issuing a veterinary feed directive (VFD) must comply with applicable federal law, including 21 C.F.R. 558.6.
- (5) Medical records must be maintained pursuant to WAC 246-933-320(7).
- (6)(a) A veterinarian shall use or prescribe drugs only within the context of a veterinary-client-patient relationship. Veterinary prescription drugs are restricted by federal law, under 21 U.S.C. Sec. 353(f), to be used by or on the order of a licensed veterinarian.
- (b) Extra label use is legal only when ordered by a veterinarian and within the context of a veterinary-client-patient relationship.

California. Code Regs. Tit. 16, § 2032.1

A veterinarian-client-patient relationship shall be established by the following:

- (1) The client has authorized the veterinarian to assume responsibility for making medical judgments regarding the health of the animal, including the need for medical treatment,
- (2) The veterinarian has sufficient knowledge of the animal(s) to initiate at least a general or preliminary diagnosis of the medical condition of the animal(s). This means that the veterinarian is personally acquainted with the care of the animal(s) by virtue of an examination of the animal or by medically appropriate and timely visits to the premises where the animals are kept, and
- (3) The veterinarian has assumed responsibility for making medical judgments regarding the health of the animal and has communicated with the client a course of treatment appropriate to the circumstance.

Virtual Veterinary Medical Care Association Model Telemedicine Regulations (July 2022)

Preface: The foundation for these regulations is the trained judgment of the practicing veterinarian. The VVCA issues these model telemedicine regulations to provide guidance for practitioners, associations, legislatures and state boards of veterinary medicine. These are intended to be real-world standards, not theoretical policies, and the VVCA will conduct reviews to update model regulations based upon field experiences and comments from practitioners.

- 1. Subject to the judgment and decision of a licensed veterinarian, a virtual veterinarian-client-patient-relationship (VCPR) may be established, provided:
 - a. There is video communication between the parties through which the animal is observed or the veterinarian obtains current knowledge of the animal patient through the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically. Real-time video engagement is not required for the delivery of telemedicine services after a VCPR is established.
 - b. If medical records exist from a previous in-person visit and are available to the client, the records (including diagnostic data if available), are encouraged to be

- transmitted electronically to enable the veterinarian to obtain historical knowledge of the animal.
2. Privacy protections must be in place and confidentiality maintained for the client and patient.
 3. The veterinarian must be licensed in the jurisdiction in which the client primarily resides, or in which the patient is present at the time of the virtual examination.
 4. Telemedicine must be practiced in such a manner that the veterinarian is prepared to refer or supply the pet owner with contact information for veterinary practices in the pet's location in case the pet owner seeks in-person care.
 5. A virtual VCPR requires documented consent to a telemedicine visit from the animal owner to the veterinarian, including acknowledgment that:
 - a. The same standards of care under the state veterinary practice act and regulations apply to telemedicine and in-person medical services.
 - b. The animal owner has the option to choose an in-person visit rather than telemedicine service.
 6. Subject to FDA regulations and AMDUCA provisions regarding extra label drugs, veterinarians should give careful consideration to prescribing any medications, especially antimicrobials, but they may prescribe after establishing a virtual VCPR based upon their professional judgment with the following conditions.
 - a. An in-person examination is required for controlled substance prescriptions, except for limited dosage deemed essential by the veterinarian to maintain an animal's safety during transport to a clinic for in-person examination.
 - b. A prescription renewed once and based upon only virtual examinations may not be renewed again without an in-person examination.

To Whom It May Concern:

This letter is to request an exception to the rules of establishing a Veterinary Client Patient Relationship (VCPR) as outlined in the Oregon Veterinary Practice Act, Division 5, Definitions 875-005-0005, part 16:

(16) "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. (If examining the patient presents a safety risk, the exam may be waived. Note in the record the patient's temperament and the client's waiver of examination. (A veterinarian providing consultation to another veterinarian on the latter's patient need not establish a VCPR, as long as the consultant veterinarian is not seeing the patient.)

PAW Team requests a limited exception to the requirement of establishing a VCPR in the specific circumstances of shared patients with Oregon Humane Society (OHA) in the instances where a booster for an initial vaccination is required. In addition to juveniles regularly requiring boosters, AAHA vaccine recommendations have recently changed to include a recommended 2-4 week booster of *all* initial DHPP vaccines given to patients of any age without vaccine history or that are vaccine naïve. As part of our provision of services we regularly refer new patients to the OHA Spay and Save program directly upon their request for our services and before we have our first exam with a PAW veterinarian. These patients present to OHA for alteration and, in most cases, receive their first vaccines at that time. When boosters are subsequently required in a short time frame, it is challenging to accommodate these patients at PAW Team in a timely way that corresponds to the definition of establishing a VCPR because we rely on the presence of volunteer veterinarians and exam space is extremely limited. We are requesting that the VCPR established by OHA at the alteration and initial vaccine appointment confer PAW Team the opportunity to provide the recommended booster appointment without need to establish VCPR with a PAW Team volunteer veterinarian. This authorization would only be valid for the boosting of vaccines and not for any further medical treatment or interventions.

