

IMPORTANT – PLEASE READ CAREFULLY

STATE BOARD EXAMINATION INFORMATION LETTER

The Missouri Veterinary Medical Board (“Board”) has redeveloped and updated the Missouri State Board Examination. You may be eligible to take the examination online through a secure website offered by the Board. The examination is an open book test consisting of 50 multiple choice questions. To prepare for the test, please study the material on our website at www.pr.mo.gov/veterinarian.asp. If you are unable to access the Study Material on our website, please request by e-mail that a study packet be mailed to you. Please e-mail the request to vets@pr.mo.gov. You must receive a score of at least 70% to pass the examination.

In order for an applicant to be scheduled to take the Missouri State Board Examination, applicants must:

- 1) Submit an application for licensure in the State of Missouri, and pay the required fees. The application and fees must be received at least 60 days prior to the administration of the examination.
- 2) The Board will determine if an applicant is eligible to sit for the examination by reviewing the application and documentation required. No applicant will be approved to sit for the examination until their application file is complete. **Also, it is important to note that a license cannot be issued to an applicant until the application has been approved by the Board.**
- 3) After you submit the completed application, which should include your e-mail address, and are approved by the Board to sit for the examination, you will then be considered eligible to take the examination and will be informed on how to proceed with the Missouri State Board Examination.
- 4) To gain access to the examination site, an applicant must have a Board issued PIN number.
- 5) Upon completion of the examination, you should know your score. The score is also sent directly to the Board’s office. The Board must receive the official test results to be included in your file and prior to the issuance of a license.
- 6) If the examination is failed, **the applicant will be required to wait 30 days to retest.** During this time period the applicant will need to submit an abbreviated application and the required fee. If the examination is failed after 2 attempts, the application will not only be required to wait 30 days to retest but must take a paper and pencil examination in Jefferson City, Missouri. The applicant is also required to submit an abbreviated application and the required fee.

Please notify our office immediately, if your contact information changes to ensure that our office has your current information to allow for scheduling. If you have any questions regarding the application process or the State Board Examination, please contact our office.

Reference List
Missouri Veterinary Medical Board
State Board Examination – Veterinarians/Veterinary
Technicians

The references listed on this page should be utilized as you prepare for the examination; however, they are not intended to be an all inclusive or definitive list. Some of the test questions may be based on professional experience; therefore, questions may not be limited to the reference materials listed on this page.

A Guide to Prescribing, Administering, and Dispensing Controlled Substances in Missouri. Prepared and Distributed by the Missouri Task Force on the Misuse, Abuse, and Diversion of Prescription Drugs, Revised January 2009.

Missouri Veterinary Medical Practice Act and Rules, Revised July 2013.

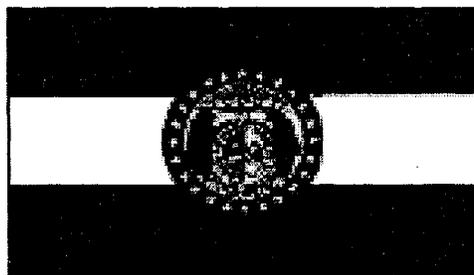
Practitioner's Manual – An Informational Outline of the Controlled Substances Act, Revised August 2006.

Technical Bulletin – Prepared by the Solid Waste Management Program of the Missouri Department of Natural Resources – Management of Infectious Waste by Small Quantity Generators, Revised June 2006.

54911 Federal Register, Title 9, Parts 160-162, January 1, 2005, Subchapter J- Accreditation of Veterinarians and Suspension or Revocation of Such Accreditation.

A GUIDE TO PRESCRIBING, ADMINISTERING AND DISPENSING

CONTROLLED SUBSTANCES IN MISSOURI



JANUARY 2009

PREPARED AND DISTRIBUTED BY THE MISSOURI TASK FORCE ON
MISUSE, ABUSE AND DIVERSION OF PRESCRIPTION DRUGS

MISSOURI TASK FORCE ON MISUSE, ABUSE AND DIVERSION OF PRESCRIPTION DRUGS

Missouri Board of Pharmacy
Missouri Dental Board
Missouri State Board of Nursing
Missouri State Board of Optometry
Missouri State Board of Podiatric Medicine
Missouri Veterinary Medical Board
Missouri State Board of Registration for the Healing Arts
Missouri Bureau of Narcotics and Dangerous Drugs
Office of the Missouri Attorney General
Missouri Association of Osteopathic Physicians and Surgeons
Missouri Dental Association
Missouri Hospital Association
Missouri Nurses Association
Missouri Optometric Association
Missouri Pharmacy Association
Missouri State Medical Association
Physicians' Health Program (MAOPS)
Missouri Physicians' Health Program (MSMA)
Missouri Veterinary Medical Association
Drug Enforcement Administration
Missouri League for Nursing

The abuse of prescription drugs is a serious social and health problem in the United States. As a practitioner, you share responsibility for preventing prescription drug abuse and diversion. Prescribing controlled substance medications is always a balancing act; the physician must do his or her best to safely and effectively treat their patients while at the same time avoid prescription practices that could potentially foster drug misuse or abuse. The information provided in this booklet is intended to aid physicians and other health professionals in their practice.

- You have a legal and ethical responsibility to uphold the law and to help protect society from drug abuse.
- Protect your practice from becoming an easy target for drug diversion and remember that you have a legal responsibility to acquaint yourself with the state and federal requirements for the prescribing and dispensing of controlled substances. Should you fail to abide by the requirements, you are subject to the loss or restriction of controlled substances privileges and discipline by the appropriate professional state licensing board.

This booklet will help you meet these responsibilities and legal requirements. It summarizes key aspects of Missouri and federal controlled substance law and outlines common sense procedures that practitioners can use to prevent diversion of these drugs.

Additional educational handouts and publications regarding record keeping, forms and preventing prescription fraud are available at the website of the Bureau of Narcotics and Dangerous Drugs at www.dhss.mo.gov/BNDD.

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How This Booklet is Planned Out – Chronologically:

This booklet is laid out in chronological order. We first define controlled substances so practitioners can learn what they are and where to find a list. Next we talk about having proper state and federal controlled substances registrations. Then we purchase, store them securely, administer, dispense, provide proper packaging, required labeling and then the required record keeping such as receipt records, inventories, dispensing logs and documentation in patients' charts. How to dispose of unwanted controlled substances is covered. The booklet provides a lot of information on the requirements for prescribing, what the limits are, what must be documented and how prescriptions may be transmitted.

This book is compiled of the most frequently asked questions from practitioners and items they wish to cover during educational presentations. Not every single law and circumstance can be covered in this booklet. The website of the DEA given below and the website of the BNDD given on page two have links to many more educational handouts, as well as state licensing boards whose websites may be viewed at www.pr.mo.gov.

What Are Controlled Substances ?

A controlled substance is a drug or other substance that comes under the jurisdiction of the Federal Controlled Substances Act of 1970. Narcotics, depressants, stimulants, hallucinogens and anabolic steroids are regulated by the Controlled Substances Act (CSA) and are listed in one of five schedules.

Schedule I substances have a high potential for abuse and no accepted medical use in the U.S. Schedule II drugs also have a high abuse potential with a severe liability for psychic or physical dependence, but in general are substances that are approved by the FDA for a therapeutic use. Schedules III-V includes drugs with decreasing levels of abuse potential. Schedule IV drugs are predominantly benzodiazepines.

In the state of Missouri, the Comprehensive Drug Control Act of 1989, administered by the Bureau of Narcotics and Dangerous Drugs in the Missouri Department of Health and Senior Services, closely parallels federal law. The statutes are in Chapter 195 RSMo and the state regulations are in 19 CSR 30-1.00 through 1.078. In some instances, however, Missouri's law is more stringent and takes precedence over federal law. For example, in Missouri, narcotic-containing cough syrups and certain products that contain ephedrine are listed in Schedule IV and cannot be purchased without a prescription. In Missouri, drug products containing solid dosage forms of pseudoephedrine are Schedule V and must be signed for at the pharmacy counter. Legend drugs with pseudoephedrine that require prescriptions are not Schedule V.

A List of Controlled Substances:

You may find a list of controlled substances in Missouri Statutes in Section 195.017, RSMo. These are listed by Schedule.

For a more user-friendly listing of controlled substances, you may view a searchable listing of controlled substances at the DEA's website, www.deadiversion.usdoj.gov. The left side of their homepage has a link where you can see all controlled substances in alphabetical order or you may also search them by schedule. It also matches brand name drug products to generic names.

Controlled Substance Registrations

For an individual practitioner to conduct any activities with controlled substances in Missouri, they must obtain registrations from both the Missouri Bureau of Narcotics and Dangerous Drugs (BNDD) first, and secondly the federal Drug Enforcement Administration (DEA). Individual practitioners include physicians, dentists, optometrists, podiatrists, veterinarians, and advance practice nurses. Practice sites such as offices and clinics are not registered separately from individual practitioners.

A full BNDD registration and a DEA registration must each be obtained every three years. The BNDD registration terminates if a practitioner discontinues practice at their registered location without proper notification to the BNDD. If this occurs, the practitioner no longer has controlled substance authority. If the BNDD is notified in writing, within 30 days of a change of practice location, then their registration may be amended.

A full 3-year registration is given at a Missouri practice location where patient care occurs and controlled substance activities take place. This is the practitioner's principal practice location where they spend the most time. This is where patients' records are kept and this location is open for inspection.

A temporary or locum tenen registration is issued for a one-year period. This registration is for travelling practitioners who fill in on a temporary basis. These practitioners must provide a Missouri practice location of where they will spend the majority of their time in Missouri. They may provide a separate mailing address to their home or employment agency. These practitioners are not allowed to accept or stock controlled substances for dispensing. These practitioners must maintain a log that lists all of their Missouri practice locations and the dates they worked there. This log must be maintained for two years and made available upon request.

A veterinarian may work under the authority of their employer's DEA registration. However each and every individual veterinarian must have their own personal Missouri state registration in order to conduct controlled substance activities in Missouri. A veterinarian who practices under their employer's DEA number cannot issue controlled substance prescriptions. An individual DEA number is required to issue a controlled substance prescription.

Physicians in residencies and training programs may use the hospital's DEA number with a suffix that identifies them. These practitioners are limited to only using controlled substances on the patients of the hospitals and facilities they are training in.

Do I Need Multiple Registrations?

Most practitioners have only one registration. They can purchase, stock, administer, dispense and prescribe at their principal and registered location. They can travel all over Missouri and prescribe from any locations.

Additional registrations are required if you:

1. Begin stocking and storing controlled substances at more than one location. There must be a separate location at every separate location drugs are stored;
2. Perform other activities other than being a practitioner, such as becoming a manufacturer, distributor, researcher, analytical lab, importer or exporter.

Any questions regarding registrations should be directed to the BNDD at (573) 751-6321

Purchasing/Obtaining Controlled Substances:

When practitioners want controlled substances for administration and dispensing in their offices, the practitioners may only have controlled substances transferred to them by another authorized DEA registrant and proper transfer records of documentation must be maintained. There are strict requirements for what a stocking practitioner must do and there are specific laws about what practitioners cannot do to obtain controlled substances.

What you may do:

1. Purchase and obtain controlled substances from a pharmacy, wholesaler, distributor, or have drugs transferred to you by another DEA registrant. You should call the other registrant and share required information for documenting the drug transfer such the name, addresses and DEA numbers of the supplier and the receiver. A transfer form template is provided in the forms section of this booklet.

What you may never do:

1. No practitioner may issue a prescription to obtain office stock. Prescriptions are for patients only and must have a patient name. Never write a prescription for office stock. It is prohibited by law.
2. No practitioner may accept any portion of a patient's controlled substance prescription for any reason, unless you were the original practitioner who initially dispensed the drugs. This is by statute 195.070.4, RSMo. If you dispensed drugs and the patient wants to return them, then you can take them back for destruction. If you were not the dispenser and the drugs came from a pharmacy or other practitioner, you may not take possession of the drugs.
3. Never store patients' controlled drugs for them in your practice.
4. Never store unused medications and use them for dispensing to other patients.

Continuous Record Keeping For Accountability

Controlled substances are documented and tracked from the day they are made until they are dispensed into the hands of a patient. Every time the drugs change hands there must be a documented paper trail.

Drugs are tracked from the manufacturer, to the distributor, then to the pharmacy or to the practitioner. Records must be maintained of the drug names, strengths, dosage forms and quantities you received and the dates you received them. You must also document the names, addresses and DEA numbers of other registrants you transfer with.

It is just like balancing a bank book. You must be able to document and account for every dosage unit you have received. Every dosage unit you have administered or dispensed. You must be able to know what balance you should have on hand so that if any are missing it can be reported immediately.

As we go through activities with controlled substances in your practice we will cover the following types of record keeping requirements

- | | | |
|-------------------------------|-----------------------------------|---------------------|
| 1. Purchasing/Receipt Records | 5. Administration/Dispensing logs | 9. Reporting losses |
| 2. Initial Inventory | 6. Prescription documentation | 10. How to audit |
| 3. Annual Inventory | 7. Faxing prescriptions | |
| 4. Transferring Drugs Out | 8. Disposal of unwanted drugs | |

Controlled Substance Receipt Records

Registrants must maintain a record of all controlled substances they receive. The receipt records must contain the following information:

- Name, address and DEA number of the supplier;
- Name, address and DEA number of the recipient;
- Drug name, strength, form and quantities received;
- The date the drugs were received.

All of this information must be maintained on file by the registrant and made available for inspection and copying. There are no exceptions for samples. All controlled substances must have records maintained.

Caution: If you choose to use a packing slip, invoice or billing record as your receipt record, you are responsible to make sure all of the information required above is documented on the records you maintain.

When you want to receive Schedule II drugs, you will execute a DEA Form 222 Order Form. When you want to receive drugs in Schedule III—V, you may create a form or record of your own and no specific form is required. The record you create must have all of the required information. A transfer form template is included in the forms section of this booklet.

Receiving Schedule II Drugs Requires DEA Forms:

All transfers of Schedule II controlled substances between registrants require a DEA Form 222 Official Order Form. You may obtain these order forms from the DEA at www.dea diversion.usdoj.gov They should be secured and any lost 222 forms must be reported to the DEA immediately.

The registrant who is requesting the drugs starts the process. The purchaser fills out the form which has their name, address and DEA number. They list the drug name, strength, form and quantities desired. The name, address and DEA number of the supplier/distributor is documented. The form is sent to the supplier. The purchaser keeps the 3rd copy as a receipt record.

The supplier will receive the written form requesting the drugs. The order will be filled and shipped back to the purchaser. The purchaser must document their 3rd copy of the form to document what quantities they received and the dates of receipt. These forms must be maintained for two years.

Only the registrant whose name appears on the forms may sign and execute these order forms. If the registrant wishes to delegate the signing of these forms to another person, they may do so, however they must execute a power of attorney form. Power of attorney forms are available on the website of the BNDD at www.dhss.mo.gov/BNDD.

Receiving Schedule III – V Drugs

You are required to maintain a receipt record with all of the information listed above. There is a transfer form you may use included in this booklet or you may create your own. You are responsible to make sure it is compliant. It is to your advantage to use the included form. If you document the form completely, both the supplier and receiver should keep a copy. It works as a “receipt” record for the receiver and then a “transfer out” record for the supplier.

Storage of Controlled Substances

Individual practitioners must store controlled substances in a securely locked, substantially constructed cabinet or safe. Access to the storage area should be restricted to persons specifically authorized to handle the controlled substances. This includes restricting the number and accessibility of keys or passwords.

The safe or cabinet should remain locked at all times. It is not allowed to have it remain unlocked throughout the day while you are open for business.

If there are other practitioners in your building that have separate stocks of drugs then each practitioner must keep their individual drugs stored separately. Do not mix the drugs of multiple practitioners in one single safe or cabinet.

If the safe is small and portable it should be bolted to the floor or wall or placed in a locked closet.

Initial Inventory

On the very first day that you receive controlled substances for the first time, you must conduct an initial inventory on that day with your first arriving drug shipment. In case you want to perform an audit in the future to determine if drugs are missing, this initial audit would be your starting date and point in time.

An initial inventory must document the following information:

- Registrant's name and DEA number;
- Date;
- Drug names, strengths, dosage forms and quantities;
- You must take the inventory at the opening or closing of business. You must document whether you took it at the opening or closing of business. You cannot take an inventory during business hours.
- If you have business that operates 24 hours, you must document the time of day;

There is a template form included with this booklet that may be used.

This initial inventory should be documented and filed away. Do not write on it again.

Schedule II drugs should be inventoried and documented separately from drugs in Schedule III—V. Do not include other non-controlled drugs or items on these inventories.

Annual Inventory

Once a year you must perform an annual inventory of controlled substances. This inventory should be performed exactly like the inventory described above. If you are undergoing a records inspection you should be able to produce an annual inventory that is less than 12 months old.

This annual inventory should be documented and filed away. Do not write on it again.

Schedule II drugs should be inventoried and documented separately from drugs in Schedule III—V. Do not include other non-controlled drugs or items on these inventories.

Administering and Dispensing Controlled Substances

Up to this point we have covered getting registered and purchasing and locking up the drugs. Now we get into the activities with drugs in the practice such as administering to a patient or dispensing drugs to a patient so they may leave your practice with drugs for future use. In this area we will cover record keeping, packaging, labeling and proper actions by staff.

Record Keeping—Administration/Dispensing Logs

Registrants must maintain a record of all controlled substances received, administered, dispensed, or otherwise disposed of. You must be able to document what patients have received drugs and how much and when. It is required that practitioners maintain a log of controlled substances administered and dispensed. You must document the date, patient name, patient address, drug name, strength, dosage form and quantity dispensed, and the name/initials of the person performing the dispensing. A dispensing log form is available on the BNDD website at www.dhss.mo.gov/BNDD.

This log must be filed separately from patients' charts. Although it is required to document all controlled drug activities in a patient's chart, the practitioner must also maintain this separate log.

A Valuable Security Tool

Keeping this perpetual log provides a good security device to your practice. You can review the log and see what patients are receiving your drugs and how many and how often. All of the numbers should add up correctly and balance. If the count is off then you know that a drug has been diverted or someone dispensed without making a record. The log is also used to let you know when to order additional supplies.

Packaging When Dispensing

When you dispense and give a patient a supply of drugs for future use, you must follow the same laws as a pharmacy. You must place the controlled substances in a child-proof container. Dispensing in envelopes or napkins or other devices violates the FDA's Poison Prevention Packaging Act of 1970. If you are dispensing samples, the FDA accepts the factory packaging for samples as being compliant containers. There is no need for you to place a factory sample into a child-proof bottle.

Required Labeling

When you dispense drugs you must apply required labeling to the packaging. You must provide a label that contains the following information:

- Name and address of the dispensing practitioner or pharmacy;
- Patient's name;
- If you're a pharmacy, name of the prescribing practitioner;
- If drugs are dispensed from a prescription by an advance practice nurse, the name of the collaborating physician must be documented;
- Drug name, strength, dosage form and quantity;
- Directions for administration;
- Date;
- If the prescriber is a veterinarian, the animal species and animal owner's name must be documented

The burden of proof is on a person to prove lawful possession of controlled drugs. If drugs are not labeled the person is subject to arrest. In the past, patients arrested wrongfully have sued practitioners for not labeling medications as required and causing the patients to undergo an embarrassing arrest.

Required Warning Label or Caution Label

When a controlled substance is dispensed, the dispenser must affix a label or sticker that warns and cautions the patient that it is illegal to transfer these controlled substances to another person. This can be part of the major label or it may be a separate sticker.

Direct Supervision

When a registrant wants to have an employee dispense a controlled substance from their stock, the registrant must be present to provide direct supervision.

The one exception is that a physician may have a registered nurse dispense from their stock when the physician is not present, if the registered nurse has a collaborative practice agreement with the nurse.

A practitioner must provide direct supervision to employees who assist in administering and dispensing. Controlled substances may be administered or dispensed from an individual practitioner's inventory by an authorized employee or agent when the practitioner is not present at the registered location **only** when—

- (A) The administration or dispensing is authorized by the individual practitioner under a written agreement pursuant to an arrangement established and implemented in accordance with Missouri statutes;
- (B) The person who administers or dispenses the controlled substance is authorized by statute to administer or dispense controlled substances;
- (C) The person who administers or dispenses the controlled substance is registered with the Department of Health and Senior Services to administer or dispense controlled substances;
- (D) The person who administers or dispenses the controlled substance does so in compliance with all provisions of Chapter 195, RSMo and regulations promulgated there under.

For Physicians

If you are a licensed physician you must also follow the regulations of the Missouri State Board of Registration for the Healing Arts. They have a non-pharmacy dispensing rule in State Regulation 20 CSR 2150-5.020 that includes the dispensing of all drugs and not just controlled substances.

Transferring Drugs Out to Another

There may be a time when you need to transfer some drugs to another registrant. You may want to send drugs back to a distributor or maybe transfer drugs to a fellow practitioner who is running low in supplies. You must document the movement of the drugs with a transfer form. If it is a Schedule II drug, the receiving registrant would send you a DEA Form 222 Order Form. If the drugs are in Schedules III—V the two of you must document a transfer form. A transfer form template is included in this booklet. The documentation must include the names, address and DEA numbers of the supplier and receiver, as well as the date and the drug names, strengths, forms and quantities received. This document serves as a transfer record for the supplier and a receipt record for the receiver.

It is the responsibility of the supplier to always insure the person they are transferring drugs to is a BNDD and DEA registrant. The state registration of an individual practitioner can be verified at the BNDD website of www.dhss.mo.gov/BNDD.

Disposing of Unwanted Controlled Substances

There will be times when a practitioner wants to dispose of unwanted controlled substances. There are laws regarding how practitioners may dispose of unwanted controlled substances. This booklet is prepared for individual practitioners so this booklet does not cover disposal in licensed hospitals and long-term care facilities.

