

Jay Nixon
Governor
State of Missouri

Kathleen (Katie) Steele Danner, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

MISSOURI VETERINARY MEDICAL BOARD
3605 Missouri Boulevard
P.O. Box 633
Jefferson City, MO 65102-0633
573-751-0031
573-526-3856 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri
<http://www.pr.mo.gov>

Dana K. Fennewald
Executive Director

M E M O R A N D U M

TO: PROVISIONAL LICENSE APPLICANT

FROM: DANA K. FENNEWALD, EXECUTIVE DIRECTOR

SUBJECT: REQUIREMENTS REGARDING LEVELS OF SUPERVISION

This memorandum is to advise you of the requirements pertaining to you in your capacity as a provisional license holder.

In order for a provisional license to be issued, you must be under the direct supervision of a Missouri licensed veterinarian to practice veterinary medicine. Such supervision will be consistent with the designated animal health care task. The supervising veterinarian shall be responsible for the provisional licensee.

20 CSR 2270-4.060 Minimum Standards of Supervision states;

“Direct Supervision: the licensed veterinarian is on the premises where the animal is being treated and is quickly and easily available and the animal has been examined by a licensed veterinarian at such times as acceptable veterinary medical practice requires consistent with the particular delegated animal health care task; and”

“Indirect Supervision: the licensed veterinarian need not be on the premises but has given either written or oral instructions for the treatment of the animal patient or treatment protocol has been established and the animal has been examined by a licensed veterinarian at such times as acceptable veterinary medical practice requires consistent with the particular delegated health care task; provided that the patient is not in a surgical plane of anesthesia and the licensed veterinarian is available for consultation on at least a daily basis.”

The required levels of supervision for provisional licensees are designated below. The information has been obtained from the Required Levels of Supervision table.

| | |
|--|--|
| <i>Anesthesia Monitoring (of or administration of pre-calculated dose of anesthesia)</i> | <i>Direct Supervision</i> |
| <i>Induction</i> | <i>Direct Supervision</i> |
| <i>Euthaniza</i> | <i>Direct Supervision</i> |
| <i>Surgery</i> | <i>Direct Supervision</i> |
| <i>Diagnosis</i> | <i>Direct Supervision</i> |
| <i>Prescribing Controlled Not Controlled</i> | <i>Not Legal Direct Supervision</i> |
| <i>Treatment At Facility Not At Facility</i> | <i>Indirect Supervision Indirect Supervision</i> |
| <i>Administer Rabies</i> | <i>Indirect Supervision</i> |
| <i>Biologics / Others</i> | <i>Indirect Supervision</i> |
| <i>Routine Dental Prophylaxis</i> | <i>Direct Supervision</i> |

The supervisor identified on the provisional license is responsible for the temporary licensee and shall notify the board within ten (10) days if the employment ceases at the place of employment designated on the provisional license.

If you have any questions, please contact our office.



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
APPLICATION FOR PROVISIONAL VETERINARY LICENSURE

MISSOURI VETERINARY MEDICAL BOARD
 3605 MISSOURI BOULEVARD
 P.O. BOX 633
 JEFFERSON CITY, MO 65102

INSTRUCTIONS

1. Complete all sections below.
2. The provisional license applicant must submit an application for permanent licensure along with the required attachments and it must be completed prior to issuance of a provisional license.
3. After the application for provisional license is completed, please return it, along with the \$25 fee, to the following central office address:
 Missouri Veterinary Medical Board
 3605 Missouri Boulevard
 P.O. Box 633
 Jefferson City, Missouri 65102
 573/751-0031

A provisional license issued under sections 340.246 and 340.248 may be revoked by a majority vote of the board without a hearing.

TO BE COMPLETED BY PROVISIONAL LICENSE APPLICANT

| | | |
|---|---------------|---|
| NAME OF APPLICANT (Please Type or Print) | | |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH | TELEPHONE NUMBER WHERE YOU CAN BE REACHED |
| RESIDENTIAL ADDRESS | | |

Pursuant to Section 324.010 RSMo:
 CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.
False statements are subject to criminal penalties and/or license discipline.
 If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.

As a condition to the issuance of this provisional license, I acknowledge and consent to the board's exclusive authority to revoke the same with or without formal hearing as to cause.

| | |
|------|---|
| DATE | PROVISIONAL LICENSE APPLICANT <input type="text"/> , DVM |
|------|---|

TO BE COMPLETED BY SUPERVISING VETERINARIAN

| | |
|---|----------------|
| NAME OF PRIMARY SUPERVISING VETERINARIAN (Please Type or PRINT) | LICENSE NUMBER |
| NAME OF SECONDARY SUPERVISING VETERINARIAN (Please Type or Print), IF APPLICABLE | LICENSE NUMBER |
| ADDRESS | |

I certify that the above named applicant will be practicing veterinary medicine in the state of Missouri under my supervision until s/he can obtain a permanent license. Such supervision shall be consistent with the designated animal health care task.
 I accept responsibility for the above named applicant and agree to notify the board and return the provisional license within ten (10) days of termination of his/her employment.

| | |
|------|---|
| DATE | PRIMARY SUPERVISING VETERINARIAN <input type="text"/> , DVM |
| DATE | SECONDARY SUPERVISING VETERINARIAN, IF APPLICABLE <input type="text"/> , DVM |

| | | |
|---|---|-------------------------------|
| NOTARY PUBLIC EMBOSSER OR BLACK RUBBER STAMP SEAL | STATE | COUNTY (OR CITY OF ST. LOUIS) |
| | SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF _____ YEAR _____ | |
| | USE RUBBER STAMP IN CLEAR AREA BELOW. | |
| | NOTARY PUBLIC SIGNATURE | MY COMMISSION EXPIRES |
| NOTARY PUBLIC NAME (TYPED OR PRINTED) | | |