

October 21, 2021
Board Room 4
10:00 a.m.

Agenda
Virginia Board of Veterinary Medicine
Full Board Meeting

Call to Order – Jeffery Newman, D.V.M., Board President

Page 1

- Welcome
- Emergency Egress Procedures
- Introductions
- Mission Statement

Ordering of Agenda – Dr. Newman

Public Comment – Dr. Newman

The Board will receive all public comment related to agenda items at this time. The Board will not receive comment on any regulatory process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.

Approval of Minutes – Dr. Newman

Pages 2-7

July 29, 2021 – Full Board Meeting (pages 2-5)
July 29, 2021 – Formal Hearing (pages 6-7)

Agency Director’s Report - David E. Brown, D.C., Director

Legislative/Regulatory Report – Elaine Yeatts

Pages 8-40

- Regulation Action to Accept Veterinary Nurse Degree – effective 10/1/2021 (page 8)
- Notice of Periodic Review
- Petitions for Rulemaking – Consideration of Penrod petition to recognize equivalent program for foreign trained veterinary technicians (pages 9-12)
- Consideration of Guidance Documents
 - 150-4 “Chip clinics outside approved facilities (page 14)
 - 150-10 Allowances to Purchase, Possess, and Administer Drugs within a Public or Private Animal Shelter (pages 15-21)
 - 150-14 Board Guidance on Process for Delegation of Informal Fact-Finding to an Agency Subordinate (pages 22-24)
 - 150-19 Position on Delegation of Dental Polishing and Scaling (pages 25-27)
 - 150-20 Duties of an Unlicensed Veterinary Assistant (pages 28-30)
 - 150-22 Veterinarians and Wildlife Rehabilitators (page 31)
 - 150-24 Processing Applications for Licensure (page 32)
 - 150-27 Recognized Veterinary Technology Degrees (pages 33-34)
- Policy Action – Consideration of Electronic Meeting Policy (pages 35-40)

Discussion Items – Dr. Newman

Pages 41-55

- Veterinary-Client-Patient Relationship Definition for Veterinary Feed Directive (pages 41-55)– **Leslie Knachel**

Board Counsel Report – Charis Mitchell

President’s Report – Dr. Newman

Board of Health Professions’ Report – Steven Karras, D.V.M.

Report on the American Association of Veterinary State Boards' Annual Meeting – Dr. Tregel Cockburn/Ms. Knachel

Staff Reports

Pages 56-66

- Executive Director's Report – **Ms. Knachel /Kelli Moss**
 - Statistics (pages 56-57)
 - Outreach Information
 - Meeting Calendar (page 58)
 - International Council for Veterinary Assessment 2021 Annual Report (pages 59-66)

New Business – Dr. Newman
Elections

Pages 67-71

Next Meeting – Dr. Newman
Thursday, February 17, 2021

Meeting Adjournment – Dr. Newman

MISSION STATEMENT

Our mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.

Call to Order

The July 29, 2021, Virginia Board of Veterinary Medicine (Board) meeting was called to order at 10:06 a.m. at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 2, Henrico, Virginia 23233.

Presiding Officer – Jeffrey B. Newman, DVM, President

Board Members Present

Steve Karras, DVM, Vice President
Mary Yancey Spencer, JD, Secretary
Tregel Cockburn, DVM
Ellen Hillyer, MPH, DVM
Thomas Massie, Jr., DVM

Staff Present

Leslie L. Knachel, Executive Director
Kelli Moss, Deputy Executive Director
Barbara Allison-Bryan, MD, Chief Deputy Director DHP
Elaine Yeatts, Sr. Policy Analyst DHP
Yetty Shobo, Deputy Executive Director DHP
Heather Pote, Discipline Case Specialist
Laura Jackson, Board Analyst
Charis Mitchell, Assistant Attorney General, Board Counsel
Anne Joseph, JD, MPA, Adjudication Consultant
Julia Bennett, Deputy Director, APD
Melody Morton, Inspections Manager DHP

Public Present

Robin Schmitz. Virginia Veterinary Medical Association

Establishment of Quorum

With six board members present, quorum was established.

Emergency Egress

Ms. Knachel read the emergency egress procedures.

Introductions

Ms. Knachel announced the appointment of Thomas Massie, Jr., DVM to the Board, introduced new board staff member Laura Jackson and announced the addition of Taryn Singleton to the unit.

Mission Statement

Dr. Newman read the Board's mission statement.

Ordering of Agenda

The agenda was accepted as presented.

Public Comment

There were no requests to provide public comment.

Approval of Minutes

Ms. Knachel informed the Board that a motion to approve minutes is no longer necessary for minutes that require no corrections. Dr. Newman opened the floor to any edits or corrections regarding the draft minutes for the March 11, 2021, meeting. Dr. Newman stated the minutes were approved as presented.

Director's Report – Dr. Alison-Bryan

Dr. Allison-Bryan provided the Director's report in Dr. Brown's absence. She advised the Board of the following:

- COVID-19 statistics in Virginia.
- The Perimeter Center building will be opening to the public on August 2, 2021.
- The agency's activities related to Diversity, Equality and Inclusion.
- The recent separation of the Board of Health Professions and the Healthcare Workforce Data Center.
- Executive Order 77 – Reducing plastic pollution and how it impacts DHP.

Legislative and Regulatory Report

Update on Veterinary Nurse Regulatory Action

Ms. Yeatts stated that the fast-track action to amend the regulations to include "veterinary nurse degree" will be open for public comment in August and should become effective on October 1, 2021.

Discussion Items

2020 Veterinary & 2020 Veterinary Technician Healthcare Workforce Data Center Reports

Dr. Shobo presented findings from the 2020 workforce reports for veterinarians and veterinary technicians.

Probable Cause Presentation

Ms. Joseph and Ms. Bennett provided a presentation on probable cause.

Inspection Committee Report

Dr. Cockburn provided a report on the activities of the Inspection Committee.

Dr. Massie volunteered to fill the seat on the Inspection Committee vacated by Dr. Rucker. A replacement for Taryn Singleton's vacant seat on the Committee will be discussed with and appointed by the Board President.

Review of Updates to Guidance Documents

- Guidance Document 150-12 Administration of Rabies Vaccines

Ms. Knachel reported that Dr. Julia Murphy, State Health Veterinarian at the Virginia Department of Health, reviewed the guidance document as she oversees rabies prevention in Virginia and had no substantive changes to the guidance document,

A motion to reaffirm the guidance document as made by Ms. Spencer and properly seconded by Dr. Karras. After discussion, a vote was taken. The motion carried unanimously.

- Guidance Document 150-15 Disposition of Routine Inspection Violations

Ms. Knachel reviewed the changes to the guidance document. She reported that the Inspection Committee had voted to recommend that the full Board adopt the changes. Ms. Knachel stated that the Board would need to repeal the current guidance document and replace it with the updated version.

A motion to repeal Guidance Document 150-15 Disposition of Routine Inspection Violations and replace and adopt the changes as present was made Dr. Karras and properly seconded by Dr. Massie. After discussion, a vote was taken. The motion carried unanimously.

- Guidance Document 150-18 Bylaws

Ms. Knachel reviewed the changes to the bylaws.

A motion to adopt Guidance Document 150-18 Bylaws was made Dr. Karras and properly seconded by Dr. Cockburn. After discussion, a vote was taken. The motion carried unanimously.

Research for Clarifying Guidance Document 150-18, Article I (A)(2) Related to Election of Officers

Ms. Knachel provided an update on the Board's request to research what other DHP regulatory boards' bylaws state in regards to the Election of Officers. After discussion, the Board decided to take no action.

Board Counsel Report

Ms. Mitchell provided a brief explanation of the different divisions within the Attorney General's office.

Board President's Report

Dr. Newman stated that he had nothing to report.

Board of Health Professions Report

Dr. Karras stated that the Board of Health Professions met virtually on May 13, 2021. Dr. Brown provided information on the agencies DEI training, Dr. Allison-Bryan provided an update on the status of COVID-19 in Virginia, and Ms. Yeatts reported on the regulatory board's laws and regulations.

Staff Reports

Executive Director's Report

Ms. Knachel reported on the following:

- Board Statistics
- Outreach to licensees
- AAVSB annual meeting

Discipline Report

Ms. Moss reported that the Board's new process for completing Probably Cause Review is going well. She provided information on the number of open and closed disciplinary cases.

Next Meeting

The next full board meeting is scheduled for October 21, 2021.

Adjournment

With no objection, Dr. Newman adjourned the meeting at 12:18 p.m.

Leslie L. Knachel, Executive Director Date

**VIRGINIA BOARD OF VETERINARY MEDICINE
FORMAL HEARING MINUTES
DEPARTMENT OF HEALTH PROFESSIONS
BOARD ROOM 2
HENRICO, VA
July 29, 2021**

CALL TO ORDER: The meeting of the Virginia Board of Veterinary Medicine (Board) was called to order at 1:17 p.m., on July 29, 2021, at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 2, Henrico, Virginia.

PRESIDING OFFICER: Jeffrey Newman, D.V.M., President

MEMBERS PRESENT: Ellen G. Hillyer, M.P.H., D.V.M.
Thomas B. Massie, Jr., D.V.M.
Steve Karras, D.V.M.

QUORUM: With four members of the Board present, a quorum was established.

STAFF PRESENT: Leslie L. Knachel, M.P.H., Executive Director
Heather Pote, Discipline Case Specialist

BOARD COUNSEL: Charis A. Mitchell, Assistant Attorney General

COURT REPORTER: Renee Cordero Larkin, County Court Reporters, Inc.

PARTIES ON BEHALF OF THE COMMONWEALTH: Claire Foley, J.D., Adjudication Specialist, Administrative Proceedings Division

COMMONWEALTH WITNESSES: None

RESPONDENT WITNESSES: Peter Smith, Ed.D.

OTHERS PRESENT: None

MATTER SCHEDULED: **David Matthew Green, Veterinarian Applicant**
Case No.: 197392

Dr. Green appeared before the Board in accordance with a Notice of Formal Hearing dated June 29, 2021 and was represented by

counsel, Michael L. Goodman, Esquire and Nora T. Ciancio, Esquire. The Board received evidence from the Commonwealth and from Dr. Green regarding the allegations in the Notice.

CLOSED SESSION:

Dr. Karras moved that the Board convene a closed meeting pursuant to § 2.2-3711(A)(27) of the Code of Virginia (“Code”) for the purpose of deliberation to reach a decision in the matter of **David Matthew Green, Veterinary Applicant**. Additionally, he moved that Ms. Mitchell and Ms. Knachel attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations. The motion was seconded by Dr. Hillyer and carried unanimously.

RECONVENE:

Dr. Karras moved that the Board certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Massie and carried unanimously.

The Board reconvened in open session pursuant to § 2.2-3712(D) of the Code.


DECISION:

Dr. Karras moved to approve Dr. Green’s application for licensure and to place his license on probation for a period of not less than six months with certain terms and conditions. The basis for this decision will be set forth in a final Board Order that will be sent to Dr. Green at his address of record. The motion was seconded by Dr. Massie and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions and decision of this quorum of the Board.

ADJOURNMENT:

The Formal Hearing adjourned at 3:13 p.m.



Leslie L. Knachel, M.P.H., Executive Director

Agenda Item: Report on veterinary nurse regulatory action

The Board amended regulations to reflect the Board’s approval of the position statement of the American Veterinary Medical Association on terminology for veterinary nurse as a veterinary technician. The regulations amend the licensure requirements for veterinary technicians **to accept a degree from an accredited program in veterinary technology that results in a degree in “veterinary nursing.”** The proposed regulations for licensure by endorsement are also amended to accept the credential of a person who has been practicing in another jurisdiction as a veterinary nurse. **In Virginia, the Board will continue to license applicants as veterinary technician as that is the title recognized in the Code of Virginia.**

| Stage ID | Stage Type | Status |
|----------------------|------------|---|
| 9231 | Fast-Track | Stage complete. This regulation became effective on 10/01/2021 . |

Agenda Item: Petitions for rulemaking

Included in your agenda package are:

Petition from James Penrod

Copy of petition and request for comment (There was no public comment)

Copy of section of regulation to be considered for amendment

Board action:

Accept petitioner's request to amend regulations by adoption of a Notice of Intended Regulatory Action or

Deny the request with reasons for denial stated.

18VAC150-20-115. Requirements for licensure by examination as a veterinary technician.

A. The applicant, in order to be licensed by the board as a veterinary technician, shall:

1. Have received a degree in veterinary technology or veterinary nursing from a college or school accredited by the AVMA or the CVMA.
 2. Have filed with the board the following documents:
 - a. A complete application on a form obtained from the board;
 - b. An official copy, indicating a veterinary technology or veterinary nursing degree, of the applicant's college or school transcript; and
 - c. Verification that the applicant is in good standing by each board in another state or United States jurisdiction from which the applicant holds a license, certification, or registration to practice veterinary technology or veterinary nursing.
 3. Have passed the Veterinary Technician National Examination approved by the AAVSB or any other board-approved, national board examination for veterinary technology with a score acceptable to the board.
 4. Sign a statement attesting that the applicant has read, understands, and will abide by the statutes and regulations governing the practice of veterinary medicine in Virginia.
 5. Have submitted the application fee specified in 18VAC150-20-100.
 6. Have committed no acts that would constitute a violation of § 54.1-3807 of the Code of Virginia.
- B. The application for licensure shall be valid for a period of one year after the date of initial submission, after which time a new application and fee shall be required.

Request for comment on Petition for Rulemaking

Promulgating Board: **Board of Veterinary Medicine**

Elaine J. Yeatts
Regulatory Coordinator: (804)367-4688
elaine.yeatts@dhp.virginia.gov

Agency Contact: Leslie L. Knachel
Executive Director
(804)597-4130
leslie.knachel@dhp.virginia.gov

Contact Address: Department of Health Professions
9960 Mayland Drive
Suite 300
Richmond, VA 23233

Chapter Affected:
18 vac 150 - 20: Regulations Governing the Practice of Veterinary Medicine

Statutory Authority: State: Chapter 38 of Title 54.1

Date Petition Received 08/11/2021

Petitioner James Penrod for AAVSB

Petitioner's Request

To amend section 115 to accept verification of fulfillment of requirements of the Program for the Assessment of Veterinary Education Equivalence of the American Association of Veterinary State Boards (AAVSB).

Agency Plan

The petition will be published on August 30, 2021 in the Register of Regulations and also posted on the Virginia Regulatory Townhall at www.townhall.virginia.gov to receive public comment ending September 29, 2021. Following receipt of all comments on the petition to amend regulations, the Board will decide whether to make any changes to the regulatory language. This matter will be on the Board's agenda for its first meeting after the comment period.

Publication Date 08/30/2021 *(comment period will also begin on this date)*

Comment End Date 09/29/2021



COMMONWEALTH OF VIRGINIA

Board of Veterinary Medicine

9960 Mayland Drive, Suite 300
Richmond, Virginia 23233-1463

(804) 367-4468 (Tel)

(804) 527-1471 (Fax)

DEP. MAIL ROOM

Petition for Rule-making

AUG 09 2021

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition.

Please provide the information requested below. (Print or Type)

Petitioner's full name (Last, First, Middle initial, Suffix,)

Penrod, James T.

Street Address

380 W. 22nd St., Ste 101

Area Code and Telephone Number

816-931-1504

City

Kansas City

State

MO

Zip Code

64108

Email Address (optional)

JPenrod@AAUSB.org

Fax (optional)

816-931-1604

Respond to the following questions:

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.

18VAC150-20-115. Requirements for licensure by examination as a veterinary technician. Sections A1 and A2b.