As a practitioner you must first ask yourself a question. “Why do I want to dispose of these medications?” There are two answers:

- A. The drugs have been contaminated by patient contact. It is a left-over injectable medicine in a syringe; or it was a tablet that fell out of a patient’s hand or mouth. If this is the case, the drug may be destroyed by two employees in the practice. The drug must be destroyed beyond reclamation and documented as described below in the next section.
- B. The drugs have not been contaminated but they are out-dated, expired, or simply no longer wanted. In this case the drugs must be transferred to another registrant and they may not be destroyed by the practitioner. You may send them back to the distributor who supplied them if they will accept them. You may send them to a reverse distributor, which is a company that collects unwanted medications for destruction. There is a list of these reverse distributors at the BNDD website www.dhss.mo.gov/BNDD.

Documenting Controlled Substance Destruction

If you are administering and dispensing controlled substances then you should already be maintaining an administration and dispensing log to show the use of all controlled substances. The wastage and destruction of controlled substances should be documented on this log to maintain an accurate balance.

The drug should be destroyed beyond reclamation. The destruction record should include the date, drug name, strength, form, and quantity destroyed. The reason for the destruction, the name person performing the destruction shall sign the log as well as the person witnessing the destruction.

How to Conduct an Audit of Controlled Substances

If you want to determine if any controlled substances are missing you must use all of your required records to conduct an audit. An example audit covering one year is shown below.

Annual inventory on 1-1-2008.....	200 tablets
<u>Drugs received 1-1-08 to 1-1-09.....</u>	<u>1,000 tablets</u>
Total You Are Responsible For	1,200 tablets
Tablets Administered/Dispensed 1-1-08 to 1-1-09.....	850 tablets
Tablets destroyed because of contamination.....	5 tablets
<u>Tablets returned to being outdated.....</u>	<u>100 tablets</u>
Total Doses Leaving the Practice	955 tablets

1,200 tablets minus 955 tablets = 245 tablets that should be in your safe.

Now you can see why all the records and dates are important.

Reporting Losses/Thefts of Controlled Substances

Registrants should always be able to tell if they have lost any controlled substances. They should have records in place so that an audit can be performed to determine if any drugs are missing. When reviewing the regulations, there are two types of losses described.

Insignificant Loss:

The drugs were not really “lost” and there was not crime or loss of accountability. This is when a compounding pharmacy has some liquid that sticks to the inside of a beaker or there is an insignificant amount of drug lost during a mixture or preparation. There was no theft or diversion. A tablet was dropped on the floor, stepped on and crushed and could not be picked up. When this happens, the drug was not truly “lost” because you know what happened to it. You must document this and what happened and it must be stapled to your annual inventory.

Lost or Stolen Controlled Substances:

These are cases where controlled substances were stolen, diverted or lost. This would include cases where drugs are missing and you are not sure where they went. These must be reported to the BNDD immediately upon discovery. You must submit a loss report form within 7 days. You must also submit a written loss report to the DEA. This is a DEA Form 106 for reporting lost or stolen drugs and you can obtain one at the DEA’s website www.deadiversion.usdoj.gov

The BNDD state loss/theft report form is included in this website and may be obtained at the BNDD website www.dhss.mo.gov/BNDD.

Documentation Required on Written Prescriptions

State and federal law requires that a prescription must have all of the information required documented on the face of the prescription in order for the prescription to be legal. Federal law states that both the prescriber and the pharmacy have a corresponding liability to make sure the information is documented. Both the prescriber and the pharmacy are liable. The following information is required for controlled substance purposes:

- The date the prescription was signed and issued;
- Patient’s name and address;
- Name, address and DEA number of the prescriber;
- Drug name, strength, dosage form, quantity to be dispensed;
- Directions for administration or use;
- Signature of the prescriber- original ink if patient presents prescription at the pharmacy.
- If the prescription is for greater than a 30-day supply of a Schedule II drug, the prescriber must write the medical reason on the prescription. A diagnosis code number is not acceptable.
- If the practitioner does not want the prescription filled until a certain date the prescriber may write “Do not fill until _____” at the bottom of the prescription.

Prescriptions Transmitted Verbally by Telephone

Prescriptions for Schedules III—V may be telephoned to a pharmacy. All of the information listed above is still required. The pharmacist must reduce it in writing and document the name of the person making the call and pharmacy employee receiving the call. Schedule II prescriptions may only be phoned in for emergencies where no other medical care is available. The prescriber must provide the pharmacy with an original prescription within 7 days. If no original prescription is presented as required, the pharmacy is mandated to report the prescriber to BNDD by law.

Faxing Controlled Substance Prescriptions

A prescription may be transmitted by fax machine, however the document faxed must be a facsimile of a completely documented prescription that contains all of the required information. The prescription should be prepared with all of the required information. The practitioner must sign it as required and then it may be faxed only after the prescriber has signed. It may not be printed by another person and it may not be stamped and it may not say, "signature on file."

The majority of all faxed controlled substance prescriptions are for Schedules III, IV and V.

There are limitations for Schedule II prescriptions when sent by fax:

- Although a prescriber may fax a Schedule II prescription so the pharmacy can get it ready, the pharmacy cannot dispense it until the patient presents the original prescription.
- The pharmacy may dispense a Schedule II prescription based solely on the faxed prescription under three conditions:
 1. The patient is in a long-term care facility and prescription documents that fact;
 2. The patient is in a hospice program and the prescription documents that fact;
 3. The prescription is for a narcotic preparation to be administered by infusion, meaning parenteral, intravenous, intramuscular, subcutaneous or intra-spinal.

Prescribers File Faxed Prescriptions Separately

After the practitioner has signed the prescription, it may be faxed. After the prescription has been faxed, the person faxing the prescription should sign and date it to document it has been faxed. The faxed prescription must be placed in a separate file where all faxed controlled substance prescriptions are maintained in chronological order.

Although controlled substance prescriptions get documented in patients' charts, the prescriber must maintain a separate chronological file of faxed controlled prescriptions. This file of faxed prescriptions must be separate from patients' charts.

Electronic Prescribing Not Allowed

Although the DEA has published a proposed rule, the DEA has not authorized the electronic transmission of controlled substance prescriptions as of this date. Prescribers may not use a computer to send a controlled substance prescription to a pharmacy. Although a computer may be used to prepare a prescription, the prescriber must print it and sign it before it can be faxed. Prescriptions with digital signatures or messages saying "signature on file" are not allowed at this time.

Multiple Schedule II Prescriptions

A practitioner may issue multiple prescriptions for Schedule II drugs on the same date. All prescriptions should be dated at the top on the date they signed and issued the prescriptions. Each prescription should have "Do not fill until _____" across the bottom. Although multiple prescriptions can be issued at once, the prescriber cannot exceed a 90-day supply of Schedule II drugs.

CHART OF PRESCRIBING LIMITATIONS

Prescription Characteristic	Limitation Schedule II	Limitation Schedule III and IV	Limitation Schedule V
Mode of issuing prescription	Written mostly; Verbal in emergency; Faxed if injectable, or long term care or hospice	May be written or verbal or faxed	May be written or verbal or faxed
Refills	No Refills Allowed; Partial filling allowed for terminal patients or patients in long-term care facilities	Maximum of five within six months of issuing prescription	As authorized by the physician. Can be refilled PRN as prescriber allows for one year
Length of prescription validity	Six months	Six months	One year
Quantity limitations	30 days for most; Rx for over 30 days requires medical reason; Maximum is 90 day supply Can write multiple & separate Rx with "Do Not fill until date" written on bottom. Can't exceed 90 day supply	90 days	90 days

What Constitutes a Legal & Legitimate Prescription

Federal and state regulations specify legitimate purposes for prescribing controlled substances:

- A prescription for a controlled substance is valid only if it is issued for a legitimate medical purpose by a practitioner acting in the usual course of their professional practice.

Three criteria should be met:

1. The patient must desire treatment for a legitimate illness or condition.
 2. A practitioner must establish a legitimate need through assessment, utilizing pertinent technical diagnostic modalities.
 3. There must be reasonable correlations between the drugs prescribed and the patient's legitimate needs.
- The Intractable Pain Act, passed in 1995, provides guidelines for the treatment of chronic, intractable pain. This law was intended to clarify the parameters for treating chronic pain with controlled substances. The physician must document the diagnosis and treatment of chronic pain in the patient record and the use of controlled substances must be therapeutic in nature and manner utilized. Physicians may not prescribe or dispense controlled substances to a patient for chemical dependency unrelated to intractable pain or to a patient who the physician knows, or should know is using the medication in a non-therapeutic manner (unless they are approved and registered as a narcotic treatment program).

Physicians may be subject to disciplinary action for nontherapeutic use of controlled substances, failing to keep accurate on-going treatment records, failing to keep complete and accurate controlled substance records, writing false or fictitious prescriptions, or prescribing controlled substances in a manner inconsistent with state or federal drug laws.

- Practitioners may not issue a prescription to obtain controlled substances for dispensing to patients. Practitioners can purchase controlled substance medications for stock from a drug distributor or pharmacy. A DEA form 222 must be used to obtain Schedule II controlled drugs. Each practitioner must maintain documentation as required under state and federal laws.
- Controlled drugs for a practitioner's personal treatment must be prescribed by another appropriate practitioner, under the basis of an established practitioner/patient relationship. Practitioners are prohibited by law from prescribing or dispensing controlled drugs for their personal use except in a true medical emergency.
- It is recommended that practitioners do not prescribe, dispense or administer controlled drugs to office staff or family members. If the physician does decide to treat family members or employees, the physician must do so under the auspices of a legitimate patient/physician relationship and in "good faith". This includes performing a proper evaluation, maintaining a chart, listing a diagnosis, plan of treatment and prognosis, and using the same documentation and care as with regular patients.
- For dentists, veterinarians, podiatrists and optometrists certified to use therapeutic pharmaceutical agents licensed by their respective professional boards, the prescribing, administering, dispensing or distribution of controlled substances is limited to the scope of their respective professional practice after establishment of a practitioner/patient

relationship. If the practitioner does prescribe, dispense or administer to office staff or family members, these individuals must be treated in the same manner as regular patients. This includes maintaining a chart, listing a diagnosis, plan of treatment and prognosis, and using the same documentation and care as with regular patients.

- “Internet Prescribing” – The Internet is primarily a communications tool that can be used to facilitate any type of business. The DEA issued a notice on April 27, 2001 in the Federal Register in reference to practitioners using the Internet as part of their business.

Some practitioners prescribe medications based on an on-line Questionnaire. Federal law requires that "A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of their professional practice" (21 CFR 1306.04(a)). Every state separately imposes the same requirement under its laws. Under Federal and state law, for a practitioner to be acting in the usual course of professional practice, there must be a bona fide practitioner/patient relationship.

For purposes of state law, many state authorities, with the endorsement of medical societies, consider the existence of the following four elements as an indication that a legitimate practitioner/patient relationship has been established:

- A patient has a medical complaint;
- A medical history has been taken;
- A physical examination has been performed; and
- A legitimate clinical relationship exists between the medical complaint, the medical history, the physical examination, and the drug prescribed.

Completing a questionnaire that is then reviewed by a practitioner hired by an Internet pharmacy can not be considered the basis for a practitioner/patient relationship. A consumer can more easily provide false information in a questionnaire than in a face-to-face meeting with a practitioner. It is illegal to receive a prescription for a controlled substance without the establishment of a legitimate practitioner/patient relationship, and it is unlikely for such a relationship to be formed through Internet correspondence alone.

Required Documentation in Patients' Charts

All controlled substance activities are required to be documented in patients' charts. The controlled drug records in patients' charts are open for inspection and copying by BNDD and as all controlled drug records must be produced within 3 days upon request. All administrations, dispensing, prescriptions and refills must be documented with the date, drug, strength, form, quantities and refills.

Not having a chart not only violates the record keeping law but is consider failure to establish a legitimate practitioner-patient relationship and it is prescribing/administering/dispensing in the absence of good faith.

It is also a security violation. If prescriptions are not charted then practitioners would not know if a refill request was timely.

How to Prevent Diversion in Your Practice

Adherence to state and federal regulations goes a long way in protecting your practice from becoming a source of drug diversion and prescription drug abuse. The best practice is to have set policies and procedures and train your staff to follow them. The practitioner must provide supervision to see that the policies are enforced. Although many practitioners know laws and good practices they sometimes become too busy to supervise staff.

Suggestions for Practitioners on How to Protect their Practice and Patients:

1. Keep all prescription pads secure and not left out where people may obtain them to forge prescriptions.
2. Only the registered practitioner should be allowed to call in or place orders for new stocks of controlled substances.
3. If the practitioner is too busy and ordering new stock is delegated, only one employee should have the right to place orders. Do not let all staff members place orders.
4. When controlled drugs arrive in the practice, they should be opened, checked in, and added to inventory by at least two licensed professionals. Do not let one person do this alone. Do not let the same two people do it all the time.
5. The person who pays the bills should not be allowed to order drugs. The person who orders drugs should not be allowed to write checks. This prevents someone from ordering drugs and paying the bill without the practitioner's knowledge. The person who orders the drugs should communicate with the person who verifies what drugs the practice received. The receipt invoice should be given to a separate employee who pays the bills. **The receipt for drugs and bills should be reviewed by the practitioner.**
6. Only certain staff should be allowed to call in telephoned prescriptions to area pharmacies. The practitioner's staff may wish to designate a special "code word" or "secret password" with the pharmacy so the pharmacy knows the call is valid.
7. Use your continuing administration log as a perpetual inventory so you know how many dosage units have been dispensed and how many you have left on a daily basis.
8. As a practitioner, review the administration log to make sure you recognize the patient names and that no fictitious patient has been invented.
9. Only licensed professionals should have access to the locked drug cabinets.
10. Periodically, ask a local pharmacy for a print out of all the controlled substance prescriptions they have filled, that you issued. Look at the print out and make sure you recognize the names as your patients. Follow up on any names that seem strange or unfamiliar.
11. Set up a rotating self-inspection where on a monthly basis, the office manager or practitioner inspects the practice. Check the current stocks to make sure they are locked. Review the inventory and current balance. Review what has been ordered. Review what bills have been paid. Look at the administration log to make sure all the required information is recorded.
12. Make sure your controlled substances are inventoried at least once a year and recorded in your files. An inventory is required annually.
13. Set up a policy of random drug testing for employees.
14. If a practitioner chooses to treat their own family members or staff, they must keep charts and records on their family and staff just like any other patient. Allowing staff to take office medications on the job may lead to serious violations.
15. Before hiring a new employee, conduct an extensive background check by reviewing licensure discipline and running a criminal history check. Before employing any person with a criminal conviction for a drug offense who has access to controlled substances, the employer must first obtain a waiver. Drug related misdemeanors require a waiver from the BNDD and drug related felonies require a waiver from both the BNDD and the DEA.

Preventing Prescription Fraud & Drug Seeking Patients

Our Task Force could dedicate an entire booklet to scams, schemes and tricks of professional patients and also provide practitioners on how to prevent them. In fact, we did just that. Rather than providing all of that information here, we invite you to visit the BNDD website at www.dhss.mo.gov/BNDD and under the link of publications, click on our booklet regarding Preventing Prescription Fraud. This booklet provides over twenty scams that professional patients use. It also provides practitioners with tips on how to deal with these patients, report fraud and what information they can share without violating confidentiality and HIPAA.

Helpful Websites - Controlled Substance Information

BNDD.....www.dhss.mo.gov/BNDD

DEA.....www.deadiversion.usdoj.gov

State Boards.....To view the website of licensing boards in the Division of Professional Registration, visit the website at www.pr.mo.gov and then click on the licensing board of your choice. Many boards have their own educational materials and newsletters.

Caution

The purpose of this information is to educate and inform the practitioner of the regulations and statutes pertaining to controlled substances and make recommendations to assist the practitioner in protecting their practice and patients from diversion, drug abuse and misuse. It is not the intent to reduce or deny the use of controlled substances where medically indicated. Nothing in this booklet shall be construed as authorizing or permitting any person to do any act that is not authorized or permitted under federal or state laws. In addition, none of the policy and information in this booklet may be construed as authorizing or permitting any person to do any act that is not authorized, or refuse to meet any requirements imposed under the regulations published in the most recent publication of the Code of State Regulations or the Revised Statutes of Missouri.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF NARCOTICS AND DANGEROUS DRUGS
 REPORT OF LOSS OR THEFT OF CONTROLLED
 SUBSTANCES

Mail completed report to:
 BNDD
 P.O. Box 570
 Jefferson City, MO 65102-0570

Missouri Regulation 19 CSR 30-1.034(2)(B) requires a registrant to notify the Bureau of the theft, diversion, or significant loss of any controlled substance upon discovery. This report must be submitted within seven (7) days from the date of the loss. The Bureau may be contacted at (573) 751-6321 if more time is needed.

Name and address of registrant	Area code and phone number	Date(s) of theft or discovery
Street Address and City	Missouri BNDD Registration Number	Federal DEA Registration Number
State	Zip Code	County in which located

Principal Business of Reporting Registrant:

- MD DO DPM NURSING HOME KIT DISTRIBUTOR
 OD DVM DDS PHARMACY IMPORTER / EXPORTER
 DMD HOSPITAL NARCOTIC TREATMENT PROGRAM
 EMS MANUFACTURER TEACHING INSTITUTION OTHER _____

Date Reported to DEA (Mandatory)	Was theft reported to police? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name and phone number of police agency:
----------------------------------	---	---

Number of thefts or losses registrant has had in past 24 months.	Type of theft or loss <input type="checkbox"/> Burglary <input type="checkbox"/> Robbery <input type="checkbox"/> Employee theft/diversion <input type="checkbox"/> Lost in transit <input type="checkbox"/> Forgery/falsified records <input type="checkbox"/> Other _____
--	---

Name(s) of person(s) who committed theft or diversion	Social security number and date of birth of person responsible for committing theft or diversion
---	--

The reporting regulation requires the registrant to submit a summary of their internal investigation, the final outcome of the investigation and a copy of any law enforcement reports made when applicable.

- Summary and reports are attached Bureau notified immediately, more time has been granted.

Final summary and reports will follow by _____

Continue on reverse

If loss or theft occurred in transit:

Name of common carrier	Name of consignee	Origin of delivery
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LIST OF CONTROLLED SUBSTANCES LOST
(Drug name, strength, dosage form and quantity)

Trade or Brand Name	Generic name	Dosage strength & form	Quantity
Example: Vicodin™	hydrocodone/apap	tablets 7.5/750	24 tablets
Example: Robitussin A-C™	codeine phosphate	2mg/cc liquid	12 ounces
Example: Demerol™	meperidine hydrochloride	50mg/ml vial	5 x 30ml
1			
2			
3			
4			
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10			
11			
12			
13			
14			
15			

Print name	Signature	Title	Date
------------	-----------	-------	------

Additional information:

1. Insignificant losses that occur from doing business day to day do not need to be reported. A significant loss or shortage requires reporting.
2. Any suspected theft or diversion must be reported, regardless of the amount. Reports to BNDD and DEA are required, even if no referrals are made to law enforcement or professional licensing boards.
3. Section 195.045, RSMo 2000, states in material part that any person who reports or provides information to the Bureau pursuant to controlled substances laws, and does so in good faith to comply, shall not be subject to civil damages
4. You may contact the Bureau at: P.O. Box 570, Jefferson City, MO 65102-0570, or call (573) 751-6321 or fax (573) 526-2569.