Please consider our request and let us know if we can clarify or answer any questions.

Sincerely,

Briana Shrode - Executive Director of Medical Services at Portland Animal Welfare (PAW) Team

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Sincerely,

Briana Shrode - Executive Director of Medical Services at Portland Animal Welfare (PAW) Team

From: [DEBESS Emilio E](#)
To: [BURNS Peter J * OVMEB](#)
Subject: VCPR
Date: Wednesday, April 19, 2023 12:42:14 PM
Attachments: [image001.gif](#)

(21) "Veterinary Client Patient Relationship (VCPR)":
RED= remove

Except where the patient is a wild or feral animal, or its owner is unknown; a VCPR shall exist when the following conditions exist:

To establish a VCPR, 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 and treatment. 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 or via telemedicine when a physical examination is not possible. **of the animal or by medically appropriate and timely visits to the premises where the animal is kept.**

Emilio

Input from Dr. Allison Lamb:

Current Language of 875-005-0005: Definitions:

(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.

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Proposed language

875-005-0005: Definitions:

(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.

(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:

1. The veterinarian has provided a physical examination of the individual patient within the last year or has conducted physical examination of at least 5% of the animals housed on the premises where the animal is currently housed within the last month when the animal is considered a "herd or flock" animal.

2. When unsafe behavior prevents physical examination of wild, feral, and/or stray animals, documentation of such behavior is required in the medical records.

~~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.~~

From: [Glenn Kolb](#)
To: [BURNS Peter J * OVMEB](#)
Cc: [Emilio DeBess](#)
Subject: Fw: VCPR
Date: Tuesday, April 25, 2023 11:03:34 AM
Attachments: [VCPR Federal Requirements.pdf](#)

And here is the attachment. Sorry about that. – Glenn

From: Glenn Kolb
Sent: Tuesday, April 25, 2023 11:01 AM
To: BURNS Peter J * OVMEB
Cc: Emilio DeBess
Subject: VCPR

Hello Pete,

At your most recent meeting, Rep. Vikki Breese Iverson shared her thoughts about the VCPR and OVMEB's rule on telemedicine as it relates to the upcoming federal change coming on June 11 that prohibits access of antibiotics – for pets as well as for livestock – without a veterinary prescription. It appears that her wishes are for a “workaround” existing regulations – allowing the VCPR to be established without the hands-on physical exam of the animal or timely and appropriate visits to the location where the animal is kept.

OVMEB's current rule on VTM requires a physical exam of the animal to establish the VCPR, and this is consistent with federal requirements. The FDA does not allow the VCPR to be established electronically.

Attached is a summary – provided by the AVMA – of these requirements. And the federal VCPR applies to the following:

- Any use of an FDA-approved human drug in animals, including OTC human drugs that have been commonly accessed through feed/farm stores. This includes antibiotics such as penicillin and oxytetracycline.
- A veterinarian's authorization of the Veterinary Feed Directive.
- The use of compounded drugs by a veterinarian.

As you know, state law/regulations can be more but not less limiting than federal law. And this poses a challenge with the raised concern.

Best regards,

Glenn

Glenn M. Kolb, Executive Director

Oregon Veterinary Medical Association

1880 Lancaster Dr. NE, #118

Salem, OR 97305

800-235-3502

www.oregonvma.org / glenn.kolb@oregonvma.org

Federal requirements for the veterinarian-client-patient relationship

THE BASICS

The federal government regulates veterinary medicine and animal drugs very differently than it does human health care and drugs intended for human use. This is, in part, because veterinarians are key to maintaining a healthy, safe, and wholesome food supply and because they also play an important role in overseeing the judicious use of antimicrobials in animals. One important difference between human and veterinary medicine is that the U.S. Food and Drug Administration (FDA) has authority under the federal Food, Drug and Cosmetic Act (FDCA) over the **use** of animal drugs and human drugs by veterinarians, and the authority to define how a veterinarian-client-patient relationship (VCPR) is established for certain uses of animal and human drugs.¹ For these uses, FDA has authority to require the keeping of veterinary medical records and to access them at any reasonable time to verify and copy them.² Use of animal and human drugs by veterinarians that violates the federal VCPR parameters set forth in the FDCA and its implementing regulations results in the drug being statutorily deemed unsafe for the use and, if in animal feed, the feed is statutorily deemed adulterated.³