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.

In lieu of a degree from an accredited college or school, an applicant may submit verification that he/she has fulfilled the requirements of the Program for the Assessment of Veterinary Education Equivalence of the AAUSB.

3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.

54.1-2400

Signature:

Date:

8/2/2021

Agenda Item: Consideration of guidance documents

Included in the agenda package:

Copies of current guidance documents to be considered

Staff note:

Guidance documents should be reviewed every four years; if no changes are necessary, they can be reaffirmed as written.

Staff is recommending that the Board reaffirm the seven in your agenda package without revisions.

Additionally, 150-27 is no longer necessary because regulations have been amended to incorporate the Board's guidance, which can now be repealed.

Board motion:

To reaffirm Guidance Documents 150-4, 150-10, 150-14, 150-19, 150-20, 150-22, and 150-24 and to repeal Guidance Document 150-27.

VIRGINIA BOARD OF VETERINARY MEDICINE

**POLICY REGARDING "CHIP" CLINICS OUTSIDE OF APPROVED
FACILITIES**

The Board has determined that "chip" clinics cannot be held in unlicensed facilities. Animal shelters can inject their own animals with the microchips, but cannot do so to animals once they are adopted out in accordance with § 54.1-3801.

In the event of an emergency declared by the proper local, state, or federal authority, animals separated from their owners may be microchipped in a non-registered establishment. Microchips may be injected into animals that are under the care of an attending veterinarian and housed in temporary, emergency facilities.

The microchips should be placed by the attending veterinarian or by a licensed veterinary technician or non-licensed person under the supervision of the attending veterinarian. Individual records should be maintained and should include the microchip type, number and location of the microchip placement. When feasible, information about where and how the animal was obtained or inducted into the emergency facility should be noted on the individual animal record.

Virginia Board of Veterinary Medicine

Allowances to Purchase, Possess, and Administer Drugs within a Public or Private Animal Shelter

The Board of Veterinary Medicine provides the following guidance from the Board of Pharmacy regarding drugs maintained and administered within a public or private animal shelter. Pursuant to §54.1-3423 E, a public or private animal shelter may obtain a controlled substances registration certificate from the Board of Pharmacy for purchasing, possessing, and administering drugs for two purposes: euthanasia of injured, sick, homeless and unwanted domestic pets and animals; and prevention, control, and treatment of certain communicable diseases that failure to control would result in transmission to the animal population in the public or private animal shelter. These drugs shall only be stored and administered at the address of the shelter and shall not be taken off-site for administration. Additionally, the training requirements for persons to administer drugs for these two purposes differ and are highlighted below. Lastly, this guidance document does not apply to the purchase, possession, or administration of drugs for the purpose of chemical capture of animals in accordance with the State Veterinarian's directive.

Drugs for Euthanasia

Only controlled substances in Schedules II-VI approved by the State Veterinarian for euthanasia of injured, sick, homeless and unwanted domestic pets and animals may be purchased, possessed, and administered. The drugs used for euthanasia shall be administered only in accordance with the facility protocol and only by persons trained and certified as to competency in accordance with the State Veterinarian's directives.

Training for administering drugs for euthanasia

The training for persons administering drugs in accordance with protocols established by the State Veterinarian for euthanasia shall be approved by the State Veterinarian. A current certification of competency signed by the supervising veterinarian for the shelter shall be maintained at the shelter for each person administering drugs and must be retained for not less than two years after the person ceases administering. To access the most recent State Veterinarian's directive on Methods Prescribed or Approved for Animal Euthanasia and Competency Certification Requirements click on: <http://www.vdacs.virginia.gov/pdf/euthansiadirective.pdf>

Drugs for Communicable Disease Prevention, Control and Treatment

Only certain Schedule VI controlled substances for the purpose of preventing, controlling, and treating certain communicable diseases for which failure to control would result in transmission to the animal population in the shelter may be purchased, possessed, or administered unless prescribed to a specific animal by a licensed veterinarian. These drugs shall not be used for the

treatment of a non-transmissible malady or condition such as an injury; controlled substances required for the treatment of such conditions must be prescribed to a specific animal by a licensed veterinarian.

The list of Schedule VI drugs used for treatment and prevention of communicable diseases within the shelter shall be determined by the supervising veterinarian of the shelter. Additionally, the drugs shall be administered only pursuant to written protocols established or approved by the supervising veterinarian of the shelter and only by persons who have been trained in accordance with instructions established or approved by the supervising veterinarian. The shelter shall maintain a copy of the approved list of drugs, written protocols for administering, and training records of those persons administering drugs on the premises of the shelter.

The written protocols established or approved by the supervising veterinarian shall, at a minimum, include the following information:

- name and contact information for the animal shelter and the supervising veterinarian;
- name of communicable disease to be prevented, controlled, or treated;
- name of the species, and other signalments as applicable, for which the protocol is intended;
- symptoms or other qualifiers which must be present prior to administering the drug;
- name of drug and dosage guidelines;
- method of administration;
- dosing frequency, duration of administration, and expected response;
- cautions and contraindications;
- instructions for when to contact the supervising veterinarian or designated veterinarian for additional direction which shall address, at a minimum, the development of side effects of the drug, allergic responses to the drug, and ineffective responses to the drug;
- date and signature of supervising veterinarian.

Training for administering certain Schedule VI for communicable diseases

The person offering the training for administering certain Schedule VI drugs for the prevention and treatment of communicable diseases in accordance with instructions established or approved by the supervising veterinarian shall be a veterinarian, but is not required to be the supervising veterinarian for the public or private shelter. The training records of those persons administering Schedule VI drugs shall be maintained on the premises of the shelter, retained for not less than two years after the person ceases administering, and updated as protocols are amended. Additionally, the training record shall include, at a minimum, the following information:

- name and contact information for the shelter;
- name of person being trained and veterinarian offering training;
- name of Schedule VI drugs and routes of administration person has been properly trained to administer in accordance with instructions established or approved by the supervising veterinarian;
- name of species to which drugs may be administered;
- date and signature of veterinarian providing the training.

Controlled Substances Registration Certificate

The application for a controlled substances registration certificate requires the designation and signature of a responsible party and supervising practitioner.

- **Responsible party**

The responsible party shall be an individual who is properly trained to administer and access the controlled substances and shall maintain proper security and required records of all controlled substances obtained and administered. If the responsible party ceases employment with the facility or relinquishes his position, he shall immediately return the controlled substances registration certificate to the board and shall take a complete and accurate inventory of all drugs in stock in compliance with §54.1-3404 of the Drug Control Act . An application for a controlled substance registration certificate indicating a change in responsible party shall be filed within 14 days. At that time, the new responsible party shall take a complete and accurate inventory of all drugs in stock.

- **Supervising practitioner**

The supervising practitioner within the public or private shelter shall be a licensed veterinarian who may provide the training for administering Schedule VI drugs for the prevention and treatment of communicable diseases and shall assume the following responsibilities to include, but not limited to,:

1. providing general supervision for the facility;
2. providing a list of Schedule VI drugs used for treatment and prevention of communicable diseases;
3. establishing or approving written protocols for administering the drugs for the prevention and treatment of communicable diseases; and,
4. certifying competency in the performance of euthanasia in accordance with guidelines set forth by the State Veterinarian.

Within 14 days of a change in the supervising practitioner, the Board of Pharmacy shall be notified and an application for the controlled substances registration certificate shall be submitted indicating the name and license number, if applicable, of the new supervising practitioner.

Related Cites from the Code of Virginia and Regulations of the Board of Pharmacy

from the Code of Virginia

§54.1-3423

E. The Board may register a public or private animal shelter as defined in § 3.2-6500 to purchase, possess, and administer certain Schedule II-VI controlled substances approved by the State Veterinarian for the purpose of euthanizing injured, sick, homeless, and unwanted domestic pets and animals; and to purchase, possess, and administer certain Schedule VI controlled substances for the purpose of preventing, controlling, and treating certain communicable diseases that failure to control would result in transmission to the animal population in the shelter. The drugs used for euthanasia shall be administered only in accordance with protocols established by the State Veterinarian and only by persons trained in accordance with instructions by the State Veterinarian. The list of Schedule VI drugs used for treatment and prevention of communicable diseases within the shelter shall be determined by the supervising veterinarian of the shelter and the drugs shall be administered only pursuant to written protocols established or approved by the supervising veterinarian of the shelter and only by persons who have been trained in accordance with instructions established or approved by the supervising veterinarian. The shelter shall maintain a copy of the approved list of drugs, written protocols for administering, and training records of those persons administering drugs on the premises of the shelter.

from Regulations Governing the Practice of Pharmacy

18VAC110-20-580. Humane societies and animal shelters.

A humane society or animal shelter, after having obtained the proper registrations pursuant to state and federal laws, may purchase, possess and administer controlled substances in accordance with provisions of §54.1-3423 of the Code of Virginia provided that these procedures are followed:

- 1. Drugs ordered by a humane society or animal shelter shall only be stored and administered at the address of the humane society or shelter.*
- 2. A veterinarian shall provide general supervision for the facility and shall provide and certify training in accordance with guidelines set forth by the State Veterinarian to the person(s) responsible for administration of the drugs. Certification of training signed by the veterinarian providing the training shall be maintained at the facility for each person administering drugs and must be retained for not less than two years after the person ceases administering.*
- 3. The person in charge of administration of drugs for the facility shall obtain the required permit and controlled substances registration from the board and shall be responsible for maintaining proper security and required records of all controlled substances obtained and administered.*
 - a. If that person ceases employment with the facility or relinquishes his position, he shall immediately return the registration to the board and shall take a complete and accurate inventory of all drugs in stock.*
 - b. An application for a new registration shall be filed with the required fee within 14 days on a form provided by the board. At that time, the new responsible person shall take a complete and accurate inventory of all drugs in stock.*
- 4. Drugs shall be stored in a secure, locked place and only the person(s) responsible for administering may have access to the drugs.*
- 5. All invoices and order forms shall be maintained for a period of two years.*
- 6. Complete and accurate records shall be maintained for two years on the administration of the drug. The record shall show the name and strength of the drug, date of administration, the species of the animal, the weight of animal, the amount of drug administered and the signature of the person administering the drug.*

18VAC110-20-690. Persons or entities authorized or required to obtain a controlled substances registration.

A. A person or entity which maintains or intends to maintain a supply of Schedule II through Schedule VI controlled substances, other than manufacturers' samples, in accordance with provisions of the Drug Control Act (§54.1-3400 et seq. of the Code of Virginia) may apply for a controlled substances registration on forms approved by the board.

B. Persons or entities which may be registered by the board shall include, but not be limited to, hospitals without in-house pharmacies, nursing homes without in-house pharmacies that use automated drug dispensing systems, ambulatory surgery centers, outpatient clinics, alternative delivery sites, and emergency medical services agencies provided such persons or entities are otherwise authorized by law and hold required licenses or appropriate credentials to administer the drugs for which the registration is being sought.

C. In determining whether to register an applicant, the board shall consider factors listed in subsections A and D of §54.1-3423 of the Code of Virginia and compliance with applicable requirements of this chapter.

- 1. The proposed location shall be inspected by an authorized agent of the board prior to issuance of a controlled substances registration.*
- 2. Controlled substances registration applications that indicate a requested inspection date, or requests that are received after the application is filed, shall be honored provided a 14-day notice is allowed prior to the requested inspection date.*
- 3. Requested inspection dates that do not allow a 14-day notice to the board may be adjusted by the board to provide 14 days for the scheduling of the inspection.*

4. Any person wishing to change an approved location of the drug stock, make structural changes to an existing approved drug storage location, or make changes to a previously approved security system shall file an application with the board and be inspected.

5. Drugs shall not be stocked within the proposed drug storage location or moved to a new location until approval is granted by the board.

D. The application shall be signed by a person who will act as a responsible party for the controlled substances. The responsible party may be a prescriber, nurse, pharmacist, or pharmacy technician for alternate delivery sites or other person approved by the board who is authorized to administer or otherwise possess the controlled substances for that type entity.

E. The board may require a person or entity to obtain a controlled substances registration upon a determination that Schedule II through VI controlled substances have been obtained and are being used as common stock by multiple practitioners and that one or more of the following factors exist:

1. A federal, state, or local government agency has reported that the person or entity has made large purchases of controlled substances in comparison with other persons or entities in the same classification or category.

2. The person or entity has experienced a diversion, theft, or other unusual loss of controlled substances which requires reporting pursuant to §54.1-3404 of the Drug Control Act.

3. The person or entity has failed to comply with recordkeeping requirements for controlled substances.

4. The person or entity or any other person with access to the common stock has violated any provision of federal, state, or local law or regulation relating to controlled substances.

18VAC110-20-700. Requirements for supervision for controlled substances registrants.

A. A practitioner licensed in Virginia shall provide supervision for all aspects of practice related to the maintenance and use of controlled substances as follows:

1. In a hospital or nursing home without an in-house pharmacy, a pharmacist shall supervise.

2. In an emergency medical services agency, the operational medical director shall supervise.

3. For any other type of applicant or registrant, a pharmacist or a prescriber whose scope of practice is consistent with the practice of the applicant or registrant and who is approved by the board may provide the required supervision.

B. The supervising practitioner shall approve the list of drugs which may be ordered by the holder of the controlled substances registration; possession of controlled substances by the entity shall be limited to such approved drugs. The list of drugs approved by the supervising practitioner shall be maintained at the address listed on the controlled substances registration.

C. Access to the controlled substances shall be limited to the supervising practitioner or to those persons who are authorized by the supervising practitioner and who are authorized by law to administer drugs in Virginia, or to other such persons as designated by the supervising practitioner or the responsible party to have access in an emergency situation. If approved by the supervising practitioner, pharmacy technicians may have access for the purpose of delivering controlled substances to the registrant, stocking controlled substances in automated dispensing devices, conducting inventories, audits and other recordkeeping requirements, and overseeing delivery of dispensed prescriptions at an alternate delivery site.

D. The supervising practitioner shall establish procedures for and provide training as necessary to ensure compliance with all requirements of law and regulation, including, but not limited to, storage, security, and recordkeeping.

E. Within 14 days of a change in the responsible party or supervising practitioner assigned to the registration, either the responsible party or outgoing responsible party shall inform the board and a new application shall be

submitted indicating the name and license number, if applicable, of the new responsible party or supervising practitioner.

18VAC110-20-710. Requirements for storage and security for controlled substances registrants.

A. Drugs shall be stored under conditions which meet USP-NF specifications or manufacturers' suggested storage for each drug.

B. Any drug which has exceeded the expiration date shall not be administered; it shall be separated from the stock used for administration and maintained in a separate, locked area until properly disposed.

C. If a controlled substances registrant wishes to dispose of unwanted or expired Schedule II through VI drugs, he shall transfer the drugs to another person or entity authorized to possess and to provide for proper disposal of such drugs.

D. Drugs shall be maintained in a lockable cabinet, cart, device or other area which shall be locked at all times when not in use. The keys or access code shall be restricted to the supervising practitioner and persons designated access in accordance with 18VAC110-20-700 C.

E. In a facility not staffed 24 hours a day, the drugs shall be stored in a fixed and secured room, cabinet or area which has a security device for the detection of breaking which meets the following conditions:

1. The device shall be a sound, microwave, photoelectric, ultrasonic, or any other generally accepted and suitable device.

2. The installation and device shall be based on accepted alarm industry standards.

3. The device shall be maintained in operating order, have an auxiliary source of power, be monitored in accordance with accepted industry standards, be maintained in operating order; and shall be capable of sending an alarm signal to the monitoring entity if breached and the communication line is not operational.