MISSOURI VETERINARY MEDICAL PRACTICE ACT



CHAPTER 340, RSMO STATUTES

VETERINARY MEDICAL BOARD
3605 Missouri Boulevard
Jefferson City, Missouri 65102
(573) 751-0031

Revised 7-31-13

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STATUTES

CHAPTER 340 MISSOURI VETERINARY MEDICAL BOARD

340. 200. Definitions. When used in sections 340.200 to 340.330, the following terms mean:

- (1) "**Accredited school of veterinary medicine**", any veterinary college or division of a university or college that offers the degree of doctor of veterinary medicine or its equivalent and is accredited by the American Veterinary Medical Association (AVMA);
- (2) "**Animal**", any wild, exotic or domestic, living or dead animal or mammal other than man, including birds, fish and reptiles;
- (3) "**Applicant**", an individual who files an application to be licensed to practice veterinary medicine or to be registered as a veterinary technician;
- (4) "**Appointed member of the board**", regularly appointed members of the Missouri veterinary medical board, not including the state veterinarian who serves on the board ex officio;
- (5) "**Board**", the Missouri veterinary medical board;
- (6) "**Consulting veterinarian**", a veterinarian licensed in another state, country or territory who gives advice or demonstrates techniques to a licensed Missouri veterinarian or group of licensed Missouri veterinarians;
- (7) "**ECFVG certificate**", a certificate issued by the American Veterinary Medical Association Educational Commission for Foreign Veterinary Graduates or its successor. The certificate must indicate that the holder of the certificate has demonstrated knowledge and skill equivalent to that possessed by a graduate of an accredited school of veterinary medicine;
- (8) "**Emergency**", when an animal has been placed in a life-threatening condition and immediate treatment is necessary to sustain life or where death is imminent and action is necessary to relieve pain or suffering;
- (9) "**Faculty member**", full professors, assistant professors, associate professors, clinical instructors and residents but does not include interns or adjunct appointments;
- (10) "**Foreign veterinary graduate**", any person, including foreign nationals and American citizens, who has received a professional veterinary medical degree from an AVMA listed veterinary college located outside the boundaries of the United States, its territories or Canada, that is not accredited by the AVMA;
- (11) "**License**", any permit, approval, registration or certificate issued or renewed by the board;
- (12) "**Licensed veterinarian**", an individual who is validly and currently licensed to practice veterinary medicine in Missouri as determined by the board in accordance with the requirements and provisions of sections 340.200 to 340.330;
- (13) "**Minimum standards**", standards as set by board rule and which establish the minimum requirements for the practice of veterinary medicine in the state of Missouri as are consistent with the intent and purpose of sections 340.200 to 340.330;

(14) **"Person"**, any individual, firm, partnership, association, joint venture, cooperative or corporation or any other group or combination acting in concert; whether or not acting as principal, trustee, fiduciary, receiver, or as any kind of legal or personal representative or as the successor in interest, assigning agent, factor, servant, employee, director, officer or any other representative of such person;

(15) **"Practice of veterinary medicine"**, to represent directly, indirectly, publicly or privately an ability and willingness to do any act described in subdivision (28) of this section;

(16) **"Provisional license"**, a license issued to a person while that person is engaged in a veterinary candidacy program;

(17) **"Registered veterinary technician"**, a person who is formally trained for the specific purpose of assisting a licensed veterinarian with technical services under the appropriate level of supervision as is consistent with the particular delegated animal health care task;

(18) **"Supervision"**:

(a) **"Immediate supervision"**, the licensed veterinarian is in the immediate area and within audible and visual range of the animal patient and the person treating the patient;

(b) **"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;

(c) **"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;

(19) **"Supervisor"**, a licensed veterinarian employing or utilizing the services of a registered veterinary technician, veterinary intern, temporary provisional licensee, veterinary medical student, unregistered assistant or any other individual working under that veterinarian's supervision;

(20) **"Temporary license"**, any temporary permission to practice veterinary medicine issued by the board pursuant to section 340.248;

(21) **"Unregistered assistant"**, any individual who is not a registered veterinary technician or licensed veterinarian and is employed by a licensed veterinarian;

(22) **"Veterinarian"**, "doctor of veterinary medicine", "DVM", "VMD", or equivalent title, a person who has received a doctor's degree in veterinary medicine from an accredited school of veterinary medicine or holds a ECFVG certificate issued by the AVMA;

(23) **"Veterinarian-client-patient relationship"**, the veterinarian has assumed the responsibility for making medical judgments regarding the health of the animal and the need for medical treatment, and the client, owner or owner's agent has agreed to follow the instructions of the veterinarian. There is sufficient knowledge of the animal by the veterinarian to initiate at least a general or preliminary diagnosis of the medical condition of the animal. Veterinarian-client-patient relationship means that the veterinarian has recently seen and is personally acquainted with the keeping and care of the animal by virtue of an examination or by medically appropriate and timely visits to the premises where the animal is kept. The practicing veterinarian is readily available for follow-up care in case of adverse reactions or failure of the prescribed course of therapy;

(24) "**Veterinary candidacy program**", a program by which a person who has received a doctor of veterinary medicine or equivalent degree from an accredited school of veterinary medicine can obtain the practical experience required for licensing in Missouri pursuant to sections 340.200 to 340.330;

(25) "**Veterinary facility**", any place or unit from which the practice of veterinary medicine is conducted, including but not limited to the following:

(a) "**Veterinary or animal hospital or clinic**", a facility that meets or exceeds all physical requirements and minimum standards as established by board rule for veterinary facilities; provides quality examination, diagnostic and health maintenance services for medical and surgical treatment of animals and is equipped to provide housing and nursing care for animals during illness or convalescence;

(b) "**Specialty practice or clinic**", a facility that provides complete specialty service by a licensed veterinarian who has advanced training in a specialty and is a diplomate of an approved specialty board. A specialty practice or clinic shall meet all minimum standards which are applicable to a specialty as established by board rule;

(c) "**Central hospital**", a facility that meets all requirements of a veterinary or animal hospital or clinic as defined in paragraph (a) of this subdivision and other requirements as established by board rule, and which provides specialized care, including but not limited to twenty-four-hour nursing care and specialty consultation on permanent or on-call basis. A central hospital shall be utilized primarily on referral from area veterinary hospitals or clinics;

(d) "**Satellite, outpatient or mobile small animal clinic**", a supportive facility owned by or associated with and has ready access to a full-service veterinary hospital or clinic or a central hospital providing all mandatory services and meeting all physical requirements and minimum standards as established by sections 340.200 to 340.330 or by board rule;

(e) "**Large animal mobile clinic**", a facility that provides examination, diagnostic and preventive medicine and minor surgical services for large animals not requiring confinement or hospitalization;

(f) "**Emergency clinic**", a facility established to receive patients and to treat illnesses and injuries of an emergency nature;

(26) "**Veterinary candidate**", a person who has received a doctor of veterinary medicine or equivalent degree from an accredited school or college of veterinary medicine and who is working under the supervision of a board-approved licensed veterinarian;

(27) "**Veterinary intern**", a person who has received a doctor of veterinary medicine or equivalent degree from an accredited school or college of veterinary medicine and who is participating in additional clinical training in veterinary medicine to prepare for AVMA-recognized certification or specialization;

(28) "**Veterinary medicine**", the science of diagnosing, treating, changing, alleviating, rectifying, curing or preventing any animal disease, deformity, defect, injury or other physical or mental condition, including, but not limited to, the prescription or administration of any drug, medicine, biologic, apparatus, application, anesthesia or other therapeutic or diagnostic substance or technique on any animal, including, but not limited to, acupuncture, dentistry, animal psychology, animal chiropractic, theriogenology, surgery, both general and cosmetic surgery, any manual, mechanical, biological or chemical procedure for testing for pregnancy or for correcting sterility or infertility or to render service or recommendations with regard to any of the procedures in this paragraph;

(29) "**Veterinary student preceptee**", a person who is pursuing a veterinary degree in an accredited school of veterinary medicine which has a preceptor program and who has completed the academic requirements of such program.

340.202. Missouri veterinary medical board created--members--vacancies, how filled--public member--terms.

1. There is hereby created a board to be known as the "Missouri Veterinary Medical Board". The board shall consist of the state veterinarian, who shall serve ex officio, and five appointed members, including a voting public member. Not more than three of the appointed members shall be of the same political party. Each appointed member, other than the public member, of the board shall be a United States citizen, a taxpaying resident of the state of Missouri for one year, a graduate of an accredited school of veterinary medicine, and shall have been lawfully engaged in the actual practice of veterinary medicine in the state of Missouri for no less than five years next preceding the date of the member's* appointment.

2. The public member shall be at the time of the public member's* appointment, a citizen of the United States; a resident of Missouri for a period of one year and a registered voter; a person who is not and never has been a member of any profession licensed or regulated pursuant to sections 340.200 to 340.330 or the spouse of such person; and a person who does not have and never has had a material, financial interest in either the providing of the professional services regulated by sections 340.200 to 340.330, or an activity or organization directly related to any profession licensed or regulated pursuant to sections 340.200 to 340.330. The duties of the public member shall not include the determination of the technical requirements to be met for licensure or whether any person meets such technical requirements or of the technical competence or technical judgment of a licensee or candidate for licensure.

3. The president of the Missouri Veterinary Medical Association in office at the time shall, at least ninety days prior to the expiration of the term of a board member other than the public member, or as soon as feasible after a vacancy on the board otherwise occurs, submit to the director of the division of professional registration a list of five veterinarians qualified and willing to fill the vacancy in question with the request and recommendation that the governor appoint one of the persons so listed. With the list so submitted, the president of the Missouri Veterinary Medical Association shall include in the* letter of transmittal a description of the method by which the names were chosen by the association.

4. All members, including the public member, shall be chosen from lists submitted by the director of the division of professional registration. All appointments shall be made by the governor with the advice and consent of the senate. Before entering into the* term of office, each member shall file a written oath to discharge the member's* official duties in a faithful manner with the secretary of state.

5. All members shall be appointed to serve four-year terms. Any vacancy in the membership of the board shall be filled by appointment for the unexpired term.

(L. 1992 H.B. 878 § 2, A.L. 1999 H.B. 343 merged with S.B. 424)

*Words "his or her" appear in H.B. 343, 1999.

340.204. Termination of membership, when. No person who has been appointed to the board shall continue his or her membership on the board if, during the term of his or her appointment, that member shall:

- (1) Transfer his or her legal residence to another state;
- (2) Have* his or her license to practice veterinary medicine revoked or suspended; or
- (3) Miss three consecutive meetings of the board.

(L. 1992 H.B. 878 § 3, A.L. 1999 S.B. 424)

*Word "has" appears in original rolls.

340.206. Duties of board--special meetings by telephone conference--open to public. 1. The board shall:

(1) From its members elect a chairperson and a vice chairperson who shall serve a term of one year, such term to expire as of the end of the first board meeting of each calendar year;

(2) Have at least one business meeting per year.

2. The chairperson or vice chairperson shall have the authority to call special meetings of the board when such is deemed necessary and provided that sufficient notice is given to the other board members and to the general public pursuant to chapter 610, RSMo.

3. The board may hold special meetings by telephone conference; as provided by chapter 610, RSMo.

4. All board meetings shall be open to the general public except where such meetings, or portions thereof, are required or otherwise authorized to be closed to the public pursuant to chapter 610, RSMo.

(L. 1992 H.B. 878 § 4, A.L. 1999 S.B. 424)

340.208. Compensation, expenses. Each member of the board shall receive as compensation an amount set by the board not to exceed fifty dollars for each day devoted to the affairs of the board and shall be entitled to reimbursement of expenses necessarily incurred in the discharge of official duties.

(L. 1992 H.B. 878 § 5)

340.210. Seal--powers of board--rulemaking procedure. 1. The board shall adopt and have a common seal bearing the name "Missouri Veterinary Medical Board".

2. The powers of the board are granted to enable the board to effectively supervise the practice of veterinary medicine and to carry out the intent and provisions of sections 340.200 to 340.330, and, therefore, are to be construed liberally in order to accomplish such objectives.

3. Including, but not limited to, the board shall have the power to:

(1) Examine and determine the qualifications and fitness of applicants for a license to practice veterinary medicine in this state;

(2) Issue, renew, deny, suspend, revoke, or place on probation any license, certificate, authority or permit to practice or assist in the practice of veterinary medicine in this state, or to otherwise discipline or assess civil monetary penalties or order restitution, or other actions consistent with the provisions of sections 340.200 to 340.330 and the rules adopted thereunder;

(3) Conduct investigations of complaints or other investigations as deemed necessary by the board for the purpose of discovering violations of* sections 340.200 to 340.330 or grounds for disciplining any person licensed or regulated under sections 340.200 to 340.330, and to contract for or appoint persons or committees to assist in such investigations;

(4) Hold hearings, issue subpoenas and take testimony bearing on the records of applicants for licensing or licensees who may be under consideration by the board for discipline and to issue final orders of the board on such matters that come before the board;

(5) Issue permits to and, upon complaint by any person, inspect any veterinary facility utilized by any practicing veterinarian or from which the practice of veterinary medicine is conducted. Such inspection shall not include any vehicle used in the practice of veterinary medicine, unless the board has received a

complaint regarding such vehicle, then the board may inspect the vehicle. Such inspection shall be made by the board, a board member or other authorized representatives as appointed by the board. The results of the inspection shall be reported to the board, on forms prescribed by the board, the purpose of which shall be to ensure compliance with the provisions of sections 340.200 to 340.330 or board rules promulgated thereunder for such facilities or for seeking disciplinary action in all instances where the board has reason to believe there are or may be violations of such provisions or rules;

(6) Provide registration for veterinary technicians, temporary licensees and provisional licensees and to adopt rules concerning the training, supervision and service limits, and continuing education of such persons while employed or acting under the supervision of licensed veterinarians and to have exclusive jurisdiction in determining the eligibility and qualification requirements and in granting or refusing to grant any registration, certificate or license for any such person or to discipline any person so registered or licensed under the provisions of sections 340.200 to 340.330 or by board rule;

(7) Fix by board rule minimum standards for, but not limited to, the practice of veterinary medicine, medical records, emergency services, radiological services, dispensed drug labeling, nursing care, veterinary facilities, sanitation and sterilization, veterinarian-client-patient relationships, and continuing education;

(8) Employ full- or part-time personnel, including an executive director, professional, clerical or special personnel as necessary to effectuate the provisions of sections 340.200 to 340.330 and to rent or purchase any necessary space, equipment and supplies within available appropriations;

(9) Establish fees necessary to administer the provisions of sections 340.200 to 340.330;

(10) Authorize the chairman or vice chairman to sign complaints or referrals for proceedings before the administrative hearing commission or in a court of competent jurisdiction as necessary for the enforcement of sections 340.200 to 340.330;

(11) Appoint from its own membership one or more members to act as representatives of the board at any meeting within or without the state when such representation is deemed desirable;

(12) Establish standing or ad hoc committees from its membership to facilitate its work effectively, fulfill its duties and to exercise its powers. Such committees must consist of at least two board members to transact business. Any business or action of the committee shall have no effect until and unless the business or action is ratified by a majority vote of the full board;

(13) Adopt, amend or repeal all rules necessary to carry into effect the provisions of sections 340.200 to 340.330, including, but not limited to, the establishment and publication of rules of professional conduct for the practice of veterinary medicine and such rules as it deems necessary to supervise the practice of veterinary medicine. Such rules must be published and made available upon request to persons licensed or registered under sections 340.200 to 340.330 at no cost and distributed at no cost to all applicants for licensing or registration under sections 340.200 to 340.330. Any proposed rulemaking, revision or amendment thereto, shall be accomplished in accordance with the requirements and provisions of chapter 536, RSMo;

(14) Assist the attorney general in any proper action to oust from practice unlawful practitioners or remove from practice licensed or registered persons in violation of any provision of sections 340.200 to 340.330 or board rule and assist with any prosecution for criminal violations of sections 340.200 to 340.330; and

(15) Enter into contracts with any entity, public or private, for the purpose of having examinations prepared, graded, evaluated, proctored, or for any other examination service deemed desirable or necessary by the board.

4. No rule or portion of a rule promulgated under the authority of this chapter shall become effective unless it has been promulgated pursuant to the provisions of chapter 536, RSMo.

(L. 1992 H.B. 878 § 6, A.L. 1993 S.B. 52, A.L. 1995 S.B. 3, A.L. 1999 S.B. 424)

*Word "of" does not appear in original rolls.

340.212. Record of board proceedings--list of persons licensed, suspended, revoked, disciplined, forwarding of lists--reports of final disciplinary actions--immunity. 1. The board shall cause the executive director to prepare and maintain a written record of all board proceedings whether or not such proceedings are formal, informal, open or closed to the public. All records so prepared and maintained and other documents or reports incorporated therein shall be open to the public except where specifically required or allowed to be closed to the public pursuant to chapter 610, RSMo.

2. Other provisions of section 324.001, RSMo, to the contrary notwithstanding, the board shall publish a list of the names and addresses of all persons who hold licenses under the provisions of sections 340.200 to 340.330, and shall publish a list of all persons whose licenses have been suspended, revoked, surrendered, restricted, denied, withheld, or otherwise disciplined, whether voluntarily or not. The board shall mail a copy of such list to any person, agency or professional association upon request and payment of a fee necessary for photocopying and postage as established by board rule. The board may forward such lists at no charge and upon its own motion for the purpose of voluntary interstate exchange of information or to other administrative or law enforcement agencies acting within the scope of their statutory authority, whether the same be interstate or intrastate.

3. Other provisions of section 324.001, RSMo, to the contrary notwithstanding, the board shall prepare and make available to the public a report upon the final disciplinary actions taken by the board or denial of licensure. Such report shall set forth findings of fact, grounds for such denial or discipline, names of board members who were present, and any resulting order or directive of the board; the same to apply whether or not discipline or denial is voluntarily agreed to by the licensee or applicant. Whenever a person possessing a license voluntarily enters chemical or alcohol treatment and monitoring programs for purposes of rehabilitation by informal agreement with the board, the action shall not be reported with any other actions taken or agreed to between the board and the licensee or applicant.

4. Where the board does not recommend disciplinary action, a report stating that no action is recommended shall be prepared and forwarded to the complaining party and the licensee or applicant.

5. Members of the board or employees of the board shall be immune from any suit predicated on the publication of information, reports or lists required by this section.

(L. 1992 H.B. 878 § 7, A.L. 2008 S.B. 788)

340.214. Veterinary medical board fund created, fees to be transmitted, preemption--fund to lapse into general revenue, when. 1. All fees payable under the provisions of sections 340.200 to 340.330 shall be paid to and collected by the division of professional registration and transmitted to the department of revenue for deposit in the state treasury to the credit of a fund to be known as the "Veterinary Medical Board Fund", which is hereby created, and shall be subject to the appropriations of the general assembly.

2. Notwithstanding the provisions of section 33.080, RSMo, to the contrary, money in the fund shall not be transferred and placed to the credit of the general revenue fund until the amount in the fund at the end of the biennium exceeds two times the amount of the appropriation from the board's funds for the preceding fiscal year or, if the board requires by rule permit renewal less frequently than yearly, then three times the appropriation from the board's funds for the preceding fiscal year. The amount, if any, in

the fund which shall lapse is that amount in the fund which exceeds the appropriate multiple of the appropriations to the board for the preceding fiscal year.

3. The fees prescribed by sections 340.200 to 340.330 shall be exclusive, and notwithstanding any other provision of law, no municipality may require any person licensed under the provisions of sections 340.200 to 340.330 to furnish any bond, pass any examination, or pay any license fee or occupational tax relative to practicing his or her profession.

(L. 1992 H.B. 878 § 8, A.L. 1993 H.B. 127, A.L. 1999 S.B. 424)

340. 216. Practice without license prohibited, prohibited acts--exceptions. 1. It is unlawful for any person not licensed as a veterinarian under the provisions of sections 340.200 to 340.330 to practice veterinary medicine or to do any act which requires knowledge of veterinary medicine for valuable consideration, or for any person not so licensed to hold himself or herself out to the public as a practitioner of veterinary medicine by advertisement, the use of any title or abbreviation with the person's name, or otherwise; except that nothing in sections 340.200 to 340.330 shall be construed as prohibiting:

(1) Any person from gratuitously providing emergency treatment, aid or assistance to animals where a licensed veterinarian is not available within a reasonable length of time if the person does not represent himself or herself to be a veterinarian or use any title or degree appertaining to the practice thereof;

(2) Acts of a person who is a student in good standing in a school or college of veterinary medicine or while working as a student preceptee, in performing duties or functions assigned by the student's instructors, or while working under the appropriate level of supervision of a licensed veterinarian as is consistent with the particular delegated animal health care task as established by board rule, and acts performed by a student in a school or college of veterinary medicine recognized by the board and performed as part of the education and training curriculum of the school under the supervision of the faculty. The unsupervised or unauthorized practice of veterinary medicine, even though on the premises of a school or college of veterinary medicine, is prohibited;

(3) Personnel employed by the United States Department of Agriculture or the Missouri department of agriculture from engaging in animal disease, parasite control or eradication programs, or other functions specifically required and authorized to be performed by unlicensed federal or state officials under any lawful act or statute, except that this exemption shall not apply to such persons not actively engaged in performing or fulfilling their official duties and responsibilities;

(4) Any merchant or manufacturer from selling drugs, medicine, appliances or other products used in the prevention or treatment of animal diseases if such drug, medicine, appliance or other product is not marked by the appropriate federal label. Such merchants or manufacturers shall not, either directly or indirectly, attempt to diagnose a symptom or disease in order to advise treatment, use of drugs, medicine, appliances or other products;

(5) The owner of any animal or animals and the owner's full-time employees from caring for and treating any animals belonging to such owner, with or without the advice and consultation of a licensed veterinarian, provided that the ownership of the animal or animals is not transferred, or employment changed, to avoid the provisions of sections 340.200 to 340.330; however, only a licensed veterinarian may immunize or treat an animal for diseases which are communicable to humans and which are of public health significance, except as otherwise provided for by board rule;

(6) Any graduate of any accredited school of veterinary medicine while engaged in a veterinary candidacy program or foreign graduate from a nonaccredited school or college of veterinary medicine while engaged in a veterinary candidacy program or clinical evaluation program, and while under the appropriate level of supervision of a licensed veterinarian performing acts which are consistent with the particular delegated animal health care task;

(7) State agencies, accredited schools, institutions, foundations, business corporations or associations, physicians licensed to practice medicine and surgery in all its branches, graduate doctors of veterinary medicine, or persons under the direct supervision thereof from conducting experiments and scientific research on animals in the development of pharmaceuticals, biologicals, serums, or methods of treatment, or techniques for the diagnosis or treatment of human ailments, or when engaged in the study and development of methods and techniques directly or indirectly applicable to the problems of the practice of veterinary medicine;

(8) Any veterinary technician, duly registered by, and in good standing with, the board from administering medication, appliances or other products for the treatment of animals while under the appropriate level of supervision as is consistent with the delegated animal health care task; and

(9) A consulting veterinarian while working in a consulting capacity in Missouri while under the immediate supervision of a veterinarian licensed and in good standing under sections 340.200 to 340.330.

2. Nothing in sections 340.200 to 340.330 shall be construed as limiting the board's authority to provide other exemptions or exceptions to the requirements of licensing as the board may find necessary or appropriate under its rulemaking authority.

(L. 1992 H.B. 878 § 9, A.L. 1999 S.B. 424)

340.217. Practice of veterinary medicine across state lines defined--license not required, when. 1. No person registered as a veterinarian in Missouri shall engage in the practice of veterinary medicine, as authorized in this chapter, across state lines, except as herein provided.

2. For purposes of this chapter, the "practice of veterinary medicine across state lines" means:

(1) The rendering of a written or otherwise documented veterinary medical opinion concerning the diagnosis or treatment of a patient within this state by a veterinarian located outside this state as a result of transmission of individual patient data by electronic, telephonic, or other means from within this state or any other state to such veterinarian or veterinarian's agent; or

(2) The rendering of treatment to a patient within this state by a veterinarian located outside this state as a result of transmission of individual patient data by electronic, telephonic, or other means from within this state or any other state to such veterinarian or veterinarian's agent.

3. A veterinarian located outside this state shall not be required to obtain a license when:

(1) In consultation with a veterinarian licensed to practice veterinary medicine in this state; and

(2) The veterinarian licensed in this state retains the ultimate authority and responsibility for the diagnosis and/or treatment in the care of the patient located within this state; or

(3) Evaluating a patient or rendering an oral, written, or otherwise documented veterinary medical opinion when providing testimony or records for the purpose of any civil or criminal action before any judicial or administrative proceeding in this state or other forum in this state.