The USDA, which regulates veterinary biological products, also has promulgated rules defining a VCPR using the same language as the FDA.⁴

APPLICATION OF THE FEDERAL VCPR

The federal VCPR applies to any use of an FDA-approved human drug in animals, including over-the-counter (OTC) human drugs.⁵ It applies to any use of an FDA-approved animal drug in any manner that differs from its approved labeling (Extra Label Drug Use⁶), such as a different frequency of administration, different dose, different medical indication for its use, different route of administration, or use in a different species.⁷ It also applies to the use of compounded drugs by veterinarians⁸ and a veterinarian's authorization of a veterinary feed directive (VFD).⁹ All of these are very common occurrences in the day-to-day practice of veterinary medicine.

Establishing the federal VCPR requires a physical examination of the animal or timely and medically appropriate visits to the premises where animals are kept. The FDA does **not** allow the VCPR to be **established** through electronic means.¹⁰ FDA does allow the VCPR to be **maintained** electronically through telemedicine.¹¹ Veterinarians must comply with the federal VCPR in each of the circumstances in which it applies, irrespective of whether state law defines it differently.

The federal VCPR also applies in two important, but more limited, circumstances under USDA authorities. Veterinarians who manufacture biological products for use in their patients must do so within the context of the federal VCPR.¹² Veterinarians also must have established a federal VCPR when using prescription platform product biologics, which are a new category of biotechnology vaccines.¹³

Continued on next page

CONFLICTING STATE AND FEDERAL VCPR DEFINITIONS AND TELEMEDICINE

- Conflicting state and federal VCPR definitions (e.g., states allowing the VCPR to be established electronically) would cause significant confusion. The FDA and USDA have used the same regulatory definition to avoid such confusion.
- Veterinarians must comply with the federal VCPR requirements where they apply, regardless whether state laws are more lax. Activities where the federal VCPR applies are extremely common in day-to-day veterinary practice.
- State law and regulations relating to the establishment of a VCPR that conflict with federal law would also cause telemedicine encounters to be frustrating for many veterinary clients. A veterinarian who has not already established a VCPR that complies with federal requirements (i.e., by conducting an in-person examination/visit) could not even recommend the use of an FDA-approved human OTC product for an animal without violating federal law.
- There are many valuable uses of telemedicine within the parameters of a federal VCPR.

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1. 21 USC 360b; 21 CFR Part 530
 2. 21 CFR 530.5
 3. 21 USC 360b(a)(1), (2), (4) & (5); 21 USC 342(a)
 4. 9 CFR 107.1(a)(1)
 5. 21 USC 360b(a)(5); 21 CFR 530.2; 21 CFR 530.3(a)
 6. <https://www.fda.gov/animal-veterinary/resources-you/ins-and-outs-extra-label-drug-use-animals-resource-veterinarians>
 7. 21 USC 360b(a)(4); 21 CFR 530.2; 21 CFR 530.3(a)
 8. <https://www.fda.gov/animal-veterinary/resources-you/ins-and-outs-extra-label-drug-use-animals-resource-veterinarians#compounding>; FDA Draft Guidance for Industry #256
 9. 21 CFR 558.6(b)
 10. FDA letter to the American Veterinary Medical Association, April 6, 2017 – “Therefore, for the purposes of the federal definition, a VCPR cannot be established solely through telemedicine (e.g., photos, videos, or other electronic means that do not involve examination of the animal(s) or timely visits to the premises).”; During the pandemic FDA announced they will **temporarily** suspend enforcement of the federal VCPR physical exam and premises visit requirements. <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/cvm-gfi-269-enforcement-policy-regarding-federal-vcpr-requirements-facilitate-veterinary>. In this announcement FDA reiterated that under normal circumstances - “Given that the Federal VCPR definition requires animal examination and/or medically appropriate and timely visits to the premises where the animal(s) are kept, the Federal VCPR definition cannot be met solely through telemedicine.”
 11. *Id.* “The regulations do not specifically address the use of telemedicine to maintain an established VCPR. However, based upon the language of the VCPR definition provided above, nothing would prohibit the use of telemedicine (e.g., use of photos, videos, or other electronic means that may be considered virtual) to allow the veterinarian to keep informed and able to make medical judgments regarding the health of the animal(s) and the need for medical treatment between periodic examinations of the animal(s) and/or timely visits to the premises where the animal(s) are being kept.”
 12. 9 CFR 107.1(a)
 13. USDA Veterinary Services Memorandum 800.214