4. The device shall fully protect all areas where prescription drugs are stored and shall be capable of detecting breaking by any means when activated.

5. Access to the alarm system shall be restricted to only designated and necessary persons, and the system shall be activated whenever the drug storage areas are closed for business.

6. An alarm system is not required for researchers, animal control officers, humane societies, or alternate delivery sites as provided in 18VAC110-20-275.

18VAC110-20-720. Requirements for recordkeeping.

The person named as the responsible party on the controlled substances registration shall be responsible for recordkeeping for Schedule II through VI drugs in accordance with provisions of §54.1-3404 of the Code of Virginia and the following:

1. Inventories and administration records of Schedule II drugs shall be maintained separately from all other records and shall be kept in chronological order by date of administration.

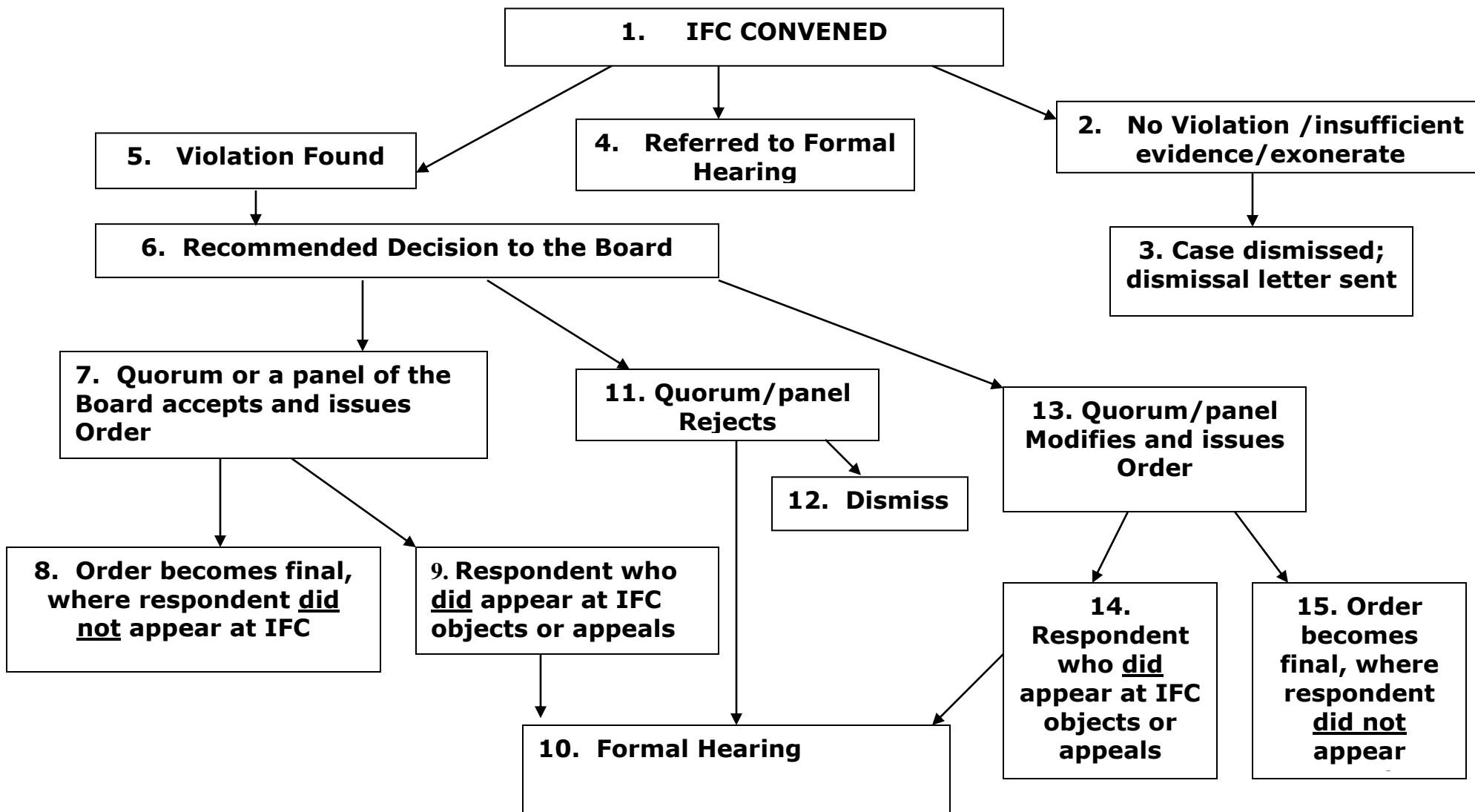
2. All records shall be maintained at the same location as listed on the controlled substances registration or, if maintained in an off-site database, retrieved and made available for inspection or audit within 48 hours of a request by the board or an authorized agent.

3. In the event that an inventory is taken as the result of a theft of drugs, the inventory shall be used as the opening inventory within the current biennial period. Such an inventory does not preclude the taking of the required inventory on the required biennial inventory date. All inventories required by §54.1-3404 of the Code of Virginia shall be signed and dated by the person taking the inventory and shall indicate whether the inventory was taken prior to the opening or after the close of business on that date. An entity which is open 24 hours a day shall clearly document whether the receipt or distribution of drugs on the inventory date occurred before or after the inventory was taken.

4. Any computerized system used to maintain records shall also provide retrieval via computer monitor display or printout of the history for drugs administered during the past two years. It shall also have the capacity of producing a printout of any data which the registrant is responsible for maintaining under the Drug Control Act (§54.1-3400 et seq. of the Code of Virginia).

5. The Department of Forensic Science may exclude from any inventory quantities of controlled substances used to conduct chemical analyses and controlled substances received for analyses as evidentiary material as provided in §54.1-3404 G of the Code of Virginia.

Guidance for Conduct of an Informal Conference by an Agency Subordinate of a Health Regulatory Board at the Department of Health Professions



Narrative explanation of Flow Chart on Delegation to an Agency Subordinate

This describes the process in which a subordinate hears a case at an informal conference up to a case that may be referred to a formal hearing.

- 1.** Pursuant to a notice, the designated agency subordinate (“subordinate”) will convene the informal conference (“IFC”). An IFC before a subordinate is conducted in the same manner as an IFC before a committee of the board. Following the presentation of information by the parties, the subordinate will consider the evidence presented and render a recommended decision regarding the findings of fact, conclusions of law, and if appropriate, the sanction to be imposed.
- 2.** The subordinate may recommend that the respondent be exonerated, that there be a finding of no violation, or that insufficient evidence exists to determine that a statutory and/or regulatory violation has occurred.
 - 3.** If the subordinate makes such a finding, the case is dismissed and a dismissal letter is issued to the respondent notifying him of the determination.
- 4.** The subordinate may decide that the case should be referred to a formal hearing. A hearing before the board would then be scheduled and notice sent to the respondent.
- 5.** The subordinate may determine that a violation has occurred and recommend the findings of fact and conclusions of law along with an appropriate sanction.
 - 6.** With the assistance of APD, the subordinate drafts a recommended decision, which includes the findings of fact, conclusions of law and sanction. The recommendation is provided to the respondent and to the board and must be ratified by a quorum of the board or a panel consisting of at least five members of the board.
- 7.** If the quorum or panel of the board accepts the recommended decision and:
 - 8.** If the respondent did not appear at the IFC, the board’s decision becomes a final order that can only be appealed to a circuit court; or
 - 9-10.** If the respondent did appear at the IFC and objects to and appeals the order, he may request a

formal hearing before the board. A case referred to a formal hearing proceeds in the same manner as cases considered by special conference committees convened pursuant to Va. Code § 54.1-2400(10). If the respondent who appeared at the IFC does not request a formal hearing, the order becomes final after a specified timeframe.

11. A quorum or panel of the board may reject the recommended decision of the subordinate, in which case:

The quorum/panel may decide to refer the case for a formal hearing **(10)**; or the quorum/panel may decide to dismiss the case and a dismissal letter is issued to the respondent notifying him of the decision of the board **(12)**.

13. A quorum or panel of the board may modify the subordinate's recommended decision and issue an order reflecting the modified decision to the respondent.

15. If the respondent did not appear at the informal conference, then the board's decision becomes a final order that can only be appealed to a circuit court.

14-10. If the respondent did appear at the informal conference and objects to and appeals the order, he may request a formal hearing before the board. A case referred to a formal hearing proceeds in the same manner as cases considered by special conference committees convened pursuant to Va. Code § 54.1-2400(10). If the respondent who appeared at the IFC does not request a formal hearing, the order becomes final after a specified timeframe.

VIRGINIA BOARD OF VETERINARY MEDICINE

Position on Delegation of Dental Polishing and Scaling

Dental prophylaxis is an important medical procedure used in preserving the health and preventing the spread of disease in companion animals. Dental polishing and scaling of teeth above the gum line (supragingival) by an unlicensed person may only be delegated by a veterinarian to his/her “properly trained assistant.” The veterinarian is responsible for assuring his/her assistant is properly trained and remains responsible for the health and safety of the animal. Subgingival scaling shall not be delegated to an assistant.

References

Code of Virginia

§ 54.1-3800. Practice of veterinary medicine.

Any person shall be regarded as practicing veterinary medicine within the meaning of this chapter who represents himself, directly or indirectly, publicly or privately, as a veterinary doctor or uses any title, words, abbreviation or letters in a manner or under circumstances which may reasonably induce the belief that the person using them is qualified to practice veterinary medicine.

Any person shall be deemed to be practicing veterinary medicine who performs the diagnosis, treatment, correction, change, relief or prevention of animal disease, deformity, defect, injury, or other physical or mental conditions; including the performance of surgery or dentistry, the prescription or administration of any drug, medicine, biologic, apparatus, application, anesthetic, or other therapeutic or diagnostic substance or technique, and the use of any manual or mechanical procedure for embryo transfer, for testing for pregnancy, or for correcting sterility or infertility, or to render advice or recommendation with regard to any of the above.

Nothing in this chapter shall prohibit persons permitted or authorized by the Department of Game and Inland Fisheries to do so from providing care for wildlife as defined in § 29.1-100, provided that the Department determines that such persons are in compliance with its regulations and permit conditions.

§ 54.1-3806. Licensed veterinary technicians.

The Board may license a veterinary technician to perform acts relating to the treatment or the maintenance of the health of any animal under the immediate and direct supervision of a person licensed to practice veterinary medicine in the Commonwealth or a veterinarian who is employed by the United States or the Commonwealth while actually engaged in the performance of his official duties. No person licensed as a veterinary technician may perform surgery, diagnose, or prescribe medication for any animal.

Regulations

18VAC150-20-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"Surgery" means treatment through revision, destruction, incision or other structural alteration of animal tissue. Surgery does not include dental extractions of single-rooted teeth or skin closures performed by a licensed veterinary technician upon a diagnosis and pursuant to direct orders from a veterinarian.

18VAC150-20-140. Unprofessional conduct.

Unprofessional conduct as referenced in §54.1-3807(5) of the Code of Virginia shall include the following:

7. Practicing veterinary medicine or as an equine dental technician in such a manner as to endanger the health and welfare of his patients or the public, or being unable to practice veterinary medicine or as an equine dental technician with reasonable skill and safety.

10. Allowing unlicensed persons to perform acts restricted to the practice of veterinary medicine, veterinary technology or an equine dental technician including any invasive procedure on a patient or delegation of tasks to persons who are not properly trained or authorized to perform such tasks.

18VAC150-20-172. Delegation of duties.

A. A licensed veterinarian may delegate the administration (including by injection) of Schedule VI drugs to a properly trained assistant under his immediate supervision. The prescribing veterinarian has a specific duty and responsibility to determine that the assistant has had adequate training to safely administer the drug in a manner prescribed.

B. Injections involving chemotherapy drugs, subgingival scaling, intubation, or the placement of intravenous catheters shall not be delegated to an assistant. An assistant shall also not be delegated the induction of sedation or anesthesia by any means. The monitoring of a sedated or anesthetized patient may be delegated to an assistant, provided a veterinarian or licensed veterinary technician remains on premises until the patient is fully recovered.

C. Tasks that may be delegated by a licensed veterinarian to a properly trained assistant include:

- 1. Grooming;*
- 2. Feeding;*
- 3. Cleaning;*
- 4. Restraining;*
- 5. Assisting in radiology;*
- 6. Setting up diagnostic tests;*
- 7. Prepping a patient or equipment for surgery;*
- 8. Dental polishing and scaling of teeth above the gum line (supragingival);*

9. Drawing blood samples; or

10. Filling of Schedule VI prescriptions under the direction of a veterinarian licensed in Virginia.

D. A licensed veterinarian may delegate duties electronically, verbally, or in writing to appropriate veterinary personnel provided the veterinarian has physically examined the patient within the previous 36 hours.

E. Massage therapy, physical therapy, or laser therapy may be delegated by a veterinarian to persons qualified by training and experience by an order from the veterinarian.

F. The veterinarian remains responsible for the duties being delegated and remains responsible for the health and safety of the animal.

VIRGINIA BOARD OF VETERINARY MEDICINE

Duties of an Unlicensed Veterinary Assistant

Applicable Regulations

Regulations

18VAC150-20-172. Delegation of duties.

A. A licensed veterinarian may delegate the administration (including by injection) of Schedule VI drugs to a properly trained assistant under his immediate supervision. The prescribing veterinarian has a specific duty and responsibility to determine that the assistant has had adequate training to safely administer the drug in a manner prescribed.

B. Injections involving chemotherapy drugs, subgingival scaling, intubation, or the placement of intravenous catheters shall not be delegated to an assistant. An assistant shall also not be delegated the induction of sedation or anesthesia by any means. The monitoring of a sedated or anesthetized patient may be delegated to an assistant, provided a veterinarian or licensed veterinary technician remains on premises until the patient is fully recovered.

C. Tasks that may be delegated by a licensed veterinarian to a properly trained assistant include:

- 1. Grooming;*
- 2. Feeding;*
- 3. Cleaning;*
- 4. Restraining;*
- 5. Assisting in radiology;*
- 6. Setting up diagnostic tests;*
- 7. Prepping a patient or equipment for surgery;*
- 8. Dental polishing and scaling of teeth above the gum line (supragingival);*
- 9. Drawing blood samples; or*
- 10. Filling of Schedule VI prescriptions under the direction of a veterinarian licensed in Virginia.*

D. A licensed veterinarian may delegate duties electronically, verbally, or in writing to appropriate veterinary personnel provided the veterinarian has physically examined the patient within the previous 36 hours.

E. Massage therapy, physical therapy, or laser therapy may be delegated by a veterinarian to persons qualified by training and experience by an order from the veterinarian.

F. The veterinarian remains responsible for the duties being delegated and remains responsible for the health and safety of the animal.

18VAC150-20-190. Requirements for drug storage, dispensing, destruction, and records for all establishments, full service and restricted.

D. All veterinary establishments shall maintain drugs in a secure manner with precaution taken to prevent theft or diversion. Only the veterinarian, veterinary technician, pharmacist, or pharmacy technician shall have access to Schedules II through V drugs, with the exception provided in subdivision 6 of this subsection.

1. In a stationary establishment, the general stock of Schedules II through V drugs shall be stored in a securely locked cabinet or safe that is not easily movable.

2. The establishment may also have a working stock of Schedules II through V drugs that shall be kept in (i) a securely locked container, cabinet, or safe when not in use or (ii) direct possession of a veterinarian or veterinary technician. A working stock shall consist of only those drugs that are necessary for use during a normal business day or 24 hours, whichever is less.

3. Whenever the establishment is closed, all general and working stock of Schedules II through V drugs and any dispensed prescriptions that were not delivered during normal business hours shall be securely stored as required for the general stock.

4. Prescriptions that have been dispensed and prepared for delivery shall be maintained under lock or in an area that is not readily accessible to the public and may be delivered to an owner by an unlicensed person, as designated by the veterinarian.

5. Whenever a theft or any unusual loss of Schedules II through V drugs is discovered, the veterinarian-in-charge, or in his absence, his designee, shall immediately report such theft or loss to the Board of Veterinary Medicine and the Board of Pharmacy and to the DEA. The report to the boards shall be in writing and sent electronically or by regular mail. The report to the DEA shall be in accordance with 21 CFR 1301.76(b). If the veterinarian-in-charge is unable to determine the exact kind and quantity of the drug loss, he shall immediately take a complete inventory of all Schedules II through V drugs.

6. Access to drugs by unlicensed persons shall be allowed only under the following conditions:

a. An animal is being kept at the establishment outside of the normal hours of operation, and a licensed practitioner is not present in the facility;

b. The drugs are limited to those dispensed to a specific patient; and

c. The drugs are maintained separately from the establishment's general drug stock and kept in such a manner so they are not readily available to the public.

Guidance

Question: May an unlicensed assistant induce anesthesia?

Response: A licensed veterinarian may delegate to an unlicensed assistant the prepping of an animal for surgery. Surgery prepping includes clipping, scrubbing and attaching monitoring equipment. It does not include sedating an animal, intubation or induction of anesthesia. During surgery, an unlicensed assistant under the direction of a licensed veterinarian may adjust dials on gas-flow or drip anesthesia equipment.

Question: May an unlicensed assistant access Schedule II – V drugs?

Response: An unlicensed assistant may not have access to Schedule II, III, IV and V drugs to inventory, prepare, administer or dispense the drugs. An unlicensed assistant may receive and open packages with unknown contents that may potentially contain Schedule II – V drugs. However, once it is determined that the contents include Schedule II, III, IV or V drugs, the handling of the package contents must be turned over to a license veterinarian or licensed veterinary technician.

Virginia Board of Veterinary Medicine

Veterinarians and Wildlife Rehabilitators – Prescription Drugs

There is no allowance in law for a veterinarian to provide a wildlife rehabilitator with a general stock of controlled substances to be administered to wildlife, either by donation or for a fee. **In Virginia, the term “controlled substances” is defined as any prescription drug including Schedule VI drugs.** The meaning of “donation” in this context refers to the transferring of controlled substances without a prescription. However, a veterinarian may opt to not charge for a properly dispensed controlled substance.

A veterinarian is allowed to prescribe, administer, and dispense controlled substances in keeping with the requirements of the Virginia Drug Control Act, specifically § 54.1-3409 of the *Code of Virginia*, and the statutes and regulations governing the practice of veterinary medicine. A veterinarian may prescribe, label and dispense a drug to a wildlife rehabilitator for the treatment of a specific animal after establishing a bona fide practitioner-patient relationship.

The Drug Enforcement Agency (DEA) only permits the transfer of Schedule II-V drugs from one DEA registrant to another DEA registrant. Violations of this requirement can result in DEA imposing on the veterinarian a \$10,000 fine per incident. State law does not prohibit a veterinarian from receiving back an already dispensed Scheduled VI drug for destruction purposes, but there is no provision in law for a veterinarian to re-dispense a returned drug, either by donation or for a fee.

For more information on controlled substances in veterinary practice, please review the Board of Veterinary Medicine’s Guidance Document 150-13: [Controlled Substances in Veterinary Practices](http://www.dhp.virginia.gov/vet/vet_guidelines.htm) located at http://www.dhp.virginia.gov/vet/vet_guidelines.htm .

Virginia Board of Veterinary Medicine

Guidelines for Processing Applications for Licensure

The Executive Director for the Board of Veterinary Medicine has been delegated authority to issue an initial license, renew a license or reinstate a license for those applicants who meet the qualifications as set forth in the law and regulations provided no grounds exist to refuse to issue a license pursuant to § 54.1-3807 of the *Code of Virginia* and 18VAC150-20-140 of the *Regulations Governing the Practice of Veterinary Medicine*.

An affirmative response to any question on an application for licensure related to grounds for the Board to refuse to issue a license shall be referred to the Board President to determine how to proceed.

An applicant whose license has been revoked or suspended for any reason other than nonrenewal by another jurisdiction is not eligible for licensure in Virginia unless the license has been reinstated by the jurisdiction which revoked or suspended it. Pursuant to §54.1-2408 of the Code of Virginia, such applicants shall be advised in writing of their ineligible status by the Executive Director.



Guidance Document: 150-27

Repealed: October 21, 2021

VIRGINIA BOARD OF VETERINARY MEDICINE

Recognized Veterinary Technology Degrees

In order to obtain licensure as a veterinary technician in the Commonwealth of Virginia, an applicant must have received a degree in veterinary technology from a college or school accredited by the American Veterinary Medical Association (AVMA) or the Canadian Veterinary Medical Association (CVMA).

The AVMA has stated that it will recognize a veterinary nurse as equivalent to a veterinary technician in its [AVMA policy on veterinary technology](#). Because of this, the Virginia Board of Veterinary Medicine interprets the requirement for a degree in veterinary technology in 18 VAC 150-20-115(A)(1) and 18 VAC 150-20-121(3) to include a degree in veterinary nursing from an AVMA accredited program.

Excerpt from the [AVMA policy on veterinary technology](#):

Nomenclature

Veterinary technology is the science and art of providing professional support to veterinarians. The AVMA CVTEA[®] accredits programs in veterinary technology that graduate veterinary technicians and/or veterinary technologists.

A veterinary technician is a graduate of a two- or three-year AVMA CVTEA-accredited program in veterinary technology. In most cases the graduate is granted an associate degree or certificate.

A veterinary technologist is a graduate of a four-year baccalaureate AVMA CVTEA-accredited program in veterinary technology.

The AVMA recognizes efforts by the National Association of Veterinary Technicians in America and others to use the term "veterinary nurse" in place of veterinary technician within the profession and in criteria for credentialing purposes. The AVMA further recognizes ongoing efforts to promote adoption of the term "nurse" in state practice acts. The AVMA will continue to use the term veterinary technician in its policies and communications, but will recognize credentialed veterinary nurses as being equivalent to credentialed veterinary technicians.

List of AVMA accredited veterinary technology programs:

AVMA: <https://www.avma.org/education/accreditation/programs/veterinary-technology-programs-accredited-avma-cvtea>

Excerpt from the [Regulations Governing the Practice of Veterinary Medicine](#)

18VAC150-20-115. Requirements for licensure by examination as a veterinary technician.



Guidance Document: 150-27

Repealed: October 21, 2021

A. The applicant, in order to be licensed by the board as a veterinary technician, shall:

- 1. Have received a degree in veterinary technology from a college or school accredited by the AVMA or the CVMA.*
- 2. Have filed with the board the following documents:*
 - a. A complete application on a form obtained from the board;*
 - b. An official copy, indicating a veterinary technology degree, of the applicant's college or school transcript; and*
 - c. Verification that the applicant is in good standing by each board in another state or United States jurisdiction from which the applicant holds a license, certification, or registration to practice veterinary technology.*
- 3. Have passed the Veterinary Technician National Examination approved by the AAVSB or any other board-approved, national board examination for veterinary technology with a score acceptable to the board.*

18VAC150-20-121. Requirements for licensure by endorsement for veterinary technicians.

In its discretion, the board may grant a license by endorsement to an applicant who is licensed, certified or registered to practice as a veterinary technician in another jurisdiction of the United States, provided that the applicant:

- 1. Holds at least one current and unrestricted license, certification, or registration issued by the regulatory entity in another jurisdiction of the United States and that he is not a respondent in any pending or unresolved board action in any jurisdiction;*
- 2. Provides documentation of having been regularly engaged in clinical practice as a licensed, certified, or registered veterinary technician for at least two of the past four years immediately preceding application;*
- 3. Has received a degree in veterinary technology from a college or school accredited by the AVMA or the CVMA or has passed the Veterinary Technician National Examination approved by the AAVSB or any other board-approved national board examination for veterinary technology with a score acceptable to the board;*
- 4. Provides documentation of completion of at least 16 hours of continuing education requirements during the preceding four years;*

Virginia Board of Veterinary Medicine

Meetings Held with Electronic Participation

Purpose:

To establish a written policy for holding meetings of the Board of Veterinary Medicine with electronic participation by some of its members and the public.

Policy:

This policy for conducting a meeting with electronic participation shall be in accordance with § 2.2-3708.2 of the Code of Virginia.

Authority:

§ [2.2-3708.2](#). *Meetings held through electronic communication means.*

A. The following provisions apply to all public bodies:

1. Subject to the requirements of subsection C, all public bodies may conduct any meeting wherein the public business is discussed or transacted through electronic communication means if, on or before the day of a meeting, a member of the public body holding the meeting notifies the chair of the public body that:

a. Such member is unable to attend the meeting due to (i) a temporary or permanent disability or other medical condition that prevents the member's physical attendance or (ii) a family member's medical condition that requires the member to provide care for such family member, thereby preventing the member's physical attendance; or

b. Such member is unable to attend the meeting due to a personal matter and identifies with specificity the nature of the personal matter. Participation by a member pursuant to this subdivision b is limited each calendar year to two meetings or 25 percent of the meetings held per calendar year rounded up to the next whole number, whichever is greater.

2. If participation by a member through electronic communication means is approved pursuant to subdivision 1, the public body holding the meeting shall record in its minutes the remote location from which the member participated; however, the remote location need not be open to the public. If participation is approved pursuant to subdivision 1 a, the public body shall also include in its minutes the fact that the member participated through electronic communication means due to (i) a temporary or permanent disability or other medical condition that prevented the member's physical attendance or (ii) a family member's medical condition that required the member to provide care for such family member, thereby preventing the member's physical attendance. If participation is approved pursuant to subdivision 1 b, the public body shall also include in its minutes the specific nature of the personal matter cited by the member.

If a member's participation from a remote location pursuant to subdivision 1 b is disapproved because such participation would violate the policy adopted pursuant to subsection C, such disapproval shall be recorded in the minutes with specificity.

3. Any public body, or any joint meetings thereof, may meet by electronic communication means without a quorum of the public body physically assembled at one location when the Governor has declared a state of emergency in accordance with § [44-146.17](#) or the locality in which the public body is located has declared a local state of emergency pursuant to § [44-146.21](#), provided that (i) the catastrophic nature of the declared emergency makes it impracticable or unsafe to assemble a quorum in a single location and (ii) the purpose of the meeting is to provide for the continuity of operations of the public body or the discharge of its lawful purposes, duties, and responsibilities. The public body convening a meeting in accordance with this subdivision shall:

- a. Give public notice using the best available method given the nature of the emergency, which notice shall be given contemporaneously with the notice provided to members of the public body conducting the meeting;
- b. Make arrangements for public access to such meeting through electronic communication means, including videoconferencing if already used by the public body;
- c. Provide the public with the opportunity to comment at those meetings of the public body when public comment is customarily received; and
- d. Otherwise comply with the provisions of this chapter.

The nature of the emergency, the fact that the meeting was held by electronic communication means, and the type of electronic communication means by which the meeting was held shall be stated in the minutes.

The provisions of this subdivision 3 shall be applicable only for the duration of the emergency declared pursuant to § [44-146.17](#) or [44-146.21](#).

B. The following provisions apply to regional public bodies:

1. Subject to the requirements in subsection C, regional public bodies may also conduct any meeting wherein the public business is discussed or transacted through electronic communication means if, on the day of a meeting, a member of a regional public body notifies the chair of the public body that such member's principal residence is more than 60 miles from the meeting location identified in the required notice for such meeting.
2. If participation by a member through electronic communication means is approved pursuant to this subsection, the public body holding the meeting shall record in its minutes the remote location from which the member participated; however, the remote location need not be open to the public.

If a member's participation from a remote location is disapproved because such participation would violate the policy adopted pursuant to subsection C, such disapproval shall be recorded in the minutes with specificity.

C. Participation by a member of a public body in a meeting through electronic communication means pursuant to subdivisions A 1 and 2 and subsection B shall be authorized only if the following conditions are met:

1. The public body has adopted a written policy allowing for and governing participation of its members by electronic communication means, including an approval process for such participation, subject to the express limitations imposed by this section. Once adopted, the policy shall be applied strictly and uniformly, without exception, to the entire membership and without regard to the identity of the member requesting remote participation or the matters that will be considered or voted on at the meeting;
2. A quorum of the public body is physically assembled at one primary or central meeting location; and

3. The public body makes arrangements for the voice of the remote participant to be heard by all persons at the primary or central meeting location.

D. The following provisions apply to state public bodies:

1. Except as provided in subsection D of § [2.2-3707.01](#), state public bodies may also conduct any meeting wherein the public business is discussed or transacted through electronic communication means, provided that (i) a quorum of the public body is physically assembled at one primary or central meeting location, (ii) notice of the meeting has been given in accordance with subdivision 2, and (iii) members of the public are provided a substantially equivalent electronic communication means through which to witness the meeting. For the purposes of this subsection, "witness" means observe or listen.

If a state public body holds a meeting through electronic communication means pursuant to this subsection, it shall also hold at least one meeting annually where members in attendance at the meeting are physically assembled at one location and where no members participate by electronic communication means.

2. Notice of any regular meeting held pursuant to this subsection shall be provided at least three working days in advance of the date scheduled for the meeting. Notice, reasonable under the circumstance, of special, emergency, or continued meetings held pursuant to this section shall be given contemporaneously with the notice provided to members of the public body conducting the meeting. For the purposes of this subsection, "continued meeting" means a meeting that is continued to address an emergency or to conclude the agenda of a meeting for which proper notice was given.

The notice shall include the date, time, place, and purpose for the meeting; shall identify the primary or central meeting location and any remote locations that are open to the public pursuant to subdivision 4; shall include notice as to the electronic communication means by which members of the public may witness the meeting; and shall include a telephone number that may be used to notify the primary or central meeting location of any interruption in the telephonic or video broadcast of the meeting. Any interruption in the telephonic or video broadcast of the meeting shall result in the suspension of action at the meeting until repairs are made and public access is restored.

3. A copy of the proposed agenda and agenda packets and, unless exempt, all materials that will be distributed to members of a public body for a meeting shall be made available for public inspection at the same time such documents are furnished to the members of the public body conducting the meeting.

4. Public access to the remote locations from which additional members of the public body participate through electronic communication means shall be encouraged but not required. However, if three or more members are gathered at the same remote location, then such remote location shall be open to the public.

5. If access to remote locations is afforded, (i) all persons attending the meeting at any of the remote locations shall be afforded the same opportunity to address the public body as persons attending at the primary or central location and (ii) a copy of the proposed agenda and agenda packets and, unless exempt, all materials that will be distributed to members of the public body for the meeting shall be made available for inspection by members of the public attending the meeting at any of the remote locations at the time of the meeting.

6. The public body shall make available to the public at any meeting conducted in accordance with this subsection a public comment form prepared by the Virginia Freedom of Information Advisory Council in accordance with § [30-179](#).

7. Minutes of all meetings held by electronic communication means shall be recorded as required by § [2.2-3707](#). Votes taken during any meeting conducted through electronic communication means shall be recorded by name in roll-call fashion and included in the minutes. For emergency meetings held by electronic communication means, the nature of the emergency shall be stated in the minutes.

8. Any authorized state public body that meets by electronic communication means pursuant to this subsection shall make a written report of the following to the Virginia Freedom of Information Advisory Council by December 15 of each year:

a. The total number of meetings held that year in which there was participation through electronic communication means;

b. The dates and purposes of each such meeting;

c. A copy of the agenda for each such meeting;

d. The primary or central meeting location of each such meeting;

e. The types of electronic communication means by which each meeting was held;

f. If possible, the number of members of the public who witnessed each meeting through electronic communication means;

g. The identity of the members of the public body recorded as present at each meeting, and whether each member was present at the primary or central meeting location or participated through electronic communication means;

h. The identity of any members of the public body who were recorded as absent at each meeting and any members who were recorded as absent at a meeting but who monitored the meeting through electronic communication means;

i. If members of the public were granted access to a remote location from which a member participated in a meeting through electronic communication means, the number of members of the public at each such remote location;

j. A summary of any public comment received about the process of conducting a meeting through electronic communication means; and

k. A written summary of the public body's experience conducting meetings through electronic communication means, including its logistical and technical experience.

E. Nothing in this section shall be construed to prohibit the use of interactive audio or video means to expand public participation.

Procedures:

1. In order to conduct a meeting with electronic participation, a quorum of the board or a committee of the board must be physically present at a central location.
2. If a quorum is attained, one or more members of the board or committee may participate electronically if, on or before the day of a meeting, the member notifies the chair and the executive director that he/she is unable to attend the meeting due to: 1) a temporary or permanent disability or other medical condition that prevents the member's physical attendance; 2) a family member's medical condition that requires the member to provide care for such family member, thereby preventing the member's physical attendance; or 3) a personal matter, identifying with specificity the nature of the personal matter. Attendance by a member electronically for personal reasons is limited to two meetings per calendar year or no more than 25% of meetings held.

3. Participation by a member through electronic communication means must be approved by the board chair or president.
4. The board or committee holding the meeting shall record in its minutes the remote location from which the member participated; however, the remote location does not need to be open to the public.
5. The board or committee shall also include in its minutes the fact that the member participated through electronic communication means due to a temporary or permanent disability or other medical condition that prevented the member's physical attendance or if the member participated electronically due to a personal matter, the minutes shall state the specific nature of the personal matter cited by the member. If a member's participation from a remote location is disapproved because it would violate this policy, it must be recorded in the minutes with specificity.
6. If a board or committee holds a meeting through electronic communication, it must also hold at least one meeting annually where members are in attendance at the central location and no members participate electronically.
7. Notice of a meeting to be conducted electronically, along with the agenda, should be provided to the public contemporaneously with such information being sent to board members at least three working days in advance of such meeting. Notice of special, emergency, or continued meetings must be given contemporaneously with the notice provided to members.
8. Meeting notices and agendas shall be posted on the Virginia Regulatory Townhall (which sends notice to Commonwealth Calendar and the Board's website). They should also be provided electronically to interested parties on the Board's public participation guidelines list.
9. The notice shall include the date, time, place, and purpose for the meeting; shall identify the primary meeting location; shall include notice as to the electronic communication means by which members of the public may participate in the meeting; and shall include a telephone number that may be used to notify the primary or central meeting location of any interruption in the telephonic or video broadcast of the meeting. Any interruption in the telephonic or video broadcast of the meeting shall result in the suspension of action at the meeting until repairs are made and public access is restored.
10. The board or committee must make arrangement for the voice of the remote participant(s) to be heard by all persons at the primary or central meeting location.
11. The agenda shall include a link to a public comment form prepared by the Virginia Freedom of Information Advisory Council in accordance with § 30-179 to allow members of the public to assess their experience with participation in the electronic meeting.

Form:

Link to Public comment form from the Freedom of Information Council
<http://foiacouncil.dls.virginia.gov/sample%20letters/welcome.htm>

Adopted on (date):

DRAFT

1. What authority does a veterinarian have to prescribe?

Veterinarians are authorized to prescribe Schedule II through VI drugs by federal and state law. While not a comprehensive listing of all relevant federal and state law, the Virginia Drug Control Act provides:

§ 54.1-3409. Professional use by veterinarians.

A veterinarian may not prescribe controlled substances for human use and shall only prescribe, dispense or administer a controlled substance in good faith for use by animals within the course of his professional practice. He may prescribe, on a written prescription or on oral prescription as authorized by § 54.1-3410. . . Such a prescription shall be dated and signed by the person prescribing on the day when issued, and shall bear the full name and address of the owner of the animal, and the species of the animal for which the drug is prescribed and the full name, address and registry number, under the federal laws of the person prescribing, if he is required by those laws to be so registered.

However, the following portions of §§54.1-3408 and 54.1-3303 also apply, and they detail what is required to render a **valid** prescription.

§ 54.1-3408. Professional use by practitioners.

A. A practitioner of ... veterinary medicine... shall only prescribe, dispense, or administer controlled substances in good faith for medicinal or therapeutic purposes within the course of his professional practice.

B. The prescribing practitioner's order may be on a written prescription or pursuant to an oral prescription as authorized by this chapter...

§ 54.1-3303. Prescriptions to be issued and drugs to be dispensed for medical or therapeutic purposes only.

A. A prescription for a controlled substance may be issued only by a practitioner of . . . veterinary medicine who is authorized to prescribe controlled substances...

B. A prescription shall be issued only to persons or animals with whom the practitioner has a bona fide practitioner-patient relationship or veterinarian-client-patient relationship.

For purposes of this section, a bona fide veterinarian-client-patient relationship is one in which a veterinarian, another veterinarian within the group in which he practices, or a veterinarian with whom he is consulting has assumed the responsibility for making medical judgments regarding the health of and providing medical treatment to an animal as defined in § 3.2-6500, other than an equine as defined in § 3.2-6200, a group of agricultural animals as defined in § 3.2-6500, or bees as defined in § 3.2-4400, and a client who is the owner or other caretaker of the animal, group of agricultural animals, or bees has consented to such treatment and agreed to follow the instructions of the veterinarian. Evidence that a veterinarian has assumed responsibility for making medical judgments regarding the health of and providing medical treatment to an animal, group of agricultural animals, or bees shall include evidence that the veterinarian (A) has sufficient knowledge

of the animal, group of agricultural animals, or bees to provide a general or preliminary diagnosis of the medical condition of the animal, group of agricultural animals, or bees; (B) has made an examination of the animal, group of agricultural animals, or bees, either physically or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically or has become familiar with the care and keeping of that species of animal or bee on the premises of the client, including other premises within the same operation or production system of the client, through medically appropriate and timely visits to the premises at which the animal, group of agricultural animals, or bees are kept; and (C) is available to provide follow-up care.



Displaying title 21, up to date as of 10/08/2021. Title 21 was last amended 10/08/2021.

Title 21

§ 558.6 Veterinary feed directive drugs.

(a) *General requirements related to veterinary feed directive (VFD) drugs.*

- (1) Animal feed bearing or containing a VFD drug or a combination VFD drug (a VFD feed or combination VFD feed) may be fed to animals only by or upon a lawful VFD issued by a licensed veterinarian.
- (2) A VFD feed or combination VFD feed must not be fed to animals after the expiration date on the VFD.
- (3) Use and labeling of a VFD drug or a combination VFD drug in feed is limited to the approved, conditionally approved, or indexed conditions of use. Use of feed containing this veterinary feed directive (VFD) drug in a manner other than as directed on the labeling (extralabel use) is not permitted.
- (4) All involved parties (the veterinarian, the distributor, and the client) must retain a copy of the VFD for 2 years. The veterinarian must retain the original VFD in its original form (electronic or hardcopy). The distributor and client copies may be kept as an electronic copy or hardcopy.
- (5) All involved parties must make the VFD and any other records specified in this section available for inspection and copying by FDA upon request.
- (6) All labeling and advertising for VFD drugs, combination VFD drugs, and feeds containing VFD drugs or combination VFD drugs must prominently and conspicuously display the following cautionary statement: "Caution: Federal law restricts medicated feed containing this veterinary feed directive (VFD) drug to use by or on the order of a licensed veterinarian."

(b) *Responsibilities of the veterinarian issuing the VFD.*

- (1) In order for a VFD to be lawful, the veterinarian issuing the VFD must:
 - (i) Be licensed to practice veterinary medicine; and
 - (ii) Be operating in the course of the veterinarian's professional practice and in compliance with all applicable veterinary licensing and practice requirements, including issuing the VFD in the context of a veterinarian-client-patient relationship (VCPR) as defined by the State. If applicable VCPR requirements as defined by such State do not include the key elements of a valid VCPR as defined in § 530.3(i) of this chapter, the veterinarian must issue the VFD in the context of a valid VCPR as defined in § 530.3(i) of this chapter.
- (2) The veterinarian must only issue a VFD that is in compliance with the conditions for use approved, conditionally approved, or indexed for the VFD drug or combination VFD drug.
- (3) The veterinarian must ensure that the following information is fully and accurately included on the VFD:
 - (i) The veterinarian's name, address, and telephone number;
 - (ii) The client's name, business or home address, and telephone number;
 - (iii) The premises at which the animals specified in the VFD are located;
 - (iv) The date of VFD issuance;
 - (v) The expiration date of the VFD. This date must not extend beyond the expiration date specified in the approval, conditional approval, or index listing, if such date is specified. In cases where the expiration date is not specified in the approval, conditional approval, or index listing, the expiration date of the VFD must not exceed 6 months after the date of issuance;
 - (vi) The name of the VFD drug(s);
 - (vii) The species and production class of animals to be fed the VFD feed;
 - (viii) The approximate number of animals to be fed the VFD feed by the expiration date of the VFD. The approximate number of animals is the potential number of animals of the species and production class identified on the VFD that will be fed the VFD feed or combination VFD feed at the specified premises by the expiration date of

- the VFD;
- (ix) The indication for which the VFD is issued;
 - (x) The level of VFD drug in the VFD feed and duration of use;
 - (xi) The withdrawal time, special instructions, and cautionary statements necessary for use of the drug in conformance with the approval;
 - (xii) The number of reorders (refills) authorized, if permitted by the drug approval, conditional approval, or index listing. In cases where reorders (refills) are not specified on the labeling for an approved, conditionally approved, or index listed VFD drug, reorders (refills) are not permitted;
 - (xiii) The statement: "Use of feed containing this veterinary feed directive (VFD) drug in a manner other than as directed on the labeling (extralabel use) is not permitted.";
 - (xiv) An affirmation of intent for combination VFD drugs as described in paragraph (6) of this section; and
 - (xv) The veterinarian's electronic or written signature.
- (4) The veterinarian may, at his or her discretion, enter the following information on the VFD to more specifically identify the animals authorized to be treated/fed the VFD feed:
- (i) A more specific description of the location of animals (e.g., by site, pen, barn, stall, tank, or other descriptor that the veterinarian deems appropriate);
 - (ii) The approximate age range of the animals;
 - (iii) The approximate weight range of the animals; and
 - (iv) Any other information the veterinarian deems appropriate to identify the animals specified in the VFD.
- (5) For VFDs intended to authorize the use of an approved, conditionally approved, or indexed combination VFD drug that includes more than one VFD drug, the veterinarian must include the drug-specific information required in paragraphs (b)(3)(vi), (ix), (x), and (xi) of this section for each VFD drug in the combination.
- (6) The veterinarian may restrict VFD authorization to only include the VFD drug(s) cited on the VFD or may expand such authorization to allow the use of the cited VFD drug(s) along with one or more over-the-counter (OTC) animal drugs in an approved, conditionally approved, or indexed combination VFD drug. The veterinarian must affirm his or her intent regarding combination VFD drugs by including one of the following statements on the VFD:
- (i) "This VFD only authorizes the use of the VFD drug(s) cited in this order and is not intended to authorize the use of such drug(s) in combination with any other animal drugs."
 - (ii) "This VFD authorizes the use of the VFD drug(s) cited in this order in the following FDA-approved, conditionally approved, or indexed combination(s) in medicated feed that contains the VFD drug(s) as a component." [List specific approved, conditionally approved, or indexed combination medicated feeds following this statement.]
 - (iii) "This VFD authorizes the use of the VFD drug(s) cited in this order in any FDA-approved, conditionally approved, or indexed combination(s) in medicated feed that contains the VFD drug(s) as a component."
- (7) The veterinarian must issue a written (nonverbal) VFD.
- (8) The veterinarian must send a copy of the VFD to the distributor via hardcopy, facsimile (fax), or electronically. If in hardcopy, the veterinarian must send the copy of the VFD to the distributor either directly or through the client.
- (9) The veterinarian must provide a copy of the VFD to the client.
- (c) **Responsibilities of any person who distributes an animal feed containing a VFD drug or a combination VFD drug.**
- (1) The distributor is permitted to fill a VFD only if the VFD contains all the information required in paragraph (b)(3) of this section.
 - (2) The distributor is permitted to distribute an animal feed containing a VFD drug or combination VFD drug only if it complies with the terms of the VFD and is manufactured and labeled in conformity with the approved, conditionally approved, or indexed conditions of use for such drug.
 - (3) The distributor must keep records of the receipt and distribution of all medicated animal feed containing a VFD drug for 2 years.

- (4) In addition to other applicable recordkeeping requirements found in this section, if the distributor manufactures the animal feed bearing or containing the VFD drug, the distributor must also keep VFD feed manufacturing records for 1 year in accordance with part 225 of this chapter. Such records must be made available for inspection and copying by FDA upon request.
- (5) A distributor of animal feed containing a VFD drug must notify FDA prior to the first time it distributes animal feed containing a VFD drug. The notification is required one time per distributor and must include the following information:
 - (i) The distributor's complete name and business address;
 - (ii) The distributor's signature or the signature of the distributor's authorized agent; and
 - (iii) The date the notification was signed.
- (6) A distributor must also notify FDA within 30 days of any change in ownership, business name, or business address.
- (7) The notifications cited in paragraphs (c)(5) and (6) of this section must be submitted to the Food and Drug Administration, Center for Veterinary Medicine, Division of Animal Feeds (HFV-220), 12225 Wilkins Ave., Rockville, MD 20852, Fax: 240-453-6882, or email (via attachment): *MedicatedFeedsTeamMail@fda.hhs.gov*.
- (8) A distributor is permitted to distribute a VFD feed to another distributor only if the originating distributor (consignor) first obtains a written (nonverbal) acknowledgment letter, as defined in § 558.3(b)(11), from the receiving distributor (consignee) before the feed is shipped. Consignor distributors must retain a copy of each consignee distributor's acknowledgment letter for 2 years.

[80 FR 31733, June 3, 2015; 80 FR 35841, June 23, 2015, as amended at 85 FR 50784, Aug. 18, 2020]



Displaying title 21, up to date as of 10/08/2021. Title 21 was last amended 10/08/2021.

Title 21

§ 530.3 Definitions.

- (a) **Extralabel use** means actual use or intended use of a drug in an animal in a manner that is not in accordance with the approved labeling. This includes, but is not limited to, use in species not listed in the labeling, use for indications (disease or other conditions) not listed in the labeling, use at dosage levels, frequencies, or routes of administration other than those stated in the labeling, and deviation from the labeled withdrawal time based on these different uses.
 - (b) **FDA** means the U.S. Food and Drug Administration.
 - (c) The phrase *a reasonable probability that a drug's use may present a risk to the public health* means that FDA has reason to believe that use of a drug may be likely to cause a potential adverse event.
 - (d) The phrase *use of a drug may present a risk to the public health* means that FDA has information that indicates that use of a drug may cause an adverse event.
 - (e) The phrase *use of a drug presents a risk to the public health* means that FDA has evidence that demonstrates that the use of a drug has caused or likely will cause an adverse event.
 - (f) A **residue** means any compound present in edible tissues that results from the use of a drug, and includes the drug, its metabolites, and any other substance formed in or on food because of the drug's use.
 - (g) A **safe level** is a conservative estimate of a drug residue level in edible animal tissue derived from food safety data or other scientific information. Concentrations of residues in tissue below the safe level will not raise human food safety concerns. A safe level is not a safe concentration or a tolerance and does not indicate that an approval exists for the drug in that species or category of animal from which the food is derived.
 - (h) **Veterinarian** means a person licensed by a State or Territory to practice veterinary medicine.
-
- (i) A **valid veterinarian-client-patient relationship** is one in which:
 - (1) A veterinarian has assumed the responsibility for making medical judgments regarding the health of (an) animal(s) and the need for medical treatment, and the client (the owner of the animal or animals or other caretaker) has agreed to follow the instructions of the veterinarian;
 - (2) There is sufficient knowledge of the animal(s) by the veterinarian to initiate at least a general or preliminary diagnosis of the medical condition of the animal(s); and
 - (3) The practicing veterinarian is readily available for followup in case of adverse reactions or failure of the regimen of therapy. Such a relationship can exist only when the veterinarian has recently seen and is personally acquainted with the keeping and care of the animal(s) by virtue of examination of the animal(s), and/or by medically appropriate and timely visits to the premises where the animal(s) are kept.
-

Does the State or Federal VCPR Definition Apply to a Lawful VFD in my State?

In order for a Veterinary Feed Directive (VFD) to be lawful, the issuing veterinarian must meet a couple of requirements, including issuing the VFD in the context of a valid veterinarian-client patient relationship (VCPR).

The VFD regulation at [21 CFR §.558.6](https://www.ecfr.gov/current/title-21/chapter-I/subchapter-E/part-558/subpart-A/section-558.6) (<https://www.ecfr.gov/current/title-21/chapter-I/subchapter-E/part-558/subpart-A/section-558.6>) provides that:





- veterinarians must be licensed to practice veterinary medicine; and
- must issue VFDs in accordance with the applicable State veterinary licensing and practice requirements, including ordering the use of VFD drugs in the context of a VCPR as defined by the State.

However, in those instances in which the applicable VCPR requirements as defined by such State do not sufficiently include the key elements of a valid VCPR as defined by FDA in [21 CFR §.530.3\(i\)](https://www.ecfr.gov/current/title-21/chapter-I/subchapter-E/part-530/subpart-A/section-530.3#p-530.3(i)) ([https://www.ecfr.gov/current/title-21/chapter-I/subchapter-E/part-530/subpart-A/section-530.3#p-530.3\(i\)](https://www.ecfr.gov/current/title-21/chapter-I/subchapter-E/part-530/subpart-A/section-530.3#p-530.3(i))), the veterinarian issuing the VFD must issue the VFD in the context of a valid VCPR as defined in that regulation.

In 2015, the FDA Center for Veterinary Medicine (CVM) mailed a [letter \(/media/93419/download\)](/media/93419/download) to the entity with authority over the practice of veterinary medicine in each of the 50 states and District of Columbia. In that letter, CVM committed to publish a list indicating whether a state-defined VCPR or a federally-defined VCPR is required for a lawful VFD in each state. This information is presented in the table below and was last updated in 2021. Please refer to your state directly for the most up to date information.

VCPR Requirement by State

| State | For a lawful VFD, this VCPR definition applies: |
|---|---|
| Alabama (https://asbyme.alabama.gov/code/). | Federal (http://www.ecfr.gov/cgi-bin/text-idx?SID=99550a83c97103df1503d4e34b99b26b&mc=true&node=pt21) |
| Alaska (https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/BoardofVeterinaryExaminers/StatutesRegulations.aspx). | Federal (http://www.ecfr.gov/cgi-bin/text-idx?SID=99550a83c97103df1503d4e34b99b26b&mc=true&node=pt21) |
| Arizona (https://vetboard.az.gov/statutes-and-rules). | State |
| Arkansas (https://arvetboard.statesolutions.us/), ↗ (http://www.fda.gov/about-fda/website-policies/website-disclaimer). | Federal (http://www.ecfr.gov/cgi-bin/text-idx?SID=99550a83c97103df1503d4e34b99b26b&mc=true&node=pt21) |
| California (https://www.vmb.ca.gov/). | State |
| Colorado (https://dpo.colorado.gov/Veterinary). | State |
| Connecticut (https://portal.ct.gov/DPH/Public-Health-Hearing-Office/Board-of-Veterinary-Medicine/Connecticut-State-Board-of-Veterinary-Medicine). | Federal (http://www.ecfr.gov/cgi-bin/text-idx?SID=99550a83c97103df1503d4e34b99b26b&mc=true&node=pt21) |
| Delaware (https://delcode.delaware.gov/title24/c033/sc01/index.html). | Federal (http://www.ecfr.gov/cgi-bin/text-idx?SID=99550a83c97103df1503d4e34b99b26b&mc=true&node=pt21) |
| District of Columbia (https://dchealth.dc.gov/node/162062). | Federal (http://www.ecfr.gov/cgi-bin/text-idx?SID=99550a83c97103df1503d4e34b99b26b&mc=true&node=pt21) |

| State | For a lawful VFD, this VCPR definition applies: |
|--|---|
| Florida (http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0400-0499/0474/0474.html)  (http://www.fda.gov/about-fda/website-policies/website-disclaimer) | Federal (http://www.ecfr.gov/cgi-bin/text-idx?SID=99550a83c97103df1503d4e34b99b26b&mc=true&node=pt21) |
| Georgia (https://sos.ga.gov/index.php/licensing/plb/53) | State |
| Hawaii (http://cca.hawaii.gov/pvl/boards/veterinary/statute_rules/) | Federal (http://www.ecfr.gov/cgi-bin/text-idx?SID=99550a83c97103df1503d4e34b99b26b&mc=true&node=pt21) |
| Idaho (https://elitepublic.bovm.idaho.gov/IBVMPortal/Home.aspx) | Federal (http://www.ecfr.gov/cgi-bin/text-idx?SID=99550a83c97103df1503d4e34b99b26b&mc=true&node=pt21) |
| Illinois (https://www.idfpr.com/profs/vet.asp)  (http://www.fda.gov/about-fda/website-policies/website-disclaimer) | State |
| Indiana (https://secure.in.gov/pla/professions/indiana-board-of-veterinary-medical-examiners/) | State |
| Iowa (https://iowaagriculture.gov/animal-industry-bureau/iowa-board-veterinary-medicine) | State |
| Kansas (https://kbve.kansas.gov/statutes/) | Federal (http://www.ecfr.gov/cgi-bin/text-idx?SID=99550a83c97103df1503d4e34b99b26b&mc=true&node=pt21) |
| Kentucky (https://www.kybve.com/practice-act.html)  (http://www.fda.gov/about-fda/website-policies/website-disclaimer) | State |
| Louisiana (https://lsbvm.org/practice-act/)  (http://www.fda.gov/about-fda/website-policies/website-disclaimer) | State |
| Maine (https://www.maine.gov/pfr/professionallicensing/professions/board-veterinary-medicine/home/laws-rules) | State |
| Maryland (https://mda.maryland.gov/vetboard/Pages/regulations.aspx) | Federal (http://www.ecfr.gov/cgi-bin/text-idx?SID=99550a83c97103df1503d4e34b99b26b&mc=true&node=pt21) |
| Massachusetts (https://www.mass.gov/info-details/massachusetts-law-about-veterinary-practice) | Federal (http://www.ecfr.gov/cgi-bin/text-idx?SID=99550a83c97103df1503d4e34b99b26b&mc=true&node=pt21) |

| State | For a lawful VFD, this VCPR definition applies: |
|---|---|
| Michigan (https://www.michigan.gov/lara/0,4601,7-154-89334_72600_72603_27529_27555--00.html) | Federal (http://www.ecfr.gov/cgi-bin/text-idx?SID=99550a83c97103df1503d4e34b99b26b&mc=true&node=pt21) |
| Minnesota (https://mn.gov/boards/veterinary-medicine/) | State |
| Mississippi (http://mississippiivetboard.org/forms-2/#Veterinarians) ↗ (http://www.fda.gov/about-fda/website-policies/website-disclaimer) | State |
| Missouri (https://pr.mo.gov/veterinarian.asp) | State |
| Montana (https://boards.bsd.dli.mt.gov/veterinary-medicine/) | State |
| Nebraska (https://dhhs.ne.gov/licensure/Pages/Veterinary-Medicine-and-Surgery.aspx) | State |
| Nevada (https://www.leg.state.nv.us/NAC/NAC-638.html) ↗ (http://www.fda.gov/about-fda/website-policies/website-disclaimer) | State |
| New Hampshire (https://www.oplc.nh.gov/oplc-laws-and-rules) | State |
| New Jersey (https://www.njconsumeraffairs.gov/regulations/Chapter-44-State-Board-of-Veterinary-Medical-Examiners.pdf) | Federal (http://www.ecfr.gov/cgi-bin/text-idx?SID=99550a83c97103df1503d4e34b99b26b&mc=true&node=pt21) |
| New Mexico (http://www.nmbvm.org/?option=com_docman&Itemid=306) ↗ (http://www.fda.gov/about-fda/website-policies/website-disclaimer) | State |
| New York (http://www.op.nysed.gov/prof/vetmed/) | Federal (http://www.ecfr.gov/cgi-bin/text-idx?SID=99550a83c97103df1503d4e34b99b26b&mc=true&node=pt21) |
| North Carolina (http://www.ncvmb.org/) ↗ (http://www.fda.gov/about-fda/website-policies/website-disclaimer) | State |
| North Dakota (https://www.ndbvme.org/practice-act-board-rules/) ↗ (http://www.fda.gov/about-fda/website-policies/website-disclaimer) | State |
| Ohio (http://ovmlb.ohio.gov/) | State |
| Oklahoma (https://okvetboard.com/) ↗ (http://www.fda.gov/about-fda/website-policies/website-disclaimer) | State |

| State | For a lawful VFD, this VCPR definition applies: |
|--|---|
| Oregon (https://www.oregon.gov/ovmeb/Pages/default.aspx) | State |
| Pennsylvania (https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/VeterinaryMedicine/Pages/default.aspx#.Vdyi65dlkTU) | Federal (http://www.ecfr.gov/cgi-bin/text-idx?SID=99550a83c97103df1503d4e34b99b26b&mc=true&node=pt21) |
| Rhode Island (https://health.ri.gov/licenses/detail.php?id=247) | Federal (http://www.ecfr.gov/cgi-bin/text-idx?SID=99550a83c97103df1503d4e34b99b26b&mc=true&node=pt21) |
| South Carolina (https://llr.sc.gov/vet/pub.aspx) | State |
| South Dakota (https://vetboard.sd.gov/index.html) | Federal (http://www.ecfr.gov/cgi-bin/text-idx?SID=99550a83c97103df1503d4e34b99b26b&mc=true&node=pt21) |
| Tennessee (https://www.tn.gov/health/health-program-areas/health-professional-boards/veterinary-board/vet-board.html) | State |
| Texas (https://www.veterinary.texas.gov/) | State |
| Utah (https://dopl.utah.gov/vet/) | State |
| Vermont (https://sos.vermont.gov/veterinary-medicine/) | State |
| Virginia (http://www.dhp.virginia.gov/Boards/VetMed/) | Federal (http://www.ecfr.gov/cgi-bin/text-idx?SID=99550a83c97103df1503d4e34b99b26b&mc=true&node=pt21) |
| Washington (https://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/Veterinarian) | State |
| West Virginia (https://wvbm.org/) ↗ (http://www.fda.gov/about-fda/website-policies/website-disclaimer) | Federal (http://www.ecfr.gov/cgi-bin/text-idx?SID=99550a83c97103df1503d4e34b99b26b&mc=true&node=pt21) |

| State | For a lawful VFD, this VCPR definition applies: |
|---|---|
| Wisconsin (https://datcp.wi.gov/Pages/About_Us/VeterinaryExaminingBoard.aspx) | Federal (http://www.ecfr.gov/cgi-bin/text-idx?SID=99550a83c97103df1503d4e34b99b26b&mc=true&node=pt21) |
| Wyoming (https://vetboard.wyo.gov/) | State |

#269

**Enforcement Policy Regarding
Federal VCPR Requirements to
Facilitate Veterinary Telemedicine
During the COVID-19 Outbreak**

Guidance for Industry

March 2020



**U.S. Department of Health and Human Services
Food and Drug Administration
Center for Veterinary Medicine**

Preface

Public Comment

This guidance is being issued to address the Coronavirus Disease 2019 (COVID-19) public health emergency. This guidance is being implemented without prior public comment because the FDA has determined that prior public participation for this guidance is not feasible or appropriate (see section 701(h)(1)(C)(i) of the Federal Food, Drug, and Cosmetic Act (FD&C Act) and 21 CFR 10.115(g)(2)). This guidance document is being implemented immediately, but it remains subject to comment in accordance with the Agency's good guidance practices.

Comments may be submitted at any time for Agency consideration. Submit written comments to the Dockets Management Staff (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852. Submit electronic comments to <https://www.regulations.gov>. All comments should be identified with the docket number FDA-2020-D-1140 and complete title of the guidance in the request.

Additional Copies

Additional copies are available from the FDA webpage titled "Coronavirus Disease 2019 (COVID-19)," available at <https://www.fda.gov/emergency-preparedness-and-response/mcm-issues/coronavirus-disease-2019-covid-19>, the FDA webpage titled "Search for FDA Guidance Documents," available at <https://www.fda.gov/regulatory-information/search-fda-guidance-documents>, and the Center for Veterinary Medicine webpage titled "Guidance for Industry," available at <https://www.fda.gov/animal-veterinary/guidance-regulations/guidance-industry>. You may also send an e-mail request to AskCVM@fda.hhs.gov to receive a copy of the guidance. Please include the document number FDA-2020-D-1140 and complete title of the guidance in the request.

Questions

For questions about this document, contact AskCVM@fda.hhs.gov.

Enforcement Policy Regarding Federal VCPR Requirements to Facilitate Veterinary Telemedicine During the COVID-19 Outbreak

Guidance for Industry

This guidance represents the current thinking of the Food and Drug Administration (FDA or Agency) on this topic. It does not establish any rights for any person and is not binding on FDA or the public. You can use an alternative approach if it satisfies the requirements of the applicable statutes and regulations. To discuss an alternative approach, contact the FDA staff responsible for this guidance as listed on the title page.

I. Introduction

The Food and Drug Administration (FDA or Agency) plays a critical role in protecting the United States from threats, including emerging infectious diseases such as the Coronavirus Disease 2019 (COVID-19) pandemic. FDA is committed to providing timely guidance to support continuity and response efforts during this pandemic. On January 31, 2020, the Department of Health and Human Services (HHS) issued a declaration of a public health emergency related to COVID-19 and mobilized the Operating Divisions of HHS.¹ In addition, on March 13, 2020, the President declared a national emergency in response to COVID-19.²

FDA is issuing this guidance to facilitate veterinarians' ability to provide veterinary medical services during the COVID-19 pandemic.

Given this public health emergency, this guidance is being implemented without prior public comment because the FDA has determined that prior public participation for this guidance is not feasible or appropriate (see section 701(h)(1)(C)(i) of the Federal Food, Drug, and Cosmetic Act (FD&C Act) and 21 CFR 10.115(g)(2)). This guidance document is being implemented immediately, but it remains subject to comment in accordance with the Agency's good guidance practices.

In general, FDA's guidance documents, including this guidance, do not establish legally

¹ Secretary of Health and Human Services Alex M Azar, Determination that a Public Health Emergency Exists. (Jan. 31, 2020), available at <https://www.phe.gov/emergency/news/healthactions/phe/Pages/2019-nCoV.aspx>.

² Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak (Mar. 13, 2020), available at <https://www.whitehouse.gov/presidential-actions/proclamation-declaring-national-emergency-concerning-novel-coronavirus-disease-covid-19-outbreak/>.

Contains Nonbinding Recommendations

enforceable responsibilities. Instead, guidances describe the Agency's current thinking on a topic and should be viewed only as recommendations, unless specific regulatory or statutory requirements are cited. The use of the word *should* in Agency guidance means that something is suggested or recommended, but not required.

II. Discussion

FDA recognizes the vital role veterinarians play in protecting public health. FDA is aware that during the COVID-19 outbreak some States are modifying their requirements for veterinary telemedicine, including State requirements regarding the veterinarian-client-patient relationship (VCPR). 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,³ the Federal VCPR definition cannot be met solely through telemedicine. To further facilitate veterinarians' ability to utilize telemedicine to address animal health needs during the COVID-19 outbreak, FDA intends to temporarily suspend enforcement of a portion of the Federal VCPR requirements. Specifically, FDA generally intends not to enforce the animal examination and premises visit VCPR requirements relevant to FDA regulations governing Extralabel Drug Use in Animals (21 CFR part 530) and Veterinary Feed Directive Drugs (21 CFR 558.6). Given the temporary nature of this policy, we plan to reassess it periodically and provide revision or withdrawal of this guidance as necessary.

³ See 21 CFR 530.3(i) for the Federal definition of a "valid veterinarian-client-patient relationship."

Virginia Department of Health Professions
Cash Balance
As of June 30, 2021

| | 106- Veterinary Medicine |
|---|---------------------------------|
| Board Cash Balance as June 30, 2020 | \$ 1,320,216 |
| YTD FY21 Revenue | 1,215,844 |
| Less: YTD FY21 Direct and Allocated Expenditures | <u>936,501</u> |
| Board Cash Balance as June 30, 2021 | <u><u>\$ 1,599,560</u></u> |

Veterinary Medicine Monthly Snapshot for August 2021

Veterinary Medicine closed more cases in August than received. Veterinary Medicine closed 15 patient care cases and 18 non-patient care cases for a total of 33 cases.

| Cases Closed | |
|------------------|-----------|
| Patient Care | 15 |
| Non-Patient Care | 18 |
| Total | 33 |

The board received 10 patient care cases and 10 non-patient care cases for a total of 20 cases.

| Cases Received | |
|------------------|-----------|
| Patient Care | 10 |
| Non-Patient Care | 10 |
| Total | 20 |

As of August 31 2021, there were 169 patient care cases open and 112 non-patient care cases open for a total of 281 cases.

| Cases Open | |
|------------------|------------|
| Patient Care | 169 |
| Non-Patient Care | 112 |
| Total | 281 |

There were 8,569 Veterinary Medicine licensees as of September 1, 2021. The number of current licenses are broken down by profession in the following chart.

| Current Licenses | |
|---------------------------------------|--------------|
| Equine Dental Technician | 22 |
| Veterinarian | 4,715 |
| Veterinary Establishment - Ambulatory | 301 |
| Veterinary Establishment - Stationary | 903 |
| Veterinary Faculty | 90 |
| Veterinary Intern/Resident | 71 |
| Veterinary Technician | 2,467 |
| Total for Veterinary Medicine | 8,569 |

There were 59 licenses issued for Veterinary Medicine for the month of August. The number of licenses issued are broken down by profession in the following chart.

| License Issued | |
|---------------------------------------|-----------|
| Veterinarian | 23 |
| Veterinary Establishment – Ambulatory | 3 |
| Veterinary Establishment – Stationary | 2 |
| Veterinary Faculty | 6 |
| Veterinary Technician | 25 |
| Total for Veterinary Medicine | 59 |

Board of Veterinary Medicine

2022 *DRAFT* Meeting Calendar

| Date | Location | Meeting/Informal Conference(s) |
|-----------------------------|---------------------------|--------------------------------|
| Thursday, February 17, 2022 | Board Room 1 9:00 a.m. | <i>Informal Conference(s)</i> |
| | HR 4 & 6 | |
| Thursday, March 3, 2022 | Board Room 1 9:00 a.m. | Board Meeting |
| | HR 4 & 6 | <i>Informal Conference(s)</i> |
| Thursday, April 28, 2022 | Board Room 1 9:00 a.m. | <i>Informal Conference(s)</i> |
| | HR 4 & 6 | |
| Thursday, May 26, 2022 | Board Room 3 9:00 a.m. | <i>Informal Conference(s)</i> |
| | HR 4 & 6 | |
| Thursday, June 23, 2022 | Training Room 2 9:00 a.m. | <i>Informal Conference(s)</i> |
| | HR 4 & 6 | |
| Thursday, July 28, 2022 | Board Room 2 9:00 a.m. | Board Meeting |
| | HR 4 & 6 | <i>Informal Conference(s)</i> |
| Thursday, August 11, 2022 | Board Room 3 9:00 a.m. | <i>Informal Conference(s)</i> |
| | HR 4 & 6 | |
| Thursday, September 1, 2022 | Board Room 3 9:00 a.m. | <i>Informal Conference(s)</i> |
| | HR 4 & 6 | |
| Thursday, October 13, 2022 | Board Room 4 9:00 a.m. | Board Meeting |
| | HR 4 & 6 | <i>Informal Conference(s)</i> |
| Thursday, November 10, 2022 | Board Room 3 9:00 a.m. | <i>Informal Conference(s)</i> |
| | HR 4 & 6 | |
| Thursday, December 8, 2022 | Board Room 1 9:00 a.m. | <i>Informal Conference(s)</i> |
| | HR 4 & 6 | |



2021 ICVA ANNUAL REPORT FOR LICENSING BOARDS



Dr. Karen Robertson



Dr. Heather Case

Letter from the Chair and CEO

While the COVID-19 pandemic continues to produce uncertainty and unexpected challenges, we remain focused on administering our assessments in ways that both keep examinees safe and maintain the integrity and high security standards of the examinations themselves. The challenges presented by COVID this past year were no match for our dedicated veterinary community, and we are pleased to announce successful testing during unprecedented times.

From the continued expansion in NAVLE testing windows, to the transition to remote proctoring for our Species Specific Examinations, our team remained in constant communication with all stakeholders involved. The collaboration demonstrated between the individual state and provincial licensing boards, the veterinary colleges, Prometric Testing Centers, and the 6,600+ examinees worldwide, was truly inspiring.

Looking back on this past year, we can't help but be grateful – to our talented volunteers, to our outstanding staff, to our dedicated colleagues, and to the entire veterinary community. Without your continued commitment we wouldn't be able to fulfill our mission to provide world-class assessments that protect animals and humans alike.

Karen Robertson
DVM, DACVPM
ICVA Chair

Heather Case, DVM, MPH,
DACVPM, CAE
Chief Executive Officer



ICVA Vision

The world leader in veterinary assessments.

ICVA Mission

Provide world-class examinations and other assessment tools to protect the public, and animal health and welfare. Provide leadership and facilitate collaboration throughout veterinary medicine.

Values

Transparency

organizationally and in testing procedures, materials and content

Confidentiality

when collecting and reporting personal information, credit card data, and test scores

Reliability

in relevant test design, implementation, and scoring

Service

to candidates, licensing boards, and society at large

Respect, Civility & Collegiality

towards staff, stakeholders, board members, and across veterinary medicine

Integrity

in all actions and business relationships

Fiscal Responsibility

to ensure continuous improvements in our testing products and customer service, as well as a viable future for our organization

Diversity and Inclusion

treat everyone with fairness, respect and dignity, and purposefully act to attract and retain staff and Board members with a broad range of ideas, viewpoints, perspectives, expertise and experiences reflecting the diversity of the populations we serve. We respect and value these differences and encourage opportunities to learn from and be enriched by them as they challenge us to grow and think differently.

North American Veterinary Licensing Examination (NAVLE®)

Administered since 2000, the NAVLE consists of 360 clinically relevant multiple-choice questions and is a requirement for licensure to practice veterinary medicine in all licensing jurisdictions in the US and Canada.

Developed in cooperation with the National Board of Medical Examiners® (NBME®), the NAVLE is offered at Prometric computer testing centers throughout North America and certain overseas sites.



CUMULATIVE EXAM COMPLETIONS BY CANDIDATES:

2020-2021 TESTING CYCLE

6,639

COVID-19 RESPONSE

ICVA continued to work hand-in-hand with the National Board of Medical Examiners® (NBME®) and Prometric Testing Centers to make informed decisions regarding safety for candidate testing. The decision was made to proactively expand the Fall 2020 and Spring 2021 NAVLE administration. As a result 6,639 candidates successfully tested.



NAVLE®

PERFORMANCE DATA

Complete data can be found here on our website by clicking on the heading "How have others done on the NAVLE": <https://www.icva.net/faqs/>

NAVLE FEES

The 2020-2021 ICVA NAVLE application fee was \$690 (USD) for candidates to take the test. For those who wanted to take the NAVLE at selected Prometric Testing Centers outside of the U.S. or Canada, there was an additional \$330 (USD) overseas testing fee.



84,033

candidates completed the NAVLE since 2000-2001

103,485

total tests given since 2000-2001

20.2% ↑

Increase in candidate pool in the last five years

ULTIMATE PERFORMANCE PASSING RATE for senior students from AVMA-accredited schools

92%

2020-2021

95%

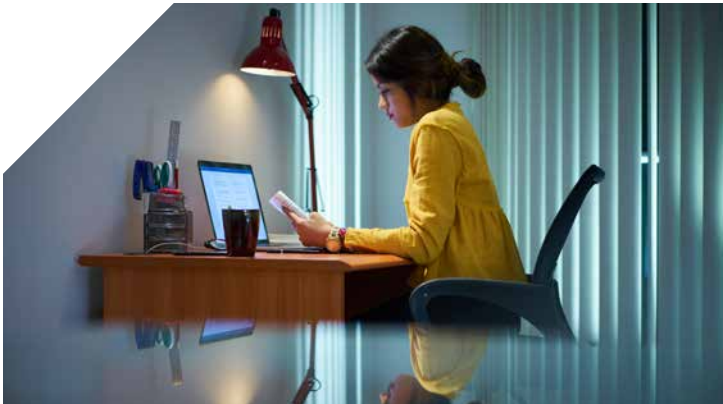
2019-2020

94%

2018-2019

94% passing the exam

remains relatively consistent for the past five years



COVID-19 RESPONSE

The ongoing COVID-19 pandemic resulted in several changes to the Fall 2020 and Spring 2021 NAVLE administration. As COVID-19 policies and guidelines were released, and continued to rapidly evolve, the ICVA worked hand-in-hand with the National Board of Medical Examiners® (NBME®) and Prometric Testing Centers to make informed decisions regarding testing.

KEY CHANGES:

Extended Exam Completion Options for Candidates

The NAVLE is typically offered twice a year – during a four-week window in November-December, and again during a two-week window in April. This provides most candidates two opportunities to pass the NAVLE before graduating from veterinary school.

In early 2020, as the scale and scope of Prometric Test Center closures began to increase, ICVA proactively expanded the Fall 2020 testing window from September 1 to December 31, 2020, to ease candidate scheduling and allow over 5,100 examinees to test successfully. In 2021, the ICVA was pleased

to announce that the expanded Spring 2021 NAVLE testing window (which opened March 1) was completed May 31 with all scores released in June. Though we saw continued COVID-19 challenges and test center closures in some areas, ICVA is proud to have successfully tested over 1400 NAVLE candidates in the spring window.

Multiple Score Report Releases

Throughout the expanded testing windows, ICVA provided multiple NAVLE score report releases to candidates and licensing boards. The change was made to allow successful candidates to begin practicing as soon as possible.

Performance on Fall 2020 NAVLE by Examinee Group

| | Mean Scale Score | SD Scale Score | Number of Examinees Failing | Percent of Examinees Failing | Total Examinees |
|-----------------------------------|------------------|----------------|-----------------------------|------------------------------|-----------------|
| Criterion Group ¹ | 501 | 64 | 473 | 11.2% | 4219 |
| Non-Criterion Group ² | 445 | 60 | 194 | 35.6% | 547 |
| Non-Accredited Group ³ | 390 | 74 | 270 | 65.4% | 412 |
| Total Group | 487 | 73 | 937 | 18.1% | 5179 |

Performance on Spring 2021 NAVLE by Examinee Group

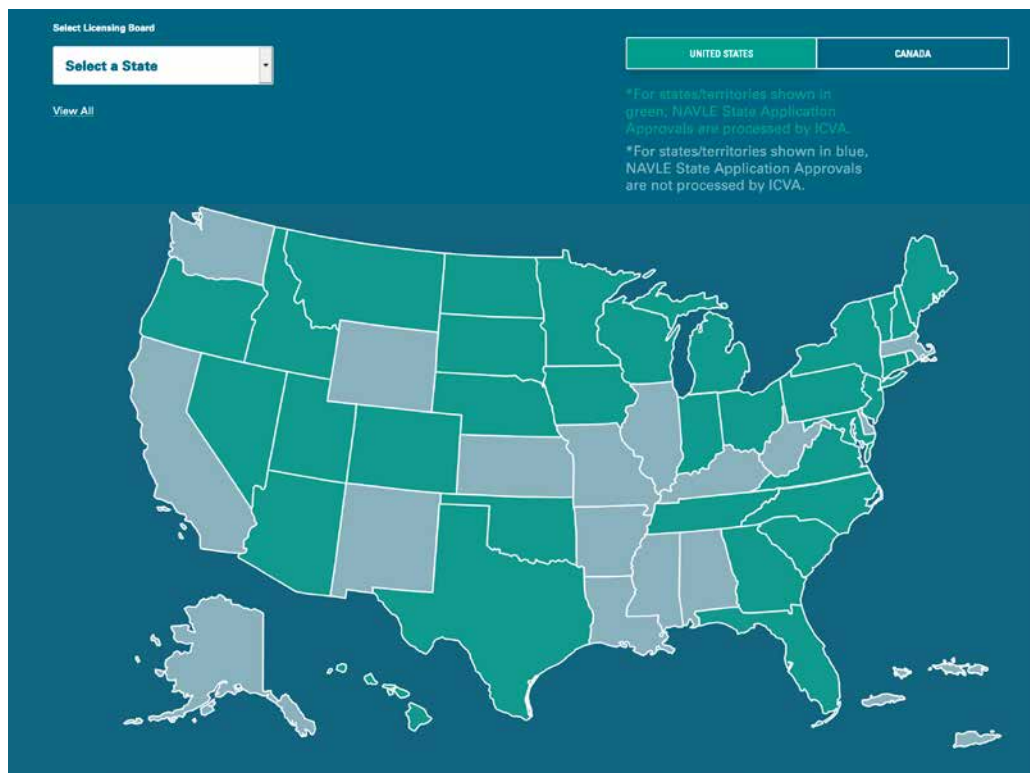
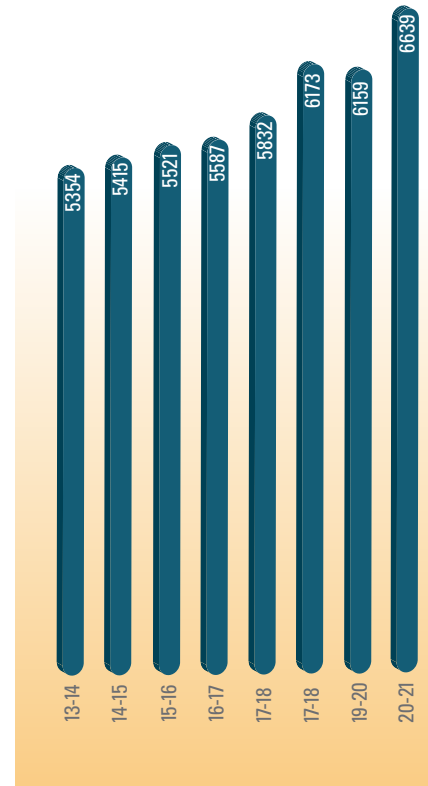
| | Mean Scale Score | SD Scale Score | Number of Examinees Failing | Percent of Examinees Failing | Total Examinees |
|-----------------------------------|------------------|----------------|-----------------------------|------------------------------|-----------------|
| Criterion Group ¹ | 452 | 71 | 108 | 36.4% | 297 |
| Non-Criterion Group ² | 433 | 50 | 291 | 40.8% | 713 |
| Non-Accredited Group ³ | 407 | 73 | 258 | 57.3% | 450 |
| Total Group | 429 | 64 | 657 | 45.0% | 1460 |

Performance on Both Administrations by Examinee Group

| | Mean Scale Score | SD Scale Score | Number of Examinees Failing | Percent of Examinees Failing | Total Examinees |
|-----------------------------------|------------------|----------------|-----------------------------|------------------------------|-----------------|
| Criterion Group ¹ | 498 | 66 | 581 | 12.9% | 4516 |
| Non-Criterion Group ² | 438 | 55 | 485 | 38.5% | 1260 |
| Non-Accredited Group ³ | 399 | 74 | 528 | 61.2% | 863 |
| Total Group | 474 | 75 | 1594 | 24.0% | 6639 |

- (1) Criterion Group: senior students of accredited veterinary schools who took the NAVLE for the first time under standard testing conditions;
 (2) Non-Criterion Group: senior students of accredited veterinary schools who had previously taken the NAVLE or took the NAVLE with test accommodations or graduate veterinarians from accredited schools; and
 (3) Non-Accredited Group: graduates or senior students of foreign veterinary schools that are not accredited by the American Veterinary Medical Association's Council on Education.

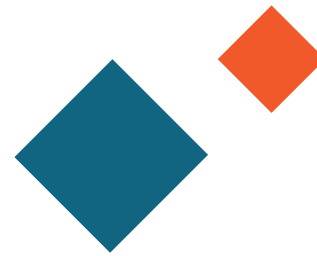
NAVLE Growth Chart



NAVLE Approvals

The ICVA currently reviews and approves NAVLE candidates on behalf of 35 licensing boards. This service allows licensing boards to focus resources on licensing priorities. Candidates pay an application fee to ICVA (\$55) and there is no cost to the licensing boards.





NAVLE PRACTICE EXAMS

NAVLE practice exams (also known as NAVLE Self-Assessments) are web-based examinations designed to help NAVLE candidates identify their strengths and weaknesses as they prepare for the NAVLE.

Each NAVLE self-assessment form consists of 200 multiple-choice items, which are presented in four sections of 50 items each. There are now two types of self-assessments:

REGULAR & EXPANDED FEEDBACK USE

English

- Form 1 – Regular 1734
- Form 2 – Expanded Feedback 2388
- Form 3 – Regular 946

French

- Form 1 – Regular 21
- Form 2 - Expanded Feedback 50

Regular
Self-Assessment
Fee: \$50

Expanded Feedback
Self-Assessment
Fee: \$65

ICVA is pleased to announce that new NAVLE Self-Assessment forms are now available for purchase. There are three new English forms and two new French forms, which can be taken under standard-paced or self-paced timing modes.

All new forms follow the current blueprint of the NAVLE.

In response to candidate requests in recent years, an expanded feedback form was created in 2020, and allows the examinee to review the questions and answers to incorrectly answered questions. Research has confirmed that the projected score range for examinees who take the practice exams under the standard-paced timing mode is predictive of later performance on the NAVLE.

3,355

FREE Self-Assessments

As a good will gesture, candidates were offered one FREE web-based NAVLE Self-Assessment (SA) practice exam through December 31, 2020, as they prepared to take the test under unprecedented conditions, and 3,355 free self-assessments were taken.



Species Specific Examinations

At the request of licensing boards, in 2000 the ICVA developed the Species Specific examinations to evaluate a veterinarian's knowledge in companion animal or equine medicine. Veterinarians may take one or both of the examinations, depending on the needs of the licensing board.

Available in multiple forms of each examination, the 100 item exam is only available to licensing boards. Exams are used to assess a veterinarian's competency in disciplinary cases or as verification of competency for a veterinarian who is licensed in another jurisdiction. The Species Specific exam was recently reviewed and revised, and each form comes with an ICVA-recommended passing standard. Additionally, ICVA implemented options to allow remote proctoring for easier administration.



Species Specific exams given:

18

total in 2020/2021 fiscal year



ICVA implemented options to allow remote proctoring

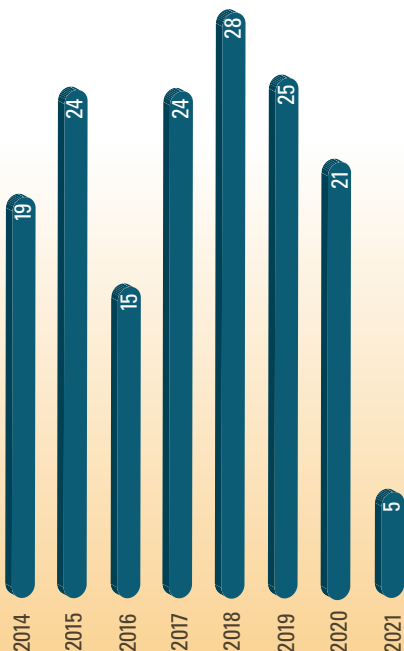
8

on-line with in-person proctoring

10

on-line with remote proctoring

Species Specific Use



18 total exams administered

4 different countries

Species Specific Testing Locations - 2020/2021

* The remote proctoring of the SSE allows North American licensing boards to administer a Species Specific Examination to wherever their candidate is located (country, time zone, etc).

300+
total volunteers



NAVLE Volunteer Opportunities

Licensing board members, academicians, current practitioners and other subject matter experts are needed on an on-going basis as part of ICVA's commitment to assessment quality. Volunteer opportunities include the following:

- **NAVLE Item Writing**
– writing items for the NAVLE in accordance with the current NAVLE blueprint.
- **Annual NAVLE Pool Reviews** – older NAVLE items are reviewed for accuracy and relevance.
- **Annual NAVLE Form Reviews** – NAVLE forms are reviewed prior to use in the next testing cycle.



“ I knew I wanted to be a Veterinarian since the 3rd Grade. Veterinary Medicine is a part of my heart and soul. Helping to play a small role in ensuring our animal patients and their owners get the best possible care is the reason I volunteer with the ICVA.”

– Dr. Gary Gackstetter

“ I suggest to my colleagues to whole heartedly participate because ICVA is a fantastic organization. I have been participating in the question writing and reviewing since 1994 - present. If you enjoy your life as a blessed veterinarian, ICVA is a way to give something useful back to the profession in your area of expertise.”

–Dr. Sanjay Kapil

If you are interested in learning more about volunteer opportunities with the ICVA, please contact our office at mail@icva.net.

“ I have enjoyed every moment being a veterinarian and have much to be grateful for being a part of a wonderful, enriching profession. Volunteering for the ICVA allows me to share my expertise and give back to my profession by helping to play a role in the development of assessments used in veterinary medicine.”

– Dr. Teresa Morishita



**VIRGINIA BOARD OF VETERINARY MEDICINE
BYLAWS**

Article I. Officers of the Board.

A. Election of officers.

1. The officers of the Board of Veterinary Medicine shall be a President, a Vice-President and a Secretary. At the last regularly scheduled meeting of the calendar year, the board shall elect its officers. Nominations for office shall be selected by open ballot, and election shall require a majority of the members present.
2. The term of office shall be one year from January 1 to December 31; a person may serve in the same office for one additional term.
3. A vacancy occurring in any office shall be filled during the next meeting of the board.

B. Duties of the officers

1. President.

The President shall preside at all meetings and formal administrative hearings in accordance with parliamentary rules and the Administrative Process Act, and requires adherence of it on the part of the board members. The President shall appoint all committees unless otherwise ordered by the board.

2. Vice-President.

The Vice-President shall, in the absence or incapacity of the President, perform pro tempore all of the duties of the President.

3. Secretary.

The Secretary shall perform generally all the duties necessary and usually pertaining to such office

4. In the absence of the President, Vice-President and Secretary, the President shall appoint another board member to preside at the meeting and/or formal administrative hearing.

5. The Executive Director shall be the custodian of all board records and all papers of value. The Executive Director shall preserve a correct list of all applicants and licensees. The

Executive Director shall manage the correspondence of the board and shall perform all such other duties as naturally pertain to this position.

Article II. Meetings.

A. Number and organization of meetings.

1. For purposes of these bylaws, the board shall schedule at least three full board meetings in each year, with the right to change the date or cancel any board meeting; with the exception that one meeting shall take place annually.

2. A majority of the members of the board shall constitute a quorum for the transaction of business. The current edition of Robert's Rules of Order, revised, shall apply unless overruled by these bylaws or when otherwise agreed.

B. Attendance of board members.

Members shall attend all scheduled meetings of the board and committee to which they serve, unless prevented by illness or similar unavoidable cause. In the event of two consecutive unexcused absences at any meeting of the board or its committees, the President shall make a recommendation about the board member's continued service to the Director of the Department of Health Professions for referral to the Secretary of Health and Human Resources and Secretary of the Commonwealth.

C. Order of business. The order of the business shall be as follows:

1. Call to order with statement made for the record of how many and which board members are present and that it constitutes a quorum.
2. Public comment.
3. Approval of minutes.
4. The Executive Director and the President shall collaborate on the remainder of the agenda.

Article III. Committees.

A. Standing Committees:

1. Special Conference Committee.

This committee shall consist of two board members who shall review information regarding alleged violations of the veterinary medicine laws and regulations and determine if probable cause exists to proceed with possible disciplinary action. The President shall also designate

another board member as an alternate on this committee in the event one of the standing committee members becomes ill or is unable to attend a scheduled conference date. Further, should the caseload increase to the level that additional special conference committees are needed, the President may appoint additional committees.

2. Regulatory/Legislative Committee.

The committee shall consist of at least three board members. The board delegates to the Regulatory/Legislative Committee to recommend actions to petitions for rulemaking. This committee is responsible for the development of proposals for new regulations or amendments to existing regulations with all required accompanying documentation; the drafting of board responses to public comment as required in conjunction with rulemaking; conducting the required review of all existing regulations as required by the board's Public Participation Guidelines and any Executive Order of the Governor, and other required tasks related to regulations. In accordance with the Administrative Process Act, any proposed draft regulation and response to public comment shall be reviewed and approved by the full board prior to publication. The board delegates the authority to develop proposals for legislative initiatives of the board. Any proposed draft legislation and response to public comment shall be reviewed and approved by the full board prior to publication.

3. Credentials Committee.

The committee shall consist of two board members. The members of the committee may review non-routine licensure applications to determine the credentials of the applicant and the applicability of the statutes and regulations when the Board President deems necessary. The committee shall not be required to meet collectively.

B. Ad hoc committees

There may be ad hoc committees, appointed as needed and shall consist of three or more persons appointed by the board who are knowledgeable in the particular area of practice or education under consideration by the board. The committee shall review matters as requested by the board and advise the board relative to the matters or make recommendations for consideration by the board.

Article IV. General Delegation of Authority.

A. The Board delegates to board staff the authority to issue and renew licenses and registrations for which statutory and regulatory qualifications have been met.

B. The Board delegates to the Executive Director the authority to reinstate a license or registration when the reinstatement is due to the lapse of the license or registration rather than a disciplinary action and there is no basis upon which the Board could refuse to reinstate.

C. The Board delegates to board staff the authority to develop, approve and update information on forms used in the daily operations of board business, to include, but not limited to, licensure

applications, renewal forms, inspection forms and documents used in the disciplinary process. The Executive Director shall consult with the board President prior to posting inspection form changes.

D. The Board delegates authority to the Executive Director to negotiate a Consent Order in consultation with the chair of a Special Conference Committee or formal hearing.

E. The Board delegates to the Executive Director the authority to sign as entered any Order or Consent Order resulting from the disciplinary process or other administrative proceeding.

F. The Board delegates to the Executive Director, who may consult with a special conference committee member, the authority to provide guidance to the agency's Enforcement Division in situations wherein a complaint is of questionable jurisdiction and an investigation may not be necessary.

G. The Board delegates to the Executive Director the authority to review information regarding alleged violations of law or regulations and, in consultation with a member of a special conference committee, make a determination as to whether probable cause exists to proceed with possible disciplinary action.

H. The Board delegates authority to the Executive Director to close non-jurisdictional cases and fee disputes cases without review by a board member.

I. The Board delegates authority to the Executive Director to grant an extension for good cause of up to one year for the completion of continuing education requirements upon written request from the licensee or registrant prior to the renewal date.

J. The Board delegates authority to the Executive Director to grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee or registrant, such as temporary disability, mandatory military service, or officially declared disasters.

K. The Board delegates authority to the Executive Director to issue an advisory letter, offer a confidential consent agreement or offer a Consent Order for action consistent with any board-approved guidance document.

L. The Board delegates to the President the authority to represent the board in instances where board "consultation" or "review" may be requested where a vote of the board is not required, and a meeting is not feasible.

M. The Board delegates to the Department of Health Professions' inspectors the authority to issue an Inspection Summary upon completion of an inspection, and the Board delegates to the Executive Director the authority to take action consistent with any board-approved guidance document related to inspection violations.

N. The Board delegates to the Executive Director the authority to grant an accommodation of additional testing time or other requests for accommodation to candidates for Board-required examinations pursuant to the Americans with Disabilities Act, provided the candidate provides documentation that supports such an accommodation.

O. The Board delegates authority to the Executive Director to issue an Advisory Letter to the person who is the subject of a complaint pursuant to Va. Code § 54.1-2400.2(F), when it is determined that a probable cause review indicates a disciplinary proceeding will not be instituted.

P. The Board delegates authority to the Executive Director to request and accept from a licensee or registrant, in lieu of disciplinary action, a Confidential Consent Agreement, pursuant to Va. Code § 54.1-2400(14), consistent with any guidance documents adopted by the Board.

Q. The Board delegates authority to the Executive Director or designee to make probable cause decisions for cases involving the following:

- Impairment;
- Diversion;
- Failure to maintain drugs in a secure manner;
- Inspections;
- Compliance with Board Orders;
- PMP reporting;
- Compliance with continuing education requirements;
- Unlicensed activity;
- Aiding and abetting unlicensed activity;
- Fraud;
- Unprofessional conduct for failure to release records; and
- Compliance with medical recordkeeping requirements.

R. The Board delegates authority to the Executive Director or designee to make investigation decisions for cases involving the following:

- Lack of evidence to proceed; and
- Reports of drug theft and loss

Article V. Amendments.

Proposed amendments to these bylaws shall be presented in writing to all Board members, the Executive Director of the Board, and the Board's legal counsel prior to any regularly scheduled Board meeting. Amendments to the bylaws shall become effective with a favorable vote of at least two-thirds of the board members present at that regular meeting.