(L. 2004 H.B. 869)

340.218. Evidence of intent to engage in practice. The use of any title, words, abbreviations, letters or symbol in a manner or under circumstances which induce the reasonable belief that the person using them is qualified to do any act described in subdivision (24) of section 340.200 is prima facie evidence of the intention to represent such person as engaged in the practice of veterinary medicine under sections 340.200 to 340.330.

(L. 1992 H.B. 878 § 10)

340.220. Transplant of embryo considered veterinary practice, when. It is considered the practice of veterinary medicine to use any invasive procedure to remove any embryo from an animal for the purpose of transplanting such embryo into another female animal or for the purpose of cryopreserving such embryo, or to implant such embryo into an animal. It is not considered the practice of veterinary medicine for a person or that person's full-time employees to remove an embryo from the person's own animal for the purpose of transplanting or cryopreserving such embryo or to implant an embryo into the person's own animal; however, ownership of the animal shall not be transferred or the employment of any person changed for the purpose of circumventing sections 340.200 to 340.330.

(L. 1992 H.B. 878 § 11, A.L. 1999 S.B. 424)

340.222. Supervisor responsible and liable, when. A supervisor, as defined in subdivision (19) of section 340.200, is individually and separately responsible and liable for the performance of the acts delegated to and the omissions of the veterinary technician, veterinary medical candidate, temporary licensee, veterinary medical preceptee, unregistered assistant or any other individual working under his or her supervision. Nothing in this section shall be construed to relieve veterinary technicians, veterinary medical candidates, provisional licensees, temporary licensees, veterinary medical preceptees or unregistered assistants of any responsibility or liability for any of their own acts or omissions.

(L. 1992 H.B. 878 § 12, A.L. 1999 S.B. 424, A.L. 2006 S.B. 756)

340.224. Board's authority not limited, when. Nothing in sections 340.200 to 340.330 shall be construed as limiting the board's authority to establish additional physical requirements or minimum standards by rulemaking for any facility listed in sections 340.200 to 340.330 or for any place, unit or setting from which the practice of veterinary medicine is conducted.

(L. 1992 H.B. 878 § 13)

340.226. Licensed veterinary employees, prohibited when--exceptions --application of section. 1. A licensed veterinarian may practice veterinary medicine as an employee of a corporation, partnership or other business organization only so long as the articles of incorporation, partnership agreement or business organization documents clearly state that the licensed veterinarian is not subject to the direction of anyone not licensed to practice veterinary medicine in Missouri in making veterinary medical decisions or judgments.

2. The provisions of subsection 1 of this section do not apply to:

- (1) A veterinarian treating his or her employer's animals;
- (2) A veterinarian employed by an agency of the federal or state government or any political subdivision thereof; or
- (3) A veterinarian employed by a licensed research facility.

3. The provisions of subsection 1 of this section do not apply to any partnership, employee or owner if such partnership, employment or ownership is in existence and has been in existence for a period of six months prior to August 28, 1992. Such partnership, employee or owner shall be recognized by the board and continue existing operations if such partnership, employee or owner complies with all other provisions of sections 340.200 to 340.330.

4. The provisions of subsection 1 shall apply when any partnership of record on August 28, 1992, changes because of death, dissolution, removal, admittance of new partners or by any other means or when employment or ownership is changed in any manner.

(L. 1992 H.B. 878 § 14, A.L. 1999 S.B. 424)

340.228. Application for licensure, contents--false statements, penalty --qualifications for licensure.

1. Any person desiring a license to practice veterinary medicine in the state of Missouri shall make a written application to the board on forms to be provided by the board. The board shall provide such forms without charge upon the applicant's request.

2. Each application shall contain a statement that is made under oath or affirmation that representations made therein are true, correct and contain no material omissions of fact to the best knowledge and belief of the person making the application and whose signature shall be subscribed thereto. Any person who knowingly submits false information, information intended to mislead the board, or omits a material fact on the application shall be subject to penalties provided for by the laws of this state for giving a false statement under oath or affirmation, in addition to any actions which the board may take pursuant to the provisions of sections 340.200 to 340.330.

3. To qualify for licensure under sections 340.200 to 340.330, the application must show that the applicant:

(1) Is a person of good moral character;

(2) Is a graduate of an accredited school of veterinary medicine;

(3) Has completed a veterinary candidacy program after graduation under the supervision of a veterinarian licensed and in good standing in any state, territory or district of the United States. The supervising veterinarian shall submit an affidavit to the board stating that the applicant has satisfactorily completed the veterinary candidacy program. If the applicant submits satisfactory proof that he or she has completed a student preceptor program recognized and approved by the board before graduation, the board may waive the veterinary candidacy requirement; and

(4) Has passed an examination or examinations as prescribed by board rule. The examination or examinations shall be designed to test the examinee's knowledge of, and proficiency in, subjects and techniques commonly taught in schools of veterinary medicine, the requirements of sections 340.200 to 340.330, other related statutes and administrative rules and other material as determined by the board. An examinee must demonstrate scientific, practical and legal knowledge sufficient to establish for the board that the examinee is competent to practice veterinary medicine. The examination or examinations will only be given in the English language. Applications for examination shall be in writing, on a form furnished by the board and shall include evidence satisfactory to the board that the applicant possesses the qualifications set forth in this section.

4. The board may require such other information and proof of a person's fitness as it deems necessary.

(L. 1992 H.B. 878 § 15, A.L. 1999 S.B. 424)

340.230. Nonaccredited colleges, educational commission of foreign veterinary graduate's certificate. Graduates of nonaccredited colleges of veterinary medicine located outside the United States, its territories and Canada shall furnish proof which is satisfactory to the board that the applicant has:

(1) Earned and currently holds an Educational Commission of Foreign Veterinarian Graduate (ECFVG) certificate provided by the AVMA;

(2) Completed a veterinary candidacy program; and

(3) Passed the national certifying examination or examinations with a score at least equal to the passing score required for licensure in Missouri.

(L. 1992 H.B. 878 § 16, A.L. 1994 H.B. 1317 merged with S.B. 587, A.L. 1999 S.B. 424)

340.232. Registration and examination fees--return of examination fee --procedure upon failure of examination. 1. The application shall be accompanied by registration and examination fees as established by board rule pursuant to section 340.210. The registration fee shall not be returned if the applicant is admitted to the practice of veterinary medicine but shall be deemed to include payment of the registration fee for the remainder of the licensing period in which the applicant is admitted.

2. The examination fee shall be returned to the applicant if the board determines that the applicant is not qualified to sit for the examination. However, the examination fee shall not be returned if the board denied the application because the applicant provided false information.

3. If an applicant fails an examination, the applicant shall:

(1) Pay examination fees for each subsequent application;

(2) Wait for some period of time as prescribed by board rule from the date of the failed examination to take the next examination; and

(3) Prior to the fourth and final attempt at passage, present to the board a plan for passage and evidence of completion of at least thirty hours of board-approved continuing education since last sitting for the examination or in the calendar year preceding the final application.

(L. 1992 H.B. 878 § 17, A.L. 1999 S.B. 424)

340.234. Examination--licensure without examination. 1. If the board determines that the applicant possesses the proper qualifications as set forth in subsection 3 of section 340.228, it shall admit the applicant to the next scheduled examination.

2. Applicants shall submit an application and the registration and examination fees as required by rule of the board.

3. The board shall establish the requirements for a passing score on the examination. In order for a previous examination score to be transferred for a current licensing period, the score must have been received within five years prior to the application. If that passing score was not received within three attempts, the board may require the applicant to appear before the board or submit evidence that the applicant has completed at least thirty hours of board-approved continuing education. The board shall have sole discretion on whether to accept for transfer a score from another state's licensing authority.

4. If all the other requirements of sections 340.200 to 340.330 have been met, the board shall issue licenses to the persons who successfully completed the examination. The executive director shall record the new licenses.

5. If the board determines that the applicant is eligible for licensure without examination through the reciprocity provision of section 340.238, the board may grant the applicant a license without examination.

(L. 1992 H.B. 878 § 18, A.L. 1999 S.B. 424, A.L. 2006 S.B. 756)

340.236. Failure to qualify for examination, notice, contents, appeal. 1. If the board determines that an applicant is not qualified to sit for the examination or for licensure under section 340.238, the executive director shall notify the applicant in writing. The notification shall include specific findings of the board as to the applicant's failure to qualify, inform the applicant that he or she may request a hearing before the board on the question of the applicant's qualifications, and inform the applicant of his or her right, pursuant to section 621.120, RSMo, to file a complaint with the administrative hearing commission.

2. No person shall be refused a license to practice veterinary medicine in the state of Missouri because of race, creed, sex, color or national origin.

(L. 1992 H.B. 878 § 19, A.L. 1999 S.B. 424)

340.238. Licensure by reciprocity, requirements--additional requirements --negotiation of compacts--fee--notification of failure to qualify, filing of complaint. 1. The board may issue a license to practice veterinary medicine to an applicant, without examination, if the applicant submits proof satisfactory to the board of the following requirements for licensure by reciprocity:

(1) The applicant has been actively engaged in the profession in another state, territory, district or province of the United States or Canada for a period of at least five consecutive years immediately prior to making application in Missouri and provides the board with a complete listing of all locations of all previous places of practice and licensure in chronological order;

(2) A certificate from the proper licensing authority of the other state, territory, district or province of the United States or Canada certifying that the applicant is duly licensed, that the applicant's license has never been suspended, revoked, surrendered, or placed on probation, whether voluntarily or not, and that, insofar as the records of that authority are concerned, the applicant is entitled to its endorsement;

(3) The standards for admission to practice veterinary medicine of the state, territory, district or province of the United States or Canada in which the applicant is currently licensed were equal to or more stringent than the requirements for initial registration in Missouri at the time of the applicant's initial registration.

2. Even if the applicant has submitted proof of the qualifications in subsection 1 of this section, the board may by rule require any applicant under this section to take any examination, oral or written, or practical examination if such examination is required for an applicant seeking licensure by examination pursuant to the provisions of sections 340.200 to 340.330.

3. The board may negotiate reciprocal compacts with licensing boards of other states, territories, districts or provinces of the United States or Canada for admission to the practice of veterinary medicine.

4. To determine the admission standards of other states, territories, districts or provinces of the United States or Canada, the executive director shall gather information as directed by the board pertaining to such standards. The board may contract with persons to assist the board in obtaining and evaluating such information and material.

5. The board may issue a license upon payment of a fee for licensure by reciprocity, if the applicant meets the requirements of this section and other provisions of sections 340.200 to 340.330.

6. If the board determines that an applicant is not qualified to be licensed under this section, the executive director shall immediately notify the applicant in writing. The notification shall include specific findings of the board as to the applicant's failure to qualify under this section, that the applicant may request a hearing before the board on the question of the applicant's qualifications, that the applicant may otherwise be considered for licensure after examination as provided in section 340.240* and of the applicant's right pursuant to section 621.120, RSMo, to file a complaint with the administrative hearing commission.

(L. 1992 H.B. 878 § 20, A.L. 1999 S.B. 424)

*Section 340.240 was repealed by S.B. 424, 1999.

340.246. Provisional licensure, requirements--term. A provisional license may be issued to a qualified applicant for licensure pending examination results and completion of the veterinary candidacy program, or who has otherwise applied for licensure by grade transfer, reciprocity, or examination, if the applicant meets all other required qualifications for licensure in sections 340.200 to 340.330; provided that the applicant is working under the supervision of a licensed veterinarian in good standing. Such supervision shall be consistent with the delegated animal health care task. A provisional license shall expire one year after the date of issuance. A provisional license shall not be issued to individuals applying for faculty licensure.

(L. 1992 H.B. 878 § 23, A.L. 1999 S.B. 424, A.L. 2004 H.B. 869)

340.247. Veterinary faculty license, requirements, limitations --disciplinary actions--cancellation. 1. Notwithstanding any other provisions of law to the contrary, the board may issue a veterinary faculty license to any qualified applicant associated with the University of Missouri-Columbia, College of Veterinary Medicine and involved in the instructional program of either undergraduate or graduate veterinary medical students, subject to the following conditions:

(1) The holder of the veterinary faculty license is compensated for the practice aspects of his or her services solely from the state, federal or institutional funds and not from the patient-owner beneficiary of his or her practice efforts;

(2) The applicant furnishes the board with such proof as the board may deem necessary to demonstrate that:

(a) The applicant is a graduate of a reputable school or college of veterinary medicine;

(b) The applicant has or will have a faculty position at one of this state's institutions of higher learning and will be involved in the instructional program of either undergraduate or graduate veterinary medical students, as certified by an authorized administrative official at such institution; and

(c) The applicant understands and agrees that the faculty license is valid only for the practice of veterinary medicine as a faculty member of the institution; and

(3) The applicant takes and passes the state board examination.

2. The license issued pursuant to this section may be revoked or suspended or the licensee may be otherwise disciplined in accordance with the provisions of this chapter.

3. The license issued pursuant to this section shall be canceled by the board upon receipt of information that the holder of the veterinary faculty license has left or has otherwise been discontinued from faculty employment at an institution of higher learning in this state.

(L. 1999 S.B. 424)

340.248. Out-of-state veterinarian, temporary licensure for specific animal owner--term, renewal--agent for service of process. 1. If a licensed veterinarian of another state is not under discipline or investigation, the board may issue a temporary license to such veterinarian exclusively to permit the veterinarian to provide veterinary medical services for a specific animal owner in Missouri. The license is limited to the animals of the specific owner identified in the application. The temporary license shall expire one hundred twenty days after it is issued. Upon request of the applicant, the board may renew the temporary license for an additional ninety days.

2. When a licensed veterinarian of another state applies for a temporary license under this section, the applicant shall designate the secretary of state as the applicant's agent for the purpose of service of process in any action or proceeding against the applicant arising out of any transaction or operation connected with, or incidental to, the practice of veterinary medicine pursuant to such temporary license.

3. Only one temporary license may be issued to any person at the same time.

4. The employer identified on the application for a temporary license issued pursuant to this section shall notify the board within ten days if the employment ceases at the place of employment designated on the temporary license.

(L. 1992 H.B. 878 § 24, A.L. 1999 S.B. 424)

340.250. Temporary or provisional license, board's exclusive authority. The rights granted by the board to a holder of a temporary or provisional license under sections 340.246 and 340.248 are exclusive. A temporary or provisional license issued under sections 340.246 and 340.248 may be revoked by a majority vote of the board without a hearing. The board's exclusive authority shall be clearly stated on the temporary or provisional license and the application and is a condition for the issuance of a temporary or provisional license.

(L. 1992 H.B. 878 § 25, A.L. 1999 S.B. 424)

340.252. Display of license, certificate, permit. A person issued a license, certificate, permit or other authority issued under sections 340.200 to 340.330 shall conspicuously display such license, certificate, permit or other authority in the person's principal place of business or employment or as otherwise provided for by board rule. Such person shall exhibit such license, certificate, permit or other authority upon demand by any member of the board or its authorized agent.

(L. 1992 H.B. 878 § 26, A.L. 1999 S.B. 424)

340.254. Existing certificate recognized, requirements. Any person holding a valid license, certificate, permit or other authority regulated under the provisions of sections 340.200 to 340.330 on August 28, 1992, shall be recognized by the board and shall be entitled to retain any existing status so long as the person complies with the provisions of sections 340.200 to 340.330 and board rules promulgated pursuant to sections 340.200 to 340.330.

(L. 1992 H.B. 878 § 27, A.L. 1999 S.B. 424)

340.255. Inactive license status, procedure. Any veterinarian licensed under sections 340.200 to 340.330 who is not practicing or involved in any aspect, administrative or otherwise, of veterinary medicine in Missouri, as defined in section 340.200, may request that his or her license be placed on an inactive status. Any veterinarian requesting his or her license to be placed on an inactive status shall file an affirmation with the board stating that he or she will not engage in the practice or be involved in any aspect, administrative or otherwise, of veterinary medicine in Missouri. To renew such inactive license, the person shall submit an application for licensure renewal, pay the renewal fee, and submit approved continuing education hours as required by rule of the board.

(L. 2004 H.B. 869)

340.256. Retirement, affidavit required--effect. Any person licensed under sections 340.200 to 340.330 who retires from any profession regulated by sections 340.200 to 340.330 shall file an affidavit stating the date of retirement and any other information required by the board in order to verify such retirement. Any person filing the affidavit as required by this section, does not need to renew his or her license as required by section 340.258. If such person decides to again practice his or her profession, the person must renew his or her license prior to performing any act or practice regulated by sections 340.200 to 340.330.

(L. 1992 H.B. 878 § 28, A.L. 1999 S.B. 424)

340.258. License expires, when--notice of renewal--application for renewal, continuing education requirements, contents--false statements, penalties--declaration of noncurrency for failure to renew. 1. Every license issued under the provisions of sections 340.200 to 340.330 shall expire annually or as otherwise established by board rule but may be renewed by the licensee upon application to the board for renewal and payment of renewal fees, subject to the provisions of this section. The board shall not renew any license unless the licensee provides satisfactory evidence that he or she has complied with the board's minimum requirements for continuing education.

2. At least thirty days prior to the expiration date, the executive director shall send a notice of renewal and an application for renewal to each licensee of record. The notice and application shall be mailed to the licensee's last known business address. Neither the failure to mail nor the failure to receive the notice and application shall relieve any licensee of the duty to make application for renewal or to pay the necessary renewal fee. The failure to mail or to receive the notice and application will not exempt the licensee from the penalties provided by sections 340.200 to 340.330 for failure to promptly renew such license.

3. The applicant shall disclose on the application for renewal:

- (1) Applicant's full name;
- (2) Applicant's business and residence addresses;
- (3) Date and number of applicant's license;
- (4) Any disciplinary actions taken against the applicant by any state, territory or district of the United States, or federal agency;
- (5) Any felony criminal convictions;
- (6) Any continuing educational credits; and
- (7) Any other information deemed necessary by the board to assess the applicant's fitness for license renewal.

4. The application shall be made under oath or affirmation and subject to penalties provided for making a false statement under oath or affirmation. Such penalties are in addition to and not in lieu of any penalty or other discipline provided for in sections 340.200 to 340.330.

5. If a licensee fails to submit an application and fees within thirty days of expiration of his or her license, the executive director shall notify the licensee that the application and fees have not been received and that the licensee's failure to respond within ten days will result in * his or her license being declared noncurrent. The notification required by this subsection shall be by certified mail, return receipt requested, to the licensee's last known business and residence addresses. If the application and fees are not received within ten days after the return receipt is received, the licensee's license shall be declared

noncurrent. The executive director shall give notice to the licensee by certified mail, return receipt requested, at the licensee's last known business and residence addresses that his or her license has been declared noncurrent and that the licensee shall not practice veterinary medicine until he or she applies for reinstatement and pays the required fees.

(L. 1992 H.B. 878 § 29, A.L. 1999 S.B. 424)

*Word "of" appears in original rolls.

340.260. Practice after declaration of noncurrency, penalty. If any person practices veterinary medicine after his or her license is declared noncurrent pursuant to subsection 5 of section 340.258, he or she is subject to criminal prosecution as provided in sections 340.200 to 340.330. Such criminal prosecution shall be in addition to any penalty or other discipline provided for in sections 340.200 to 340.330.

(L. 1992 H.B. 878 § 30, A.L. 1999 S.B. 424)

340.262. Renewal of expired license, requirements--waiver of fees, when. If a person is otherwise eligible to renew his or her license, the person may renew an expired license within two years of the date of expiration. To renew such expired license, the person shall submit an application for renewal, pay the renewal fee, pay a delinquent renewal fee, pay a penalty fee, and submit approved continuing education hours as required by rule of the board. Upon a finding of extenuating circumstances, the board may waive the payment of the penalty fee; however, nothing in this section shall be construed as requiring such waiver. If more than two years have lapsed since the date the license expired, the license may not be renewed. The holder of such expired license must apply under the procedures for a new license pursuant to sections 340.200 to 340.330.

(L. 1992 H.B. 878 § 31, A.L. 1999 S.B. 424, A.L. 2004 H.B. 869)

340.264. Refusal to issue or renew certificate, grounds--complaint may be filed, grounds--procedure. 1. The board may refuse to issue or renew any certificate of registration or authority, permit or license required pursuant to sections 340.200 to 340.330 for one or any combination of causes stated in subsection 2 of this section. The board shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of his or her right to file a complaint with the administrative hearing commission as provided by chapter 621, RSMo.

2. The board may file a complaint with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by sections 340.200 to 340.330 or any person who has failed to renew or has surrendered his or her certificate of registration or authority, permit or license for any one or combination of the following causes:

(1) Use of any controlled substance, as defined in chapter 195, RSMo, or alcoholic beverage to an extent that such use impairs a person's ability to perform the work of any profession licensed or regulated by sections 340.200 to 340.330;

(2) The person has been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state, territory, district of the United States, or the United States, for any offense reasonably related to the qualifications, functions or duties of any profession licensed or regulated under sections 340.200 to 340.330 or for any offense for which an essential element is fraud, dishonesty or an act of violence, or for any offense involving moral turpitude, whether or not sentence is imposed;

(3) Use of fraud, deception, misrepresentation or bribery in securing any certificate of registration or authority, permit or license issued pursuant to sections 340.200 to 340.330 or in obtaining permission to take any examination given or required pursuant to sections 340.200 to 340.330;

(4) Misconduct, fraud, misrepresentation, dishonesty, unethical conduct or unprofessional conduct in the performance of the functions or duties of any profession licensed or regulated by sections 340.200 to 340.330, including, but not limited to:

(a) Obtaining or attempting to obtain any fee, charge, tuition or other compensation by fraud, deception or misrepresentation;

(b) Willfully and continually overcharging for services or overtreating patients or charging for services which did not occur unless the services were contracted for in advance, or for services which were not rendered or documented in the patient's records, or charging for services which were not consented to by the owner of the patient or the owner's agent;

(c) Willfully or continually performing inappropriate or unnecessary treatment, diagnostic tests or medical or surgical services;

(d) Attempting, directly or indirectly, by intimidation, coercion or deception to obtain or retain a patient or discourage the owner from seeking a second opinion or consultation;

(e) Delegating professional responsibilities to a person who is not qualified by training, skill, competency, age, experience, registration or licensure to perform such responsibilities;

(f) Misrepresenting that any disease or ailment can be cured by a method, procedure, treatment, medicine or device;

(g) Performing or prescribing medical services which have been declared by board rule to be of no medical value;

(h) Final disciplinary action by any professional veterinary medical association or society or licensed hospital or clinic or medical staff of such hospital or clinic in this state or any other state or territory, whether agreed to voluntarily or not, and including, but not limited to, any removal, suspension, limitation, surrender, or restriction of a license or staff or hospital or clinic privileges, failure to renew such privileges or license for cause, or other final disciplinary action, if the action was related to unprofessional conduct, professional incompetence, malpractice or any other violation of sections 340.200 to 340.330;

(i) Dispensing, prescribing, administering or otherwise distributing any drug, controlled substance or other treatment without sufficient examination or establishment of a veterinarian-client-patient relationship, or for other medically accepted therapeutic or experimental or investigative purposes, or not in the course of professional practice, or not in good faith to relieve pain and suffering, or not to cure an ailment, physical infirmity or disease; or the dispensing, prescribing, administering or distribution of any drug, controlled substance or other treatment by anyone other than a properly licensed veterinarian, unless such person is a properly registered veterinary technician, unregistered assistant, or the patient's owner and then to be limited to administration of drugs or other treatment under the supervision, control or explicit instructions of a licensed veterinarian;

(j) Terminating the medical care of a patient without adequate notice to the owner or without making other arrangements for the continued care of the patient;

(k) Failing to furnish details of a patient's medical records to another treating veterinarian, hospital, clinic, owner, or owner's agent upon proper request or waiver by the owner or owner's agent, or failing to

comply with any other law relating to medical records; except, radiographs prepared by the licensed veterinarian shall remain the property of the veterinarian and shall be returned upon request or as otherwise agreed between the veterinarian and client;

(l) Failure of any applicant or licensee to cooperate with the board during any investigation, if such investigation does not concern the applicant or licensee;

(m) Failure to comply with any subpoena or subpoena duces tecum from the board or an order of the board;

(n) Failure to timely pay license or registration renewal fees as specified in sections 340.200 to 340.330;

(o) Violating a probation agreement with the board or any other licensing authority of this state, another state or territory of the United States, or a federal agency;

(p) Violating any informal consent agreement for discipline entered into by an applicant or licensee with the board or any other licensing authority of this state, another state or territory of the United States, or a federal agency;

(q) Failing to inform the board of any change in business or residential address as required by sections 340.200 to 340.330 or administrative rule;

(r) Advertising by an applicant or licensee which is false or misleading, or which violates any rules of the board, or which claims without substantiation the positive cure of any disease, or professional superiority to or greater skill than that possessed by any other veterinarian;

(5) Any conduct or practice which is or might be harmful or dangerous to the health of a patient;

(6) Incompetency, gross negligence or repeated negligence in the performance of the functions or duties of any profession licensed or regulated by sections 340.200 to 340.330. For purposes of this subdivision, "repeated negligence" means the failure, on more than one occasion, to use that degree of skill and learning ordinarily used under the same or similar circumstances by members of the profession;

(7) Violation of, or attempting to violate, directly or indirectly, or assisting, or enabling any person to violate, any provisions of sections 340.200 to 340.330, or any lawful rule or regulation adopted pursuant to sections 340.200 to 340.330;

(8) Impersonation of any person holding a certificate of registration or authority, permit or license or allowing any person to use his certificate of registration or authority, permit, license or diploma from any school;

(9) Revocation, suspension, restriction, modification, limitation, reprimand, warning, censure, probation or other final disciplinary action against the holder of, or applicant for, a license or registration or other right to practice any profession regulated by sections 340.200 to 340.330 or by another state, territory, federal agency or country, whether or not voluntarily agreed to by the licensee or applicant, including, but not limited to:

(a) Denial of licensure or registration;

(b) Surrender of the license or registration;

(c) Allowing the license or registration to expire or lapse; or

(d) Discontinuing or limiting the practice of veterinary medicine while subject to an investigation or while actually under investigation by any licensing authority, medical facility, insurance company, court, agency of the state or federal government, or employer;

- (10) Being adjudged incapacitated or disabled by a court of competent jurisdiction;
- (11) Assisting or enabling any person to practice or offer to practice any profession licensed or regulated by sections 340.200 to 340.330 who is not licensed or registered and currently eligible to practice under sections 340.200 to 340.330, or knowingly performing any act which aids, assists, procures, advises, or encourages any person to practice veterinary medicine who is not licensed or registered and currently eligible to practice under sections 340.200 to 340.330;
- (12) Issuance of a certificate of registration or authority, permit or license based upon a material mistake of fact;
- (13) Failure to obtain, renew or display a valid certificate, license, permit or notice if required;
- (14) Violation of the drug laws or rules and regulations of this state, any other state, territory, or the federal government;
- (15) Knowingly or recklessly making or causing to be made, or aiding or abetting in the making of a false statement or documentation in connection with the birth, death, or health of any animal, executed in connection with the practice of his or her profession or failure to file such statements or documents with the proper officials of the federal or state government as provided by law or any rule promulgated under sections 340.200 to 340.330;
- (16) Soliciting patronage in person or by agents, under his or her own name or under the name of another, actual or pretended, in such a manner as to confuse, deceive or mislead the public as to the need or appropriateness of animal health care or services or the qualifications of an individual person or persons to diagnose, render, or perform such animal health care services;
- (17) Failure or refusal to properly guard against contagious, infectious or communicable diseases or the spread thereof;
- (18) Maintaining an unsanitary office or facility, or performing professional services under unsanitary conditions with due consideration given to the place where the services are rendered;
- (19) Practicing or offering to practice any profession or service regulated by sections 340.200 to 340.330 independent of the supervision and direction of a person licensed under sections 340.200 to 340.330 as a veterinarian in good standing by any candidate for registration or person registered to practice as a veterinary technician or engaged as an unregistered assistant to a veterinarian;
- (20) Treating or attempting to treat ailments or health conditions of animals other than as authorized under sections 340.200 to 340.330 or board rule by any candidate for registration or person registered to practice as a veterinary technician or engaged as an unregistered assistant to a licensed veterinarian;
- (21) A pattern of personal use or consumption of any controlled substance unless it is prescribed, dispensed or administered by a licensed physician;
- (22) Any revocation, suspension, surrender, limitation or restriction of any controlled substance authority, whether agreed to voluntarily or not;
- (23) Being unable to practice as a veterinarian or veterinary technician with reasonable skill and safety to patients because of illness, drunkenness, excessive use of drugs, narcotics, chemicals, or as a result of any mental or physical condition;
- (24) Violation of any professional trust or confidence;

(25) Failing to obtain or renew any facility permit or to maintain mandatory requirements or minimum standards for any such facility as required by sections 340.200 to 340.330 or board rule.

3. If the board files a complaint pursuant to subsection 2 of this section, the proceedings shall be conducted in accordance with the provisions of chapter 621, RSMo. If the administrative hearing commission finds that grounds provided in this section are met, the board may either singly or in combination:

(1) Warn, censure or place the person named in the complaint on probation on such terms and conditions as the board deems appropriate for a period not to exceed ten years;

(2) Suspend such license, certificate or permit for a period not to exceed three years;

(3) Restrict or limit the license, certificate or permit for an indefinite period of time;

(4) Revoke such license, certificate or permit;

(5) Administer a public or private reprimand;

(6) Deny the application for a license;

(7) Permanently withhold issuance of a license or certificate;

(8) Require the applicant or licensee to submit to the care, counseling or treatment of physicians designated by the board at the expense of the person to be examined;

(9) Require the person to attend such continuing educational courses and pass such examinations as the board may direct.

(L. 1992 H.B. 878 § 32, A.L. 1999 S.B. 424)

340.266. Application for reinstatement of license--period. If the board orders the license to be revoked, the board may provide that the person may not apply for reinstatement of license, certificate or registration, or permit for a period of at least one year and not more than seven years following the date of the revocation. Any stay order will toll the period of revocation.

(L. 1992 H.B. 878 § 33)

340.268. Continuing education course, examination may be required. Before restoring to good standing a license, certificate, registration or permit issued under sections 340.200 to 340.330, which has been revoked, suspended, surrendered or is in an inactive state for any cause for more than two years, the board may require the applicant to attend such continuing education courses and pass such examinations as the board may direct.

(L. 1992 H.B. 878 § 34)

340.270. Records of patients, discoverable. In any investigation, hearing or other proceeding to determine a licensee's or applicant's fitness to practice, or in any investigation of a complaint before the board, any record relating to any patient of the licensee or applicant is discoverable by the board and admissible as evidence notwithstanding any privilege to the contrary which such licensee, applicant, or record custodian might otherwise invoke.

(L. 1992 H.B. 878 § 35)

340.272. Complaint for expedited hearing, when--hearing, decision, when --temporary authority final, when. 1. If the board, after notice and hearing, concludes that a person has committed an act or is engaging in a course of conduct which would be grounds for disciplinary action under section 340.264 and such act or course of conduct constitutes a clear and present danger to the public health, safety or welfare, the board may file a complaint before the administrative hearing commission requesting an expedited hearing and specifying the activities which give rise to the danger and the nature of the proposed restriction or suspension of the person's license.

2. The administrative hearing commission shall conduct a preliminary hearing within fifteen days after service of a complaint pursuant to subsection 1 of this section, to determine whether the alleged activities appear to constitute a clear and present danger to the public health, safety or welfare which justifies that the person's license be immediately restricted or suspended. The administrative hearing commission shall issue its decision immediately after the hearing and either grant the board the authority to suspend or restrict the license or dismiss the action.

3. If the administrative hearing commission grants the board temporary authority to restrict or suspend the license, the temporary authority shall become final if the person does not request a full hearing within thirty days of the preliminary hearing. If the person requests a full hearing, the administrative hearing commission shall set a date for the hearing pursuant to chapter 621, RSMo.

(L. 1992 H.B. 878 § 36)

340.274. Automatic revocation of license, when--automatic reinstatement, when --automatic denial of license, when. 1. A license issued under sections 340.200 to 340.330 shall be automatically revoked following a review of the record of the proceedings by the board and upon a formal motion of the board:

(1) When the final trial proceedings are concluded where a person has been adjudicated and found guilty, or has entered a plea of guilty or nolo contendere whether or not a sentence is imposed:

(a) In a felony criminal prosecution under the laws of this state, the laws of any other state, territory or district of the United States, or the United States for any offense reasonably related to the qualifications, functions or duties of the person licensed under sections 340.200 to 340.330;

(b) For any felony offense, for which an essential element is fraud, dishonesty or an act of violence; or

(c) For any felony offense involving moral turpitude;

(2) Upon the final and unconditional revocation or surrender of the person's license to practice the same profession in another state, territory or district of the United States upon grounds for which revocation is authorized in this state.

2. The license of such person shall be automatically reinstated if the conviction, judgment or revocation is set aside upon final appeal in any court of competent jurisdiction.

3. Any person who has been denied a license, certificate, permit or other authority to practice a profession in another state, if such profession in this state is regulated pursuant to sections 340.200 to 340.330, shall automatically be denied a license to practice such profession in this state; however, the board may establish qualifications whereby such person may be qualified and licensed to practice such profession in this state.

(L. 1992 H.B. 878 § 37)

340.276. Injunctions, restraining orders, other orders, when, grounds --commencement of action, where. 1. Upon application by the board, and the necessary burden having been met, a court of general jurisdiction may grant an injunction, restraining order or other order as may be appropriate to enjoin a person from:

(1) Offering to engage or engaging in the performance of any acts or practice for which a license, certificate, permit or other authority is required by sections 340.200 to 340.330 upon a showing that such acts or practices were performed or offered to be performed* without a license, certificate, permit or other authority; or

(2) Engaging in any practice authorized by a license, certificate, permit or other authority issued pursuant to sections 340.200 to 340.330 upon a showing that the holder presents a substantial probability of serious danger to the health, safety or welfare of any resident of the state or client or patient of the licensee.

2. Any such action shall be commenced either in the county in which such conduct occurred or in the county where the defendant resides. Any action brought under this section shall be in addition to and not in lieu of any penalty or other discipline provided for by sections 340.200 to 340.330 and may be brought concurrently with other actions to enforce sections 340.200 to 340.330.

(L. 1992 H.B. 878 § 38)

*Words "to perform" appear in original rolls rather than "to be performed".

340.278. Relicensing and reinstatement--conditions. 1. Upon written application to the board showing cause justifying relicensing and reinstatement, any person whose license has been revoked or suspended by the board may be relicensed or reinstated at any time without examination by a majority vote of the full board.

2. Nothing in subsection 1 of this section shall be construed as requiring the board to reinstate a license due to a showing of justification. Such relicensing or reinstatement is within the sole discretion of the board.

3. The board may condition such reinstatement or relicensing as it deems appropriate under the circumstances, including, but not limited to, restricting or limiting the person's practice or placing the person on probation under terms and conditions set by the board.

(L. 1992 H.B. 878 § 39)

340.280. Chairman may administer oaths, issue subpoena--enforcement of subpoenas, where. 1. The chairman or vice chairman of the board may administer oaths, subpoena witnesses, issue subpoenas duces tecum and require production of documents and records pertaining to complaints or investigations. Subpoenas, including subpoenas duces tecum, shall be served by a person so authorized to serve subpoenas of courts of records. In lieu of requiring attendance of a person to produce original documents in response to a subpoena duces tecum, the board may require sworn copies of such documents to be filed with it or delivered to its designated representative.

2. The board may enforce its subpoenas, including a subpoena duces tecum, by applying to a circuit court of Cole County, the county of investigation, hearing or proceeding, or any county where the person resides or may be found, for an order upon any person who shall fail to obey a subpoena to show cause why such subpoena should not be enforced. The order and a copy of the application therefor shall be served upon the person in the same manner as a summons in a civil action. If the circuit court, after a hearing, determines that the subpoena should be sustained and enforced, such court shall proceed to enforce the subpoena in the same manner as though the subpoena had been issued in a civil case in the circuit court.

(L. 1992 H.B. 878 § 40)

340.282. Immunity of persons cooperating with the board. Any person who in good faith and without malice reports, provides information or cooperates in any manner with the board, or assists the board in any manner, including, but not limited to, applicants or licensees, whether or not the applicant or licensee is the subject of an investigation, record custodians, consultants, attorneys, board members, agents, employees, staff or expert witnesses, in the course of any investigation, hearing or other proceeding conducted by or before the board pursuant to the provisions of sections 340.200 to 340.330 shall not be subject to an action for civil damages and no cause of action shall arise against him as a result thereof.

(L. 1992 H.B. 878 § 41)

340.284. Medical records to be maintained. Any person who provides veterinary medical services shall prepare and maintain medical records for any patient. Such records shall meet or exceed the minimum standards as established by board rule.

(L. 1992 H.B. 878 § 42)

340.286. Disclosure of information, when required--immunity--waiver of privilege. 1. Except as otherwise provided for under section 340.270 or by board rule, no veterinarian licensed under the provisions of sections 340.200 to 340.330 shall be required to disclose any information concerning the veterinarian's care of an animal, except on written authorization or other waiver by the veterinarian's client or on appropriate court order or subpoena or as may be required to ensure compliance with any other federal or state law.

2. Any veterinarian releasing information under written authorization or other waiver by the client or under court order or subpoena shall not be liable to the client or any other person for claims arising as a result of releasing such information.

3. The privilege provided by this section shall be waived to the extent that the owner of the animal places the veterinarian's care and treatment of the animal or the nature and extent of injuries to the animal at issue in any civil or criminal proceeding.

(L. 1992 H.B. 878 § 43)

340.287. Veterinary emergency care, no civil liability, exceptions (Good Samaritan law). Any veterinarian duly registered pursuant to sections 340.200 to 340.330 who gratuitously and in good faith gives emergency treatment to a sick or injured animal at the scene of an accident or emergency shall not be liable in any civil action for damages to the owner of such animal. This section is not intended to provide immunity for acts which constitute gross negligence.

(L. 1999 S.B. 424)

340.288. Animal deemed abandoned, when, disposal of--immunity--abandoned defined, effect--necropsy authorized, when, disposal of corpse --owner's financial obligation. 1. Any animal placed in the custody of a licensed veterinarian for treatment, boarding or other care, which is unclaimed by its owner or its owner's agent for more than ten days after written notice by certified mail, return receipt requested, is sent to the owner or owner's agent at the person's last known address shall be deemed to be abandoned. Such abandoned animal may be turned over to the nearest humane society or animal shelter, or otherwise disposed of or destroyed by the licensed veterinarian in a humane manner.

2. If notice is sent pursuant to subsection 1 of this section, the licensed veterinarian or any custodian of such abandoned animal is relieved of any further liability for disposal. If a licensed veterinarian follows the procedures of this section, the veterinarian shall not be subject to disciplinary action under sections 340.200 to 340.330 unless such licensed veterinarian fails to provide the proper notification to the owner or owner's agent.

3. For the purposes of this section, the term "abandoned" means to forsake entirely, to neglect or refuse to provide or perform legal obligations for the care and support of an animal, or to refuse to pay for treatment or other services without an assertion of good cause. Such abandonment shall constitute the relinquishment of all rights and claims by the owner to such animal.

4. If an animal should die while in the custody of a licensed veterinarian for the purpose of treatment, boarding or other care, the licensed veterinarian may perform necropsy after reasonable attempts to notify the owner and obtain permission have failed. The licensed veterinarian shall maintain or otherwise store the corpse for a period of at least three days following such death or three days after notification to the owner, whichever is longer, after which time the corpse may be disposed of in any lawful manner.

5. The disposal of an abandoned or deceased animal shall not relieve the owner or owner's agent of any financial obligation incurred for treatment, boarding or other care provided by the veterinarian.

(L. 1992 H.B. 878 § 44, A.L. 1999 S.B. 424)

340.290. Certain proceedings not abated. No judicial or administrative proceeding pending prior to August 28, 1992, shall be abated as a result of the repeal of chapter 340 and the enactment of sections 340.200 to 340.330.

(L. 1992 H.B. 878 § 45)

340.292. Severability. If any clause, sentence, paragraph, section or part of sections 340.200 to 340.330 or the application thereof to any person or circumstances shall for any reason be adjudged by any court of competent jurisdiction to be unconstitutional or invalid, such judgment shall not affect, impair or invalidate the remainder thereof, and the application thereof to other persons or circumstances, but shall be confined in its operation to the clause, sentence or paragraph, section or part thereof involved in the controversy, in which such judgment shall have been rendered and to the person or circumstances involved, except as provided in section 340.210.

(L. 1992 H.B. 878 § 46)

340.294. Penalty--separate offenses. Any person who violates any provision of sections 340.200 to 340.330 shall, upon conviction in a court of competent jurisdiction, be adjudged guilty of a class A misdemeanor for each offense. The unlawful practice of veterinary medicine shall be deemed a separate offense for each animal treated by any person engaged in such unlawful practice.

(L. 1992 H.B. 878 § 47)

340.296. Veterinary technician, board to register. The Missouri veterinary medical board shall be responsible for registering any person who wishes to practice as a veterinary technician in this state and shall limit, restrict, supervise and define such practice by board rule as the board deems appropriate and necessary for the protection of the public health, safety and general welfare.

(L. 1992 H.B. 878 § 48)

340.298. Provisions applicable to technicians. All provisions of sections 340.200 to 340.296 shall be applicable to licensed veterinarians and registered veterinary technicians, except as otherwise specifically provided for in sections 340.298 to 340.330. Whenever the term "veterinarian" or "veterinary practice" is used in sections 340.200 to 340.300, it shall mean veterinary technician or the practice of a veterinary technician.

(L. 1992 H.B. 878 § 49)

340.300. Veterinary technician, registration of, application, contents --qualifications. 1. Any person desiring to be registered as a veterinary technician in the state of Missouri shall submit a written application to the board. Such application shall be on forms furnished by the board without charge.

2. Each application shall contain a statement that is made under oath or affirmation that representations made therein are true, correct and contain no material omissions of fact to the best knowledge and belief of the person making the application and whose signature shall be subscribed thereto. Any person who knowingly submits false information, information intended to mislead the board, or omits a material fact on the application shall be subject to penalties provided for by the laws of this state for giving a false statement under oath or affirmation; such penalty is in addition to and not in lieu of any action which the board takes pursuant to the provisions of sections 340.200 to 340.330.

3. To qualify to be registered as a veterinary technician pursuant to this section, the application must show that the applicant:

(1) Is at* least eighteen years of age;

(2) Is of good moral character;

(3) Has successfully completed a college level course of study in veterinary technology in a school having a curriculum approved by the board or a college level course in the care and treatment of animals which is accredited by the AVMA; and

(4) Has passed an examination or examinations as prescribed by board rule. The examination or examinations shall be designed to test the examinee's knowledge of, proficiency in, subjects and techniques commonly taught in schools providing a curriculum in veterinary technology, familiarity with the requirements of sections 340.200 to 340.330, related statutes and board rules, and other material as determined by the board. An examinee must demonstrate scientific, practical and legal knowledge sufficient to establish to the board that the applicant is competent to practice as a veterinary technician. Applications for examination shall be in writing, on a form furnished by the board and shall include evidence satisfactory to the board that the applicant possesses the qualifications set forth in subdivisions (1), (2) and (3) of this subsection.

4. The board may require additional information and proof of a person's fitness and qualifications by board rule.

(L. 1992 H.B. 878 § 50, A.L. 1999 S.B. 424)

*Word "at" does not appear in original rolls.

340.302. Registration fee, technician--examination fee--consequences of failure. 1. The applicant for registration as a veterinary technician shall submit with the application the registration and examination fees as established by board rule pursuant to section 340.210. The registration fee shall not be returned if the applicant is registered as a veterinary technician but shall be deemed to include payment of the registration fee for the remainder of the registration period in which the applicant is admitted.

2. If the applicant has complied with the requirements of subsection 2 of section 340.312, the examination fee shall be returned to the applicant if the board determines that the applicant is not qualified to sit for the examination. The examination fee shall not be returned if the board denied the application because the applicant provided false information in the application.

3. If an applicant fails an examination, the applicant shall:

(1) Pay examination fees for each subsequent application;

(2) Wait for some period of time as prescribed by board rule from the date of the failed examination to take the next examination; and

(3) Prior to the fourth and final attempt at passage, present to the board, for approval, a plan for passage and evidence of completion of at least ten hours of board-approved continuing education taken since the last examination since last sitting for the examination or in the calendar year preceding the final application.

(L. 1992 H.B. 878 § 51, A.L. 1999 S.B. 424)

340.304. Technician, admittance to examination--failure to qualify, notice. 1. If the board determines that the applicant possesses the proper qualifications, it shall admit the applicant to the next scheduled examination.

2. If the board determines that an applicant is not qualified to sit for the examination, the executive director shall notify the applicant in writing. The notification shall include specific findings of the board as to the applicant's failure to qualify, inform the applicant that he or she may request a hearing before the board on the question of the applicant's qualifications and inform the applicant of his or her right, pursuant to section 621.120, RSMo, to file a complaint with the administrative hearing commission.

3. No person shall be refused registration as a veterinary technician in the state of Missouri because of race, creed, sex, color or national origin.

(L. 1992 H.B. 878 § 52, A.L. 1999 S.B. 424)

340.306. Waiver of examination, when--grade score transfer permitted, when. 1. The board may issue a certificate of registration to an applicant, without examination, if the applicant submits proof, satisfactory to the board, that the applicant:

(1) Is currently registered in another state, territory, district or province of the United States or Canada having standards for admission substantially the same as the standards in Missouri, and that the standards were in effect at the time the applicant was first admitted to practice in the other state, territory, district or province of the United States or Canada; and

(2) Has been employed and supervised by a licensed veterinarian for a period of at least five consecutive years preceding the applicant's application to practice as a veterinary technician in Missouri.

2. If the applicant has not been licensed in another state, territory, district, or province of the United States or Canada for five consecutive years, the board may determine that the applicant is eligible for licensure by grade score transfer. For a previous examination score to be transferred for a current licensing period, the score must be received within the five-year period immediately preceding the application. If such passing score is not received within three attempts, the board may require the applicant to appear before the board and/or submit evidence that the applicant has completed continuing education.

(L. 1992 H.B. 878 § 53, A.L. 1999 S.B. 424, A.L. 2004 H.B. 869)

340.308. Examination for technicians--application fee--rules--notification of results. 1.

Applicants shall submit an application and the registration and examination fees at least sixty days prior to taking the examination.

2. The board shall establish by rule the score needed to pass all examinations.

3. The executive director shall notify each examinee within ninety days of the examination the results of the examination. If all the other requirements of registration have been met, the board shall issue certificates of registration to the persons who successfully completed the examination. The executive director shall record the certificates and hold the certificates until the applicant has met the requirements of section 340.310.

(L. 1992 H.B. 878 § 54, A.L. 1999 S.B. 424)

340.310. Notice to successful examinees. The board shall send a letter, signed by the board chairperson or vice chairperson, to all successful examinees for registration as a veterinary technician; however, the board shall not send a certificate of registration until the applicant has submitted proof of employment and supervision by a licensed* veterinarian. Upon receipt of such proof, the executive director shall issue the certificate of registration.

(L. 1992 H.B. 878 § 55)

*Word "byveterinared" appears in original rolls, an apparent printing error.

340.312. Technician certification, inactive status, when--notification of termination of employment--continuing education required, when. 1.

If the technician leaves the employment or supervision of the licensed veterinarian and is not employed by or supervised by another licensed veterinarian within thirty days of the termination of his or her employment, the technician's certificate shall be placed on inactive status. It is the responsibility of the technician to inform the executive director within thirty days of termination of his or her employment. It is grounds for revocation of the technician's certificate if he or she fails to notify the executive director of such termination.

2. Any veterinary technician in the state of Missouri whose certificate has been on inactive status will be required to complete the required continuing education credits in accordance with rules of the board, pay all fees and meet all other requirements of sections 340.200 to 340.330 and board rules for registration as a veterinary technician.

(L. 1992 H.B. 878 § 56, A.L. 1999 S.B. 424, A.L. 2004 H.B. 869)

340.314. Expiration, renewal of technician's certificate, fees--notice of renewal, application.

1. The certificates issued to veterinary technicians pursuant to sections 340.300 to 340.330 shall expire as established by board rule but may be renewed upon application to the board for renewal and payment of renewal fees.

2. At least sixty days prior to the expiration date, the executive director shall send a notice of renewal and an application for renewal to each certificate holder of record. The notice and application shall be mailed to the certificate holder's last known business or residence address. Failure to mail or to receive the notice and application does not relieve any certificate holder of the duty to apply for renewal or to pay the necessary renewal fee, nor will it exempt the certificate holder from the penalties provided by sections 340.200 to 340.330 for failure to promptly renew the certificate.

(L. 1992 H.B. 878 § 57)

340.316. Application, contents--false statements, penalty. 1. The application shall include the disclosure of:

- (1) Applicant's full name;
- (2) Place of employment;
- (3) Supervisor's name, license number and signature;
- (4) Business and residence addresses;
- (5) Date and number of applicant's certificate;
- (6) Any disciplinary actions taken against the applicant by any state, territory or district of the United States or federal agency;
- (7) Felony criminal convictions;
- (8) Continuing educational credits; and
- (9) Other information deemed necessary by the board to assess the applicant's fitness for certificate renewal.

2. The application shall be made under oath or affirmation by the applicant. The applicant is subject to penalties provided for under the laws of this state for making a false statement under an oath or affirmation, which shall be in addition to and not in lieu of any penalty or other discipline provided for by sections 340.200 to 340.330.

(L. 1992 H.B. 878 § 58)

340.318. Declaration of noncurrency for failure to renew certificate, notice. If a certificate holder fails to submit an application and fees within thirty days of expiration of the certificate, the executive director shall notify the certificate holder that the application and fees have not been received and that the certificate holder's failure to respond within ten days will result in his or her certificate being declared noncurrent. The notification shall be sent by certified mail, return receipt requested, to the certificate holder's last known business and residence addresses. If the application and fee is not received within ten days after the return receipt is received, the certificate shall be declared noncurrent and the executive director shall notify the certificate holder of such declaration by certified mail, return receipt requested, at the certificate holder's last known business and residence addresses that his or her certification has been declared noncurrent and that the certificate holder shall not practice as a veterinary technician until he or she applies for reinstatement and pays the required fees.

(L. 1992 H.B. 878 § 59, A.L. 1999 S.B. 424)

340.320. Practice as technician after revocation, penalty--application for renewal. 1. Any person who practices as a veterinary technician after his or her certificate has been revoked pursuant to section 340.318 is in violation of sections 340.200 to 340.330 and subject to criminal prosecution as provided for under sections 340.200 to 340.330. Such criminal penalty shall be in addition to and not in lieu of any penalty or other discipline provided for under sections 340.200 to 340.330.

2. If a person is otherwise eligible to renew his or her certificate, such person may renew an expired certificate within two years of the date of expiration by submitting an application for renewal, payment of the renewal fee, payment of delinquent renewal fees and payment of a penalty fee as established by the

board. A certificate may not be renewed if two years have lapsed since the date the certificate expired. Such holder of an expired certificate must make application for a new certificate.

(L. 1992 H.B. 878 § 60, A.L. 1999 S.B. 424, A.L. 2004 H.B. 869)

340.322. Renewal, inactive status. If the veterinary technician is not employed and supervised by a licensed veterinarian at the time for renewal, the certificate will be placed on inactive status until the technician finds proper employment. If the technician submits satisfactory proof that he or she has obtained employment under the supervision of a licensed veterinarian, the board shall issue a new certificate to the technician if the technician meets all other requirements and qualifications for renewal.

(L. 1992 H.B. 878 § 61, A.L. 1999 S.B. 424)

340.324. Continuing education, requirement. The board shall not renew any certificate unless the holder provides satisfactory evidence that he or she has complied with the board's minimum requirements for continuing education.

(L. 1992 H.B. 878 § 62, A.L. 1999 S.B. 424)

340.326. Supervision of veterinarian required--level of supervision. Any person registered as a veterinary technician and while practicing as a veterinary technician in this state must at all times be under the supervision of a licensed veterinarian or a veterinarian exempt from licensing under sections 340.200 to 340.330. The level of supervision shall be consistent with the delegated animal health care task. The board shall by rule establish, in general or specific terms as it deems necessary, the animal health care tasks that veterinary technicians may provide and the level of supervision that is required by the licensed veterinarian for any delegated health care task.

(L. 1992 H.B. 878 § 63)

340.328. Emergency treatment authorized--immunity. Any veterinary technician duly registered pursuant to sections 340.200 to 340.330 who gratuitously and in good faith gives emergency treatment to a sick or injured animal at the scene of an accident or emergency shall not be in violation of sections 340.200 to 340.330 and shall not be liable in any civil action for damages to the owner of such animal. This section is not intended to provide immunity for acts which constitute gross negligence.

(L. 1992 H.B. 878 § 64)

340.330. Disciplinary action against technician authorized, when. The provisions and causes of actions as set forth under section 340.264 are applicable to veterinary technicians in all respects. The board may, also, take disciplinary action against a veterinary technician if the technician:

- (1) Solicits patients from any licensed veterinarian;
- (2) Solicits or receives any form of compensation from any person for services rendered other than from the veterinarian under whom the technician is employed;
- (3) Willfully or negligently divulges a professional confidence or discusses a veterinarian's diagnosis or treatment without the express permission of the veterinarian; or
- (4) Demonstrates a manifest incapability or incompetence to perform as a veterinary technician.

(L. 1992 H.B. 878 § 65)

340.335. Loan repayment program for veterinary graduates--fund created. 1. Sections 340.335 to 340.350 establish a loan repayment program for graduates of approved veterinary medical schools who practice in areas of defined need and shall be known as the "Large Animal Veterinary Medicine Loan Repayment Program".

2. The "Large Animal Veterinary Medicine Loan Repayment Program Fund" is hereby created in the state treasury. All funds recovered from an individual pursuant to section 340.347 and all funds generated by loan repayments and penalties received pursuant to section 340.347 shall be credited to the fund. The moneys in the fund shall be used by the department of agriculture to provide loan repayments pursuant to section 340.343 in accordance with sections 340.335 to 340.350.

(L. 2001 S.B. 462, A.L. 2007 S.B. 320)

340.337. Definitions. As used in sections 340.335 to 340.405*, the following terms shall mean:

(1) "Areas of defined need", areas designated by the department pursuant to section 340.339, when services of a large animal veterinarian are needed to improve the veterinarian-patient ratio in the area, or to contribute professional veterinary services to an area of economic impact;

(2) "College", the college of veterinary medicine at the University of Missouri-Columbia;

(3) "Department", the Missouri department of agriculture;

(4) "Director", director of the Missouri department of agriculture;

(5) "Eligible student", a resident who has been accepted as, or is, a full-time student at the University of Missouri-Columbia enrolled in the doctor of veterinary medicine degree program at the college of veterinary medicine;

(6) "Large animal", an animal which is raised, bred, or maintained for its parts or products having a commercial value including, but not limited to, its muscle tissue, organs, fat, blood, manure, bones, milk, wool, hide, pelt, feathers, eggs, semen, or embryos;

(7) "Large animal veterinarian", veterinarians licensed pursuant to this chapter, engaged in general or large animal practice as their primary focus of practice, and who have a substantial portion of their practice devoted to large animal veterinary medicine;

(8) "Qualified applicant", an eligible student approved by the department for participation in the large animal veterinary student loan program established by sections 340.381 to 340.396;

(9) "Qualified employment", employment as a large animal veterinarian and where a substantial portion of business involves the treatment of large animals on a full-time basis in Missouri located in an area of need as determined by the department of agriculture. Qualified employment shall not include employment with a large-scale agribusiness enterprise, corporation, or entity. Any forgiveness of such principal and interest for any qualified applicant engaged in qualified employment on a less than full-time basis may be prorated to reflect the amounts provided in this section;

(10) "Resident", any person who has lived in this state for one or more years for any purpose other than the attending of an educational institution located within this state.

(L. 2001 S.B. 462, A.L. 2007 S.B. 320, A.L. 2008 S.B. 931)

*Section 340.405 was repealed by S.B. 931, 2008.

340.339. Certain areas designated as areas of defined need by department by rule. The department shall designate counties, communities or sections of rural areas as areas of defined need as

determined by the department by rule.

(L. 2001 S.B. 462, A.L. 2007 S.B. 320)

340.341. Eligibility standards for loan repayment program--rulemaking authority. 1. The department shall adopt and promulgate rules establishing standards for determining eligible students for loan repayment pursuant to sections 340.335 to 340.350. Such standards shall include, but are not limited to the following:

- (1) Citizenship or lawful permanent residency in the United States;
- (2) Residence in the state of Missouri;
- (3) Enrollment as a full-time veterinary medical student in the final year of a course of study offered by an approved educational institution in Missouri;
- (4) Application for loan repayment.

2. The department shall not grant repayment for more than six veterinarians each year.

(L. 2001 S.B. 462, A.L. 2007 S.B. 320, A.L. 2008 S.B. 931)

340.343. Contract for loan repayment, contents--specific practice sites may be stipulated. 1. The department shall enter into a contract with each individual qualifying for repayment of educational loans. The written contract between the department and an individual shall contain, but not be limited to, the following:

- (1) An agreement that the state agrees to pay on behalf of the individual, loans in accordance with section 340.345 and the individual agrees to serve for a time period equal to four years, or such longer period as the individual may agree to, in an area of defined need, such service period to begin within one year of graduation by the individual with a degree of doctor of veterinary medicine;
- (2) A provision that any financial obligations arising out of a contract entered into and any obligation of the individual which is conditioned thereon is contingent upon funds being appropriated for loan repayments;
- (3) The area of defined need where the person will practice;
- (4) A statement of the damages to which the state is entitled for the individual's breach of the contract;
- (5) Such other statements of the rights and liabilities of the department and of the individual not inconsistent with sections 340.335 to 340.350.

2. The department may stipulate specific practice sites contingent upon department-generated large animal veterinarian need priorities where applicants shall agree to practice for the duration of their participation in the program.

(L. 2001 S.B. 462, A.L. 2007 S.B. 320)

340.345. Loan repayment to include principal, interest and related expenses--annual limit.

1. A loan payment provided for an individual pursuant to a written contract under the large animal veterinary medicine loan repayment program shall consist of payment on behalf of the individual of the principal, interest and related expenses on government and commercial loans received by the individual for tuition, fees, books, laboratory and living expenses incurred by the individual.

2. For each year of obligated services that an individual contracts to serve in an area of defined need, the department may pay up to twenty thousand dollars on behalf of the individual for loans described in subsection 1 of this section.

3. The department may enter into an agreement with the holder of the loans for which repayments are made under the large animal veterinary medicine loan repayment program to establish a schedule for the making of such payments if the establishment of such a schedule would result in reducing the costs to the state.

4. Any qualifying communities providing a portion of a loan repayment shall be considered first for placement.

(L. 2001 S.B. 462, A.L. 2007 S.B. 320)

340.347. Liability for amounts paid by program, when--breach of contract, amount owed to state. 1. An individual who has entered into a written contract with the department or an individual who is enrolled at the college and fails to maintain an acceptable level of academic standing or voluntarily terminates such enrollment or is dismissed before completion of such course of study or fails to become licensed pursuant to this chapter within one year after graduation shall be liable to the state for the amount which has been paid on such individual's behalf pursuant to the contract.

2. If an individual breaches the written contract of the individual by failing either to begin such individual's service obligation or to complete such service obligation, the state shall be entitled to recover from the individual an amount equal to the sum of:

(1) The total of the amounts paid by the state on behalf of the individual, including interest; and

(2) An amount equal to the unserved obligation penalty, which is the total number of months of obligated service which were not completed by an individual, multiplied by five hundred dollars.

3. The department may act on behalf of a qualified community to recover from an individual described in subsections 1 and 2 of this section the portion of a loan repayment paid by such community for such individual.

(L. 2001 S.B. 462, A.L. 2007 S.B. 320)

340.350. Rulemaking authority. No rule or portion of a rule promulgated pursuant to the authority of sections 340.335 to 340.350 shall become effective unless it has been promulgated pursuant to the provisions of chapter 536, RSMo.

(L. 2001 S.B. 462)

340.375. Department to administer loan program--advisory panel to be appointed, members, duties--rulemaking authority. 1. The department of agriculture shall implement and administer the large animal veterinary medicine loan repayment program established under sections 340.335 to 340.350, and the large animal veterinary student loan program established under sections 340.381 to 340.396.

2. An advisory panel of not more than five members shall be appointed by the director. The panel shall consist of three licensed large animal veterinarians, the dean of the college or his or her designee, and one public member from the agricultural sector. The panel shall make recommendations to the director on the content of any rules, regulations or guidelines under sections 340.335 to 340.396 prior to their promulgation. The panel may make recommendations to the director regarding fund allocations for loans and loan repayment based on current veterinarian shortage needs.

3. The department of agriculture shall promulgate reasonable rules and regulations for the administration of sections 340.381 to 340.396, including but not limited to rules for disbursements and repayment of loans. It shall prescribe the form, the time and method of filing applications and supervise the proceedings thereof. Any rule or portion of a rule, as that term is defined in section 536.010, RSMo, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536, RSMo, and, if applicable, section 536.028, RSMo. This section and chapter 536, RSMo, are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536, RSMo, to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2007, shall be invalid and void.

(L. 2007 S.B. 320, A.L. 2008 S.B. 931)

340.381. Program and fund created, use of moneys. 1. Sections 340.381 to 340.396 establish a student loan forgiveness program for approved veterinary students who practice in areas of defined need. Such program shall be known as the "Large Animal Veterinary Student Loan Program".

2. There is hereby created in the state treasury the "Veterinary Student Loan Payment Fund", which shall consist of general revenue appropriated to the large animal veterinary student loan program, voluntary contributions to support or match program activities, money collected under section 340.396, and funds received from the federal government. The state treasurer shall be custodian of the fund and shall approve disbursements from the fund in accordance with sections 30.170 and 30.180, RSMo. Upon appropriation, money in the fund shall be used solely for the administration of sections 340.381 to 340.396. Notwithstanding the provisions of section 33.080, RSMo, to the contrary, any moneys remaining in the fund at the end of the biennium shall not revert to the credit of the general revenue fund. The state treasurer shall invest moneys in the fund in the same manner as other funds are invested. Any interest and moneys earned on such investments shall be credited to the fund.

(L. 2007 S.B. 320, A.L. 2008 S.B. 931)
Expires 6-30-13

340.384. Application procedures-amount of award-number of applicants to be awarded. 1. Eligible students may apply to the department for financial assistance under the provisions of sections 340.381 to 340.396. If, at the time of application for a loan, a student has formally applied for acceptance at the college, receipt of financial assistance is contingent upon acceptance and continued enrollment at the college. A qualified applicant may receive financial assistance up to twenty thousand dollars for each academic year he or she remains a student in good standing at the college, provided that the cumulative total shall not exceed eighty thousand dollars per qualified applicant. An eligible student may apply for financial assistance under this section at any point in his or her educational career at the college, however any such financial assistance shall only be awarded for current or future academic years, as applicable, and shall not be awarded for any academic year completed prior to the time of application.

2. Up to six qualified applicants per academic year may be awarded loans under the provisions of sections 340.381 to 340.396. Priority for loans shall be given to eligible students who have established financial need. All financial assistance shall be made from funds credited to the veterinary student loan payment fund.

(L. 2007 S.B. 320, A.L. 2008 S.B. 931)
Expires 6-30-13

340.387. Contracts for assistance-repayment-forgiveness of loan, when. 1. The department of agriculture may enter into a contract with each qualified applicant receiving financial assistance under the provisions of sections 340.381 to 340.396. Such contract shall specify terms and conditions of loan

forgiveness through qualified employment as well as terms and conditions for repayment of the principal and interest.

2. The department shall establish schedules for repayment of the principal and interest on any financial assistance made under the provisions of sections 340.381 to 340.396. Interest at a rate set by the department, with the advice of the advisory panel created in section 340.341, shall be charged from the time of the payment of financial assistance on all financial assistance made under the provisions of sections 340.381 to 340.396, but the interest and principal of the total financial assistance granted to a qualified applicant at the time of the successful completion of a doctor of veterinary medicine degree program shall be forgiven through qualified employment.

3. For each year of qualified employment that an individual contracts to serve in an area of defined need, the department shall forgive up to twenty thousand dollars and accrued interest thereon on behalf of the individual for financial assistance provided under sections 340.381 to 340.396.

(L. 2007 S.B. 320, A.L. 2008 S.B. 931)
Expires 6-30-13

340.390. Failure to meet employment obligations, repayment of loan required-deferral on repayment permitted, when. 1. A recipient of financial assistance under sections 340.381 to 340.396 who does not meet the qualified employment obligations agreed upon by contract under section 340.387 shall begin repayment of the loan principal and interest in accordance with the contract within six months of the first day on which the recipient did not meet the qualified employment obligations. If a qualified applicant ceases his or her study prior to successful completion of a degree or graduation from the college, interest at the rate specified in section 340.387 shall be charged on the amount of financial assistance received from the state under the provisions of sections 340.381 to 340.396, and repayment, in accordance with the contract, shall begin within ninety days of the date the financial aid recipient ceased to be an eligible student. All funds repaid by recipients of financial assistance to the department shall be deposited in the veterinary student loan payment fund for use pursuant to sections 340.381 to 340.396.

2. The department shall grant a deferral of interest and principal payments to a recipient of financial assistance under sections 340.381 to 340.396 who is pursuing a post-degree training program, is on active duty in any branch of the armed forces of the United States, or upon special conditions established by the department. The deferral shall not exceed four years. The status of each deferral shall be reviewed annually by the department to ensure compliance with the intent of this section.

(L. 2007 S.B. 320, A.L. 2008 S.B. 931)
Expires 6-30-13

340.393. Action to recover amounts due permitted. When necessary to protect the interest of the state in any financial assistance transaction under sections 340.381 to 340.396, the department may institute any action to recover any amount due.

(L. 2007 S.B. 320, A.L. 2008 S.B. 931)
Expires 6-30-13

340.396. Contracts not required, when-expiration date. 1. Sections 340.381 to 340.396 shall not be construed to require the department to enter into contracts with individuals who qualify for education loans or loan repayment programs when federal, state, and local funds are not available for such purposes.

2. Sections 340.381 to 340.396 shall not be subject to the provisions of sections 23.250 to 23.298, RSMo.

3. Sections 340.381 to 340.396 shall expire on June 30, 2013.

(L. 2007 S.B. 320, A.L. 2008 S.B. 931)
Expires 6-30-13

RULES

**Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND
PROFESSIONAL REGISTRATION
Division 2270—Missouri Veterinary Medical Board
Chapter 1—General Rules**

20 CSR 2270-1.011 Organization of Veterinary Technician Committee

PURPOSE: This rule specifies the duties of the board and describes its organization.

(1) The board may appoint a Veterinary Technician Examining Committee comprised of at least four (4) persons, one (1) of whom shall be the executive director, who will administer the veterinary technician examination and report the results with raw scores to the board within sixty (60) days of the examination. The committee shall consist of two (2) currently registered veterinary technicians, two (2) members of the Missouri Veterinary Medical Board and the executive director. The veterinary technicians shall have at least five (5) years veterinary experience and not be associated in practice with an appointed member of the board.

(2) All members shall be appointed to serve four (4) years. The terms of the members of the Veterinary Medical Board serving on the committee shall coincide with their terms on the board.

(3) Each member of the Veterinary Technician Examining Committee shall receive as compensation an amount set by the board not to exceed fifty dollars (\$50) for each day devoted to the affairs of the committee and shall be entitled to reimbursement of expenses necessarily incurred in the discharge of official duties.

(4) Three (3) members of the board shall constitute a quorum for the transaction of business.

*AUTHORITY: sections 340.208 and 340.210, RSMo 2000. * This rule originally filed as 4 CSR 270-1.011. Original rule filed Nov. 4, 1992, effective July 8, 1993. Amended: Filed April 13, 2001, effective Oct. 30, 2001. Moved to 20 CSR 2270-1.011, effective Aug. 28, 2006.*

**Original authority: 340.208, RSMo 1992; and 340.210, RSMo 1992, amended 1993, 1995, 1999.*

20 CSR 2270-1.021 Fees

PURPOSE: This rule establishes the various fees authorized in Chapter 340, RSMo.

(1) The following fees are established by the Missouri Veterinary Medical Board:

(A) Veterinarians—

1. Registration Fee.....	\$ 50.00
2. Reciprocity Fee	\$150.00
3. Grade Transfer Fee	\$150.00
4. Faculty License Fee	\$200.00
5. Temporary or Provisional License Fee	\$ 25.00
A. Temporary or Provisional License Extension	\$ 10.00
6. Annual Renewal Fee—	
A. Active	\$ 50.00
B. Inactive	\$ 25.00
C. Faculty	\$ 50.00
7. Late Renewal Penalty Fee	\$100.00
8. Name Change Fee	\$ 15.00
9. Wall Hanging Replacement Fee	\$ 15.00

(B) Veterinary Technicians—

1. Registration Fee	\$ 50.00
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2. Reciprocity Fee	\$ 50.00
3. Grade Transfer Fee	\$ 50.00
4. Provisional Registration Fee	\$ 50.00
5. Annual Renewal Fee—	
A. Active	\$ 20.00
B. Inactive	\$ 10.00
6. Late Renewal Penalty Fee	\$ 50.00
7. Name Change Fee	\$ 15.00
8. Wall Hanging Replacement Fee	\$ 15.00

(C) Facility Permit Fee—

1. Initial Application Fee	\$100.00
2. Change of Ownership Fee	\$100.00
3. Change of Physical Address Fee	\$100.00
4. Annual Renewal Fee	\$ 25.00
5. Change in Function Fee	\$ 25.00
6. Change in Facility Name Fee	\$ 25.00
7. Late Renewal Penalty Fee	\$ 50.00

(D) Certification of Professional Corporations Fee \$ 25.00

(2) All fees, with the exception of those noted in section 340.232, RSMo, are nonrefundable.

*AUTHORITY: sections 340.210 and 340.232, RSMo 2000. * This rule originally filed as 4 CSR 270-1.021. Original rule filed Nov. 4, 1992, effective July 8, 1993. Amended: Filed April 14, 1994, effective Sept. 30, 1994. Amended: Filed March 10, 1995, effective Sept. 30, 1995. Amended: Filed Oct. 10, 1995, effective April 30, 1996. Amended: Filed Aug. 31, 1998, effective March 30, 1999. Amended: Filed April 13, 2001, effective Oct. 30, 2001. Amended: Filed April 1, 2003, effective Sept. 30, 2003. Moved to 20 CSR 2270-1.021, effective Aug. 28, 2006. Amended: Filed Oct. 16, 2006, effective April 30, 2007. Amended: Filed Aug. 21, 2007, effective Feb. 29, 2008. Emergency amendment filed March 23, 2009, effective April 2, 2009, expired Jan. 12, 2010. Amended: Filed March 23, 2009, effective Sept. 30, 2009. Amended: Filed Jan. 3, 2012, effective June 30, 2012.*

**Original authority: 340.210, RSMo 1992, amended 1993, 1995, 1999 and 340.232, RSMo 1992, amended 1999.*

20 CSR 2270-1.031 Application Procedures

PURPOSE: This rule outlines the procedure for application for licensure as a veterinarian or registration as a veterinary technician.

(1) Application for licensure or registration must be made on the forms provided by the board. Application forms may be obtained by requesting them from the executive director, Missouri Veterinary Medical Board, P.O. Box 633, Jefferson City, MO 65102.

(2) An application must be legible (printed or typed), signed, notarized and accompanied by the appropriate fees. The fee must be in the form of a cashier's check, personal check or money order.

(3) The following documents must be on file for an application to be considered complete:

(A) Completed application;

(B) Appropriate fee;

(C) Proof of acceptable educational credentials as evidenced by an official transcript sent directly to the board by the school. However, if the applicant is a doctor of veterinary medicine seeking provisional licensure, a true and accurate copy of the applicant's diploma or a certified letter from the dean of the accredited school or college of veterinary medicine from which the applicant graduated will be acceptable proof of educational credentials of said applicant for provisional licensure only;

(D) Two (2) current, standard passport photos, black and white or color, one and one-half inches by two inches (1.5" x 2.0"), with applicant's signature on the back of each.

(4) All forms must be completed and received by the board by the established deadline.

AUTHORITY: sections 340.210, 340.228 and 340.300, RSMo 2000. This rule originally filed as 4 CSR 270-1.031. Original rule filed Nov. 4, 1992, effective July 8, 1993. Amended: Filed June 7, 1995, effective Dec. 30, 1995. Amended: Filed April 1, 2003, effective Sept. 30, 2003. Amended: Filed Dec. 1, 2005, effective June 30, 2006. Moved to 20 CSR 2270-1.031, effective Aug. 28, 2006.*

**Original authority: 340.210, RSMo 1992, amended 1993, 1995, 1999; 340.228, RSMo 1992, amended 1999; and 340.300, RSMo 1992, amended 1999.*

20 CSR 2270-1.040 Name and Address Changes

PURPOSE: This rule outlines the requirements for notifying the board of name and address changes.

(1) All individuals licensed as veterinarians or registered as veterinary technicians shall ensure that the license/registration bears the current legal name of that individual.

(2) A licensee/registrant whose name is changed, within sixty (60) days of the effective change, shall—
(A) Notify the board of the change and provide a copy of the appropriate document indicating the change;
(B) Pay the name change fee prescribed in 20 CSR 2270-1.021;
(C) Request from the board a new license/registration bearing the individual's new legal name; and
(D) Return the current license/registration and the original wall-hanging certificate bearing the former name.

(3) A licensee/registrant may request a replacement wall-hanging certificate by paying the wall-hanging replacement fee.

(4) A licensee/registrant whose address has changed from that printed on the certificate must inform the board of those changes by sending a letter to P.O. Box 633, Jefferson City, MO 65102 within thirty (30) days of the effective date of the change.

AUTHORITY: section 340.210, RSMo 2000. This rule originally filed as 4 CSR 270-1.040. Original rule filed Nov. 4, 1992, effective July 8, 1993. Moved to 20 CSR 2270-1.040, effective Aug. 28, 2006. Amended: Filed June 27, 2008, effective December 30, 2008.*

**Original authority: 340.210, RSMo 1992, amended 1993, 1995, 1999.*

20 CSR 2270-1.050 Renewal Procedures

PURPOSE: This rule provides information to veterinarians licensed and veterinary technicians registered in Missouri regarding renewal of their license or certificate of registration.

(1) Definitions:

- (A) "Inactive veterinarian or inactive veterinary technician" is defined as a currently licensed veterinarian or registered veterinary technician who has signed an affidavit that s/he is not practicing or involved in any aspect, administrative or otherwise, of veterinary medicine in Missouri as defined in section 340.200(28), RSMo;
(B) "License" shall include certificate of registration and the term "licensee" shall include registrant; and
(C) "Retired veterinarian or veterinary technician" is defined as a veterinarian or veterinary technician who has signed an affidavit that s/he is not practicing veterinary medicine as defined in section 340.200(28), RSMo.

(2) Renewal of an Active or Inactive License/Certificate of Registration.

(A) In order for a veterinarian to renew an active or inactive license, the licensee shall submit the following to the board office prior to the expiration date of the license:

1. A completed and signed renewal application, which shall certify that the licensee has completed the required number of approved continuing education credits in accordance with 20 CSR 2270-4.042; and
2. The appropriate renewal fee.

(B) In order for a veterinary technician to renew the active or inactive certificate of registration, the licensee shall submit the following to the board office prior to the expiration date of the registration:

1. A completed and signed renewal application, which has been signed by the supervising veterinarian and certifies that the licensee has completed the required number of approved continuing education credits in accordance with 20 CSR 2270-4.050; and

2. The appropriate renewal fee.

(C) If a veterinary technician is not employed under the supervision of a licensed veterinarian, his/her certificate of registration will be placed on an inactive status. An inactive veterinary technician shall sign an affidavit stating that s/he will not practice as a veterinary technician in Missouri and submit that affidavit with the renewal application and the appropriate fee to the board office.

(D) Failure to provide the requested information will result in the renewal application being returned to the licensee.

(E) Failure of a licensee to receive the notice and application to renew his/her license/registration shall not excuse him/her from the requirements of sections 340.258 or 340.314, RSMo to renew that license/certificate of registration.

(F) Failure to renew a license/registration, either active or inactive, within thirty (30) days of the license renewal date shall result in the license/certificate of registration being declared noncurrent as authorized by sections 340.258 and 340.314, RSMo.

(G) Any licensee who fails to renew his/her license/registration or whose license/certificate of registration has been declared noncurrent shall not perform or offer to perform any act for which a license is required.

(3) Restoration of a Noncurrent License/ Certificate of Registration.

(A) Any veterinarian whose license has been declared noncurrent under section 340.262, RSMo and who wishes to restore the license shall make application to the board by submitting the following within two (2) years of the license renewal date:

1. An application for renewal of licensure;

2. The current renewal fee and all delinquent renewal fees as set forth in 20 CSR 2270-1.021;

3. The penalty fee as set forth in 20 CSR 2270-1.021; and

4. Certification of completion of the required number of approved continuing education credits in accordance with 20 CSR 2270-4.042.

(B) Any veterinary technician whose registration has been declared noncurrent under section 340.320.2, RSMo and who wishes to restore the certificate of registration shall make application to the board by submitting the following within two (2) years of the registration renewal date:

1. An application for renewal of registration;

2. The current renewal fee and all delinquent renewal fees as set forth in 20 CSR 2270-1.021;

3. The penalty fee as set forth in 20 CSR 2270-1.021;

4. Certification of completion of the required number of approved continuing education credits in accordance with 20 CSR 2270-4.050; and

5. Verification of employment under the supervision of a licensed veterinarian.

(4) Inactive License/Certificate of Registration.

(A) A veterinarian or veterinary technician may choose to place his/her license/registration on an inactive status by signing an affidavit stating that s/he will not engage in the practice or be involved in any aspect, administrative or otherwise, of veterinary medicine in Missouri and submitting that affidavit with the renewal application and the appropriate fee to the board office. The license/certificate of registration issued to all these applicants shall be stamped "Inactive."

(B) In order for a veterinarian to activate an inactive license, the licensee shall submit to the board office:

1. The renewal application which shall certify that the licensee has completed the required continuing education credits in accordance with 20 CSR 2270-4.042;

2. The balance of the active renewal fee; and

3. The license stamped "Inactive."

(C) In order for a veterinary technician to activate an inactive registration, the licensee shall submit to the board office:

1. The renewal application which shall certify that the licensee has completed the required continuing education credits in accordance with 20 CSR 2270-4.050;

2. The balance of the active renewal fee;

3. The license stamped "Inactive"; and

4. Verification of current employment under the supervision of a licensed veterinarian.

(D) The board will issue an active license/certificate of registration, which shall be effective until the next regular renewal date. No penalty fee shall apply.

(5) Retired License/Certificate of Registration.

(A) A veterinarian or veterinary technician may place his/her license/registration on a retired status by signing an affidavit stating the date of retirement and submitting that affidavit with the renewal application to the board office. No fee is required and no certificate will be issued. The retired status will prevent the license/registration from being declared noncurrent pursuant to section 340.258.5, RSMo.

(B) If a retired veterinarian decides to again practice veterinary medicine, s/he must submit to the board office a completed renewal application which shall certify that the licensee has completed the required continuing education credits in accordance with 20 CSR 2270-4.042 and the current renewal fee. The board will issue an active license which shall be effective until the next regular renewal date. No penalty fee shall apply. If it has been more than two (2) years since the retirement affidavit was submitted, evidence of ten (10) hours of continuing education for each year of retirement must be submitted with the renewal application. The board reserves the right pursuant to section 340.268, RSMo to direct any such applicant to take an examination(s) to reactivate his/her license.

(C) If a retired veterinary technician decides to again practice veterinary medicine, s/he shall submit to the board office a completed renewal application along with the current renewal fee. The renewal application shall verify current employment under the supervision of a licensed veterinarian and certify completion of the required number of approved continuing education credits in accordance with 20 CSR 2270-4.050. The board will issue an active registration which shall be effective until the next regular renewal date. No penalty fee shall apply. The board reserves the right pursuant to section 340.268, RSMo to direct any such applicant to take an examination(s) to reactivate his/her registration.

(D) Any retired veterinarian or veterinary technician or any veterinarian or veterinary technician with an inactive license is not currently eligible to practice in Missouri and will be subject to disciplinary action under sections 340.264, 340.294 and 340.330, RSMo if s/he practices or offers to practice in Missouri.

*AUTHORITY: sections 340.210 340.258, 340.314, 340.322, 340.324 and 340.326, RSMo 2000 and 340.262, 340.312 and 340.320, RSMo Supp. 2007. * This rule originally filed as 4 CSR 270-1.050. Original rule filed Nov. 4, 1992, effective July 8, 1993. Amended: Filed April 14, 1994, effective Sept. 30, 1994. Rescinded and readopted: Filed April 13, 2001, effective Oct. 30, 2001. Amended: Filed Dec. 1, 2005, effective June 30, 2006. Moved to 20 CSR 2270-1.050, effective Aug. 28, 2006. Amended: Filed Aug. 11, 2006, effective Jan. 30, 2007 Amended: Filed June 27m 2008, effective Dec. 30, 2008.*

**Original authority: 340.210, RSMo 1992, amended 1993, 1995, 1999; 340.258, RSMo 1992, amended 1999; 340.262, RSMo 1992, amended 1999, 2004; 340.312, RSMo 1992, amended 1999, 2004; 340.314, RSMo 1992; 340.320, RSMo 1992, amended 1999, 2004; 340.322, RSMo 1992, amended 1999; 340.324, RSMo 1992, amended 1999; and 340.326, RSMo 1992.*

20 CSR 2270-1.060 Public Records

PURPOSE: This rule establishes standards for compliance with Chapter 610, RSMo as it relates to public records of the Missouri Veterinary Medical Board.

(1) All public records of the Missouri Veterinary Medical Board shall be open for inspection and copying by the general public at the board's office during normal business hours, holidays excepted, except for those records closed pursuant to section 610.021, RSMo. All public meetings of the Missouri Veterinary Medical Board, not closed pursuant to the provisions of section 610.021, RSMo will be open to the public. All requests for public records will be acted upon by the board as soon as possible but in no event later than the end of the third business day following the date the request is received.

(2) The Missouri Veterinary Medical Board establishes the executive director of the board as the custodian of its records as required by section 610.023, RSMo. The executive director is responsible for maintaining the board's records and for responding to requests for access to public records and may appoint deputy custodians as necessary for the efficient operation of the board.

(3) When a party requests copies of the records, the board may collect the appropriate fee for costs for inspecting and copying the records and may require payment of the fee prior to making the records available (see 20 CSR 2270-1.021).

(4) When the custodian believes that requested access is not allowed under Chapter 610, RSMo, the custodian, within three (3) business days following the date the request is received, shall inform the requesting party that compliance cannot be made, specifying what sections of Chapter 610, RSMo require that the record remain closed. Correspondence or documentation of the denial shall be copied to the board's general counsel. The custodian also shall inform the requesting party that s/he may appeal directly to the board for access to the records requested. The appeal and all pertinent information shall be placed on the agenda for the board's next regularly scheduled meeting. If the board reverses the decision of the custodian, the board shall direct the custodian to advise the requesting party and supply access to the information during regular business hours at the party's convenience.

*AUTHORITY: sections 340.210, RSMo 2000, 610.023 and 610.026, RSMo Supp. 1987. * This rule was originally filed as 4 CSR 270-1.030. This rule previously filed as 4 CSR 270-1.060. Original rule filed Aug. 5, 1991, effective Feb. 6, 1992. Amended: Filed Nov. 4, 1992, effective July 8, 1993. Moved to 20 CSR 2270-1.060, effective Aug. 28, 2006. Amended: Filed June 27, 2008, effective Dec. 30, 2008.*

**Original authority: 340.210, RSMo 1992, amended 1993, 1995, 1999; 610.023, RSMo 1987, amended 1998, 2004; and 610.026, RSMo 1987, amended 1998, 2004.*

**Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND
PROFESSIONAL REGISTRATION
Division 2270—Missouri Veterinary Medical Board
Chapter 2—Licensure Requirements for Veterinarians**

20 CSR 2270-2.011 Educational Requirements

PURPOSE: This rule defines the educational requirements for an individual to be licensed as a veterinarian in Missouri.

(1) To meet the educational requirements for licensure to practice veterinary medicine in Missouri, an applicant must have received a doctor of veterinary medicine degree or its equivalent from a university or school that is accredited by the American Veterinary Medical Association (AVMA).

(2) In the alternative, an applicant must have graduated from an AVMA-listed, nonaccredited university or school of veterinary medicine located inside or outside the United States, its territories or Canada. This degree must be accompanied by proof satisfactory to the board that s/he has earned and currently holds an Educational Commission of Foreign Veterinary Graduate (ECFVG) certificate provided by the AVMA or its successor.

*AUTHORITY: sections 340.210, 340.228 and 340.230, RSMo 2000. * This rule originally filed as 4 CSR 270-2.011. Original rule filed Nov. 4, 1992, effective July 8, 1993. Amended: Filed April 13, 2001, effective Oct. 30, 2001. Moved to 20 CSR 2270-2.011, effective Aug. 28, 2006.*

**Original authority: 340.210, RSMo 1992, amended 1993, 1995, 1999; 340.228, RSMo 1992, amended 1999; and 340.230, RSMo 1992, amended 1994, 1999.*

20 CSR 2270-2.021 Internship or Veterinary Candidacy Program

PURPOSE: This rule describes the postgraduate internship program required for licensure as a veterinarian.

(1) All applicants for licensure by examination shall complete a three hundred twenty (320) hour postgraduate internship or veterinary candidacy program under the supervision of a licensed veterinarian in good standing or demonstrate the practice of veterinary medicine without encumbrance in another state or jurisdiction at least twelve (12) months prior to application for licensure in Missouri. To be in good standing the veterinarian's license(s) must be current and unencumbered. The postgraduate internship or veterinary candidacy program may be completed in any state, territory or district of the United States or Canada. The postgraduate internship or veterinary candidacy program located outside the United States must be approved by the board. The applicant must submit a request for approval in writing and provide the credentials of the supervising veterinarian.

(2) The supervising veterinarian shall submit an evaluation form stating that the applicant has satisfactorily completed the internship or veterinary candidacy program. The form is available upon request from the executive director, Missouri Veterinary Medical Board, P.O. Box 633, Jefferson City, MO 65102.

(3) The purpose of the internship or veterinary candidacy program is to provide the applicant with at least three hundred twenty (320) hours of work experience, with a maximum daily accumulation of 12 hours, in veterinary medicine under supervision prior to licensure. This practice shall include, at a minimum, diagnosis, treatment, surgery and practice management.

(4) An applicant may complete the internship or veterinary candidacy program under a provisional license at any time after graduation. S/he may take the examinations for licensure prior to the internship or veterinary candidacy program.

(5) Completion of a student preceptor program which is recognized and approved by the board prior to graduation may be substituted for the internship or veterinary candidacy program. The board shall have the sole discretion as to whether or not the preceptor program will qualify in lieu of the internship or veterinary

candidacy program. This program shall be defined by the curriculum of the veterinary school or university and must include a minimum of three hundred twenty (320) hours of work experience in the following areas: diagnosis, treatment, surgery and practice management. The student preceptor program may not begin before the start of the student's third year and must be completed prior to the date of graduation or demonstration that the applicant has practiced in another state or jurisdiction for the preceding twelve (12) months prior to application for licensure in Missouri and that the applicant's license(s) in another state or jurisdiction has never been the subject of any disciplinary action. A student preceptor program located outside the United States must be pre-approved by the board. The applicant must submit a request for approval in writing and provide the credentials of the supervising veterinarian.

(6) Any school or university that wishes to submit a student preceptorship program for board approval shall send a photocopy of the description of the program from the veterinary school's curriculum to the board office.

(7) For a student preceptorship to qualify in lieu of an internship or a veterinary candidacy program, an evaluation form must be submitted to the board office. The form is available upon request from the executive director, Missouri Veterinary Medical Board, P.O. Box 633, Jefferson City, MO 65102.

AUTHORITY: sections 340.200 and 340.246, RSMo Supp. 2007 and section 340.210, RSMo 2000. This rule originally filed as 4 CSR 270-2.021. Original rule filed Nov. 4, 1992, effective June 1, 1994. Amended: Filed July 23, 1993, effective March 10, 1994. Amended: Filed April 13, 2001, effective Oct. 30, 2001. Amended: Filed June 28, 2002, effective Dec. 30, 2002. Moved to 20 CSR 2270-2.021, effective Aug. 28, 2006. Amended: Filed May 14, 2007, effective Nov. 30, 2007. Amended: Filed July 9, 2008, effective Jan. 30, 2009.*

**Original authority: 340.200, RSMo 1992, amended 1999, 2004; 340.210, RSMo 1992, amended 1993, 1995, 1999; and 340.246, RSMo 1992, amended 1999, 2004.*

20 CSR 2270-2.031 Examinations

PURPOSE: This rule describes the examination and passing scores required for licensure as a veterinarian.

(1) All applicants for licensure as veterinarians in Missouri shall take both—

(A) The North American Veterinary Licensing Examination (NAVLE).

1. The deadline for applying to take the NAVLE shall be August 1 and January 3 prior to each test window; and

(B) The Missouri State Board Examination.

1. The deadline for applying to take the Missouri State Board Examination shall be sixty (60) days prior to the scheduled date of examination.

(2) Applicants shall submit—

(A) The application for licensure and the registration fee to the Missouri Veterinary Medical Board;

(B) The NAVLE application and fee directly to the National Board of Veterinary Medical Examiners (NBVME); and

(C) The fee for the Missouri State Board Examination to the board's designated testing agency.

(3) The passing score on the NAVLE shall be the minimum criterion referenced score as provided by the testing agency. The passing score on the Missouri State Board Examination shall be seventy percent (70%).

(4) The requirements for transfer of the NAVLE scores are described under section 340.234, RSMo.

(5) The NAVLE and the Missouri State Board Examinations will be administered at least once each year. Veterinary students within six (6) months of graduation may apply to take all of the required exams. However, no license will be issued until an official certified transcript verifying receipt of the degree in veterinary medicine is received by the board office sent by the degree-granting institution. It shall be the student's responsibility to arrange with the school or university for the transmitting of the official transcript to the board office.

(6) All applicants for veterinary licensure in Missouri shall take the Missouri State Board Examination and may be requested to meet with the board. In order to qualify for licensure, a passing score on the Missouri State Board Examination must have been received within two (2) years of issuance of the license.

AUTHORITY: section 340.210, RSMo 2000, and section 340.234, RSMo Supp. 2011. This rule originally filed as 4 CSR 270-2.031. Original rule filed Nov. 4, 1992, effective July 8, 1993. Amended: Filed April 14, 1994, effective Sept. 30, 1994. Amended: Filed July 31, 2000, effective Jan. 30, 2001. Moved to 20 CSR 2270-2.031, effective Aug. 28, 2006. Amended: Filed May 14, 2007, effective Nov. 30, 2007. Amended: Filed Nov. 21, 2008, effective May 30, 2009. Amended: Filed Jan. 3, 2012, effective June 30, 2012.*

**Original authority: 340.210, RSMo 1992, amended 1993, 1995, 1999 and 340.234, RSMo 1992, amended 1999, 2006.*

20 CSR 2270-2.041 Reexamination

PURPOSE: This rule outlines the requirements and procedures for retaking the licensure examination for veterinarians.

(1) Any applicant who fails an examination for licensure as a veterinarian may be reexamined by making application to the board office and paying the appropriate nonrefundable examination fee and registration fee and provide two (2) additional photographs. The deadline for applying to retake the North American Veterinary Licensing Examination (NAVLE) shall be August 1 and January 3 prior to each test window and the Missouri State Board Examination shall be thirty (30) days prior to the scheduled examinations.

(2) Applicants shall submit—

- (A) The application for licensure and the registration fee to the Missouri Veterinary Medical Board;
- (B) The NAVLE application and fee directly to the National Board of Veterinary Medical Examiners (NBVME); and
- (C) The fee for the Missouri State Board Examination to the board's designated testing agency.

(3) Effective August 28, 1999, no person may take any examination more than four (4) times either in or out of Missouri to qualify for licensure in Missouri. Prior to making application for the fourth attempt at passage of the examination, the applicant shall schedule an appearance with the board to outline a continuing education program which shall be board-approved and completed prior to filing an application for the subsequent examination.

AUTHORITY: sections 340.210 and 340.232, RSMo 2000. This rule originally filed as 4CSR 270-2.041. Original rule file Nov. 4, 1992, effective July 8, 1993. Amended: Filed April 14, 1994, effective Sept. 30, 1994. Amended: Filed July 31, 2000, effective Jan. 30, 2001. Moved to 20 CSR 2270-.041, effective Aug. 28, 2006. Amended: Filed Nov. 21, 2008, effective May 30, 2009. Amended: Filed Jan. 3, 2012, effective June 30, 2012.*

**Original authority: 340.210, RSMo 1992, amended 1993, 1995, 1999 and 340.232, RSMo 1992, amended 1999.*

20 CSR 2270-2.051 Licensure (Exception)

PURPOSE: This rule provides for an exception to the requirements of licensure for university veterinary school or college faculty members who are graduates of non-American Veterinary Medical Association accredited universities and who do not have an Educational Commission of Foreign Veterinary Graduate certificate but are American Veterinary Medical Association board-certified.

(1) Faculty members at an American Veterinary Medical Association (AVMA)-accredited college or university who are AVMA board-certified but did not graduate from an AVMA-accredited college of veterinary medicine may apply to the board for a veterinary license under the following conditions:

- (A) Achieving a passing score as defined in 20 CSR 2270-2.031 on the North American Veterinary Licensing Examination (NAVLE) and Missouri State Board examinations; and
- (B) Submitting a letter from the AVMA certification board verifying the applicant's certification and stating the specialty in which the applicant is certified and the date it was granted.

(2) A license issued under this rule shall restrict the licensee to practice only within the university setting where s/he is employed as a member of the faculty and only in the specialty area listed on his/her board certificate.

*AUTHORITY: sections 340.210, 340.216 and 340.230 RSMo 2000. * This rule originally filed as 4 CSR 270-2.051. Original rule filed Nov. 4, 1992, effective July 8, 1993. Amended: Filed April 1, 2003, effective Sept. 30, 2003. Moved to 20 CSR 2270-2.051, effective Aug. 28, 2006. Amended: Filed June 27, 2008, effective Dec. 30, 2008.*

**Original authority: 340.210, RSMo 1992, amended 1993, 1995, 1999; 340.216, RSMo 1992, amended 1999; and 340.230, RSMo 1992, amended 1994, 1999.*

20 CSR 2270-2.052 Faculty Licensure

PURPOSE: This rule establishes a restricted veterinary license for faculty at the University of Missouri College of Veterinary Medicine.

(1) The board may issue a veterinary faculty license to any qualified applicant associated with the University of Missouri-Columbia, College of Veterinary Medicine, and involved in the instructional program of either undergraduate or graduate veterinary medical students. In order to qualify for a faculty license, the applicant must:

- (A) Demonstrate ability to communicate in and understand written and spoken English; and
- (B) Have been actively engaged in the practice of veterinary medicine for at least five (5) consecutive years immediately prior to making application in Missouri. "Actively engaged," shall mean that the applicant has regularly and consistently practiced veterinary medicine. The Board may request the applicant produce records demonstrating the regular and consistent practice of veterinary medicine; or
- (C) Have completed an internship at an American Veterinary Medical Association (AVMA) accredited veterinary school.

(2) All applicants for this faculty license shall:

- (A) Provide for the board a transcript or diploma demonstrating graduation from a reputable veterinary program;
- (B) Schedule an appearance before the board prior to the issuance of a license; and
- (C) Take and pass the State Board Examination.

(3) A faculty license does not meet the requirements of licensure for federal accreditation with the United States Department of Agriculture (USDA) or deputyship with the Missouri Department of Agriculture.

(4) A license issued under this rule shall restrict the licensee to practice only within the university setting where s/he is employed as a member of the faculty. The setting shall include only the university buildings and the large animal ambulatory facility.

(5) A license issued under this rule shall expire upon termination of the licensee's employment by the university. The licensee shall notify the board immediately upon termination of his/her employment.

(6) The applicant shall submit the registration fee, the state board examination fee and the restricted license fee.

(7) All licenses issued under this rule shall have the word "Faculty" on them.

(8) Faculty licenses shall be renewed annually by submitting the renewal application and fee.

(9) Unless otherwise specified, all provisions of Chapter 340, RSMo, and its rules, shall apply to individuals applying or licensed under this rule.

*AUTHORITY: sections 340.210 and 340.247, RSMo 2000. * This rule originally filed as 4 CSR 270-2.052. Original rule filed Oct. 10, 1995, effective April 30, 1996. Amended: Filed April 13, 2001, effective Oct. 30, 2001. Moved to 20 CSR 2270-2.052, effective Aug. 28, 2006. Amended: Filed Oct. 30, 2007, effective April 30, 2008.*

**Original authority: 340.210, RSMo 1992, amended 1993, 1995, 1999; and 340.247, RSMo 1999.*

20 CSR 2270-2.060 Reciprocity

PURPOSE: This rule provides information to those desiring licensure by reciprocity.

(1) To be licensed by reciprocity, section 340.238, RSMo, requires an applicant to have been actively engaged in the practice of the profession in another state, territory, district or province of the United States or Canada for at least five (5) consecutive years immediately prior to making application in Missouri.

(A) For the purposes of reciprocity, the term “actively engaged” shall mean that the applicant has regularly and consistently practiced veterinary medicine. Whether or not the board requires examinations, and what examinations may be required in a particular case, may be determined by the information provided on the application, or the board may request the applicant produce records demonstrating the regular and consistent practice of veterinary medicine.

(B) For the purposes of this rule, the term “immediately prior” shall mean that the five (5) consecutive years ended within the one (1) year before applying for licensure in Missouri.

(2) The standards for admission to practice veterinary medicine of the state, territory, district or province of the United States or Canada in which the applicant is currently licensed were equal to or more stringent than the requirements for initial registration in Missouri at the time of the applicant’s initial registration.

(3) The applicant shall—

(A) Complete an application form provided by the board (see 20 CSR 2270-1.031) which shall include a complete listing of all locations of all previous places of practice and licensure in chronological order;

(B) Submit the nonrefundable reciprocity fee and registration fee;

(C) Request the licensing authority in each state in which the applicant has ever been licensed to submit a Verification Request Form (see 20 CSR 2270-1.031) which is available from the board;

(D) Request the national testing service to send evidence that the applicant has taken and received a passing score on both the National Board Examination and Clinical Competency Test or the North American Veterinary Licensing Examination (NAVLE). Effective August 28, 1999, no person may take any examination more than four (4) times either in or out of Missouri to qualify for licensure in Missouri; and

(E) Successfully complete the State Board Examination administered by the board.

(4) Following the review process, the applicant will be informed by letter that licensure by reciprocity has been approved or denied. The denial letter will identify the reason(s) for denial and the appeal process.

*AUTHORITY: sections 340.210, 340.228, 340.232, and 340.238, RSMo 2000, and section 340.234, RSMo Supp. 2012. * This rule originally filed as 4 CSR 270-2.060. Original rule filed Nov. 4, 1992, effective July 8, 1993. Amended: Filed Oct. 10, 1995, effective April 30, 1996. Amended: Filed July 31, 2000, effective Jan. 30, 2001. Moved to 20 CSR 2270-2.060, effective Aug. 28, 2006. Amended: Filed Oct. 30, 2007, effective April 30, 2008. Amended: Filed June 27, 2008, effective Dec. 30, 2008. Amended: Filed Jan. 10, 2013, effective July 30, 2013.*

**Original authority: 340.210, RSMo 1992, amended 1993, 1995, 1999; 340.228, RSMo 1992, amended 1999; 340.232, RSMo 1992, amended 1999; 340.234, RSMo 1992, amended 1999, 2006; and 340.238, RSMo 1992, amended 1999.*

20 CSR 2270-2.070 Provisional Licenses

PURPOSE: This rule provides the procedures and requirements for obtaining a provisional license in Missouri.

(1) A provisional license may be issued pursuant to section 340.246, RSMo to a qualified applicant for licensure pending examination results and completion of the internship or veterinary candidacy program, if the applicant meets the requirements for licensure and provided that the applicant is working under the supervision of a licensed veterinarian in good standing. The applicant must submit the following:

(A) An application for both permanent and provisional licensure provided by the board;

(B) All nonrefundable license fees; and

(C) A statement signed by a licensed veterinarian in good standing that the applicant shall be working under the supervision of that veterinarian. To be in good standing the veterinarian's license(s) must be current and unencumbered. This supervision shall be consistent with the delegated animal health care task.

(2) A provisional license issued based on section (1) shall expire in one (1) year or sooner if the applicant becomes permanently licensed. A provisional license cannot be renewed.

(3) The provisional license will be sent to the supervisor.

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

(5) Only one (1) provisional license may be issued to any person at the same time.

(6) Provisional licensees are subject to the requirements of Chapter 340, RSMo and these rules.

*AUTHORITY: sections 340.210, 340.246 and 340.250, RSMo 2000. * This rule originally filed as 4 CSR 270-2.070. Original rule filed Nov. 4, 1992, effective July 8, 1993. Amended: Filed April 13, 2001, effective Oct. 30, 2001. Moved to 20 CSR 2270-2.070, effective Aug. 28, 2006. Amended: Filed Oct. 30, 2007, effective April 30, 2008.*

**Original authority: 340.210, RSMo 1992, amended 1993, 1995, 1999; 340.246, RSMo 1992, amended 1999; 340.250, RSMo 1992, amended 1999.*

20 CSR 2270-2.071 Temporary Licenses

PURPOSE: This rule provides the procedures and requirements for obtaining a temporary license in Missouri. This rule also implements Senate Bill 424 of the 90th General Assembly, which made various changes to Chapter 340.

(1) Pursuant to section 340.248, RSMo, a temporary license may be issued to a licensed veterinarian of another state who is not under discipline or investigation by that state, for the exclusive purpose of providing veterinary medical services for a specific animal owner in Missouri. The applicant shall submit the following:

(A) An application provided by the board which must clearly identify the name of the specific animal owner; and

(B) The nonrefundable temporary license fee.

(2) A temporary license issued based on section (1) shall expire in one hundred twenty (120) days. Upon request, it may be renewed one time for an additional ninety (90) days upon approval by the board and payment of the required fee.

(3) Only one (1) temporary license may be issued to any person at the same time.

(4) Temporary licensees are subject to the requirements of Chapter 340, RSMo and these rules.

*AUTHORITY: sections 340.210, 340.248 and 340.250, RSMo 2000. * This rule originally filed as 4 CSR 270-2.071. Original rule filed April 13, 2001 effective Oct. 30, 2001. Moved to 20 CSR 2270-2.071, effective Aug. 28, 2006.*

**Original authority: 340.210, RSMo 1992, amended 1993, 1995, 1999; 340.248, RSMo 1992, amended 1999; and 340.250, RSMo 1992, amended 1999.*

20 CSR 2270-2.072 Temporary Courtesy License

PURPOSE: This rule states the requirements and procedures for a nonresident spouse of an active duty member of the military who is transferred to this state in the course of the member's military duty to obtain a temporary courtesy license to practice veterinary medicine for one hundred eighty (180) days.

(I) The board shall grant a temporary courtesy license to practice veterinary medicine without examination to a "nonresident military spouse" as defined in section 324.008.1., RSMo, who provides proof that such applicant's qualifications meet or are at least equivalent to the requirements for initial licensure in this state and who provides the board the following:

(A) A completed application form;

(B) A non-refundable application fee, as established by the board pursuant to rule, made payable to the board;

(C) Verification sent directly to the board from the state, district, or territory from where the applicant holds a current and active license verifying that the applicant holds a current and active license;

(D) Proof that the applicant has been engaged in active practice in the state, district, or territory of the United States in which the applicant is currently licensed for at least two (2) years in the five (5) years immediately preceding this application;

(E) Verification sent directly to the board from the state, district, or territory of the United States in which the applicant was initially licensed verifying that—

1. The applicant is, or was at the time of licensure, in good standing;

2. The applicant has not committed an act in any jurisdiction that would have constituted grounds for the refusal, suspension, or revocation of a license or certificate to practice at the time the act was committed; and

3. The applicant has not been disciplined by a licensing or credentialing entity in another jurisdiction and is not the subject of an unresolved complaint, review procedure, or disciplinary proceeding by a licensing or credentialing entity in another jurisdiction;

(F) If the board is unable to determine if the licensing requirements of the state, district, or territory in which the applicant was initially licensed are equivalent to Missouri's licensing requirements, the applicant shall submit documentation regarding the licensing requirements equivalency;

(G) Any person applying for temporary licensure as a veterinarian, shall be required to take and pass the State Board Examination related to the practice of veterinary medicine; and

(H) Such additional information as the board may request to determine eligibility for a temporary courtesy license.

*AUTHORITY: section 324.008.1., RSMo Supp. 2012. * Original rule filed Sept. 18, 2012, effective March 30, 2013.*

**Original authority: 324.008, RSMo 2011.*

**Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND
PROFESSIONAL REGISTRATION
Division 2270—Missouri Veterinary Medical Board
Chapter 3—Registration Requirements for Veterinary Technicians**

20 CSR 2270-3.011 Registration Requirements

PURPOSE: This rule defines the requirements for a veterinary technician registration.

- (1) To meet the educational requirements to be registered as a veterinary technician, an applicant must have successfully completed a—
 - (A) College level course of study in veterinary technology in a school having a curriculum approved by the board; or
 - (B) Post-high school college level course in the care and treatment of animals which is accredited by the American Veterinary Medical Association (AVMA).
- (2) In order to be approved by the board the curriculum described in section (1) shall be substantially equal to the curriculum accredited by the AVMA.
- (3) It shall be the student's responsibility to have the school transmit directly to the board, a copy of the curriculum and a statement substantiating the equivalency to the AVMA accreditation standards. The board shall have the sole discretion of whether or not to approve the curriculum.
- (4) The board shall notify the applicant by letter concerning the approval of the curriculum. If it is not approved, the letter will identify the reason(s).

AUTHORITY: sections 340.210, RSMo Supp. 1993 and 340.300, RSMo Supp. 1992. This rule originally filed as 4 CSR 270-3.011. Original rule filed Nov. 4, 1992, effective July 8, 1993. Moved to 20 CSR 2270-3.011, effective Aug. 28, 2006.*

**Original authority: 340.210, RSMo 1992, amended 1993 and 340.308, RSMo 1992.*

20 CSR 2270-3.020 Examinations

PURPOSE: This rule describes the examinations required for registration as a veterinary technician.

- (1) All applicants for registration as a veterinary technician in Missouri shall take both—
 - (A) The Veterinary Technician National Examination (VTNE).
 1. The deadline for applying to take the VTNE shall be fifteen (15) days prior to the date set by the American Association of Veterinary State Boards (AAVSB); and
 - (B) The Missouri State Board Examination.
 1. The deadline for applying to take the State Board Examination shall be sixty (60) days prior to the scheduled date of the examination.
- (2) Applicants shall submit—
 - (A) The application for registration and fee to the Missouri Veterinary Medical Board;
 - (B) The VTNE application and fee directly to the American Association of Veterinary State Boards (AAVSB); and
 - (C) The fee for the Missouri State Board Examination to the board's designated testing agency.
- (3) The passing score on the VTNE shall be the minimum criterion referenced score of four hundred twenty-five (425). The passing score shall be seventy percent (70%) correct on the Missouri State Board Examination for the issuance of a registration in this state.

(4) The VTNE and the Missouri State Board Examination shall be administered at least once each year.

(5) Effective December 31, 2010, an applicant may apply for the examinations during his/her final semester of college, however, to be eligible to sit for the VTNE, the applicant must provide official documentation from the college verifying to the board that the applicant has graduated. However, no certificate of registration will be issued until an official transcript verifying receipt of the degree is received by the board office sent directly by the degree-granting institution. It shall be the applicant's responsibility to arrange with the school or college for the transmitting of the official transcript to the board office.

(6) Any applicant who fails either of the required examinations for registration as a veterinary technician may retake the failed examination(s) by notifying the board office and paying the appropriate nonrefundable examination fee and registration fee no less than sixty (60) days prior to the scheduled examination. Test scores are valid and will be accepted by the board for a period not to exceed five (5) years.

(7) Effective August 28, 1999, no person may take either examination more than four (4) times either in or out of Missouri to qualify for registration in Missouri. Prior to making application for the fourth attempt at passage of an examination, the applicant shall schedule an appearance with the board to outline a continuing education program, which shall be board-approved and completed prior to filing application for the subsequent examination.

*AUTHORITY: sections 340.210, 340.300, 340.302, and 340.308, RSMo 2000. * This rule originally filed as 4 CSR 270-3.020. Original rule filed Nov. 4, 1992, effective July 8, 1993. Amended: Filed April 14, 1994, effective Sept. 30, 1994. Amended: Filed March 10, 1995, effective Sept. 30, 1995. Amended: Filed April 13, 2001, effective Oct. 30, 2001. Moved to 20 CSR 2270-3.020, effective Aug. 28, 2006. Amended: Filed April 8, 2009, effective Sept. 30, 2009. Amended: Filed Jan. 3, 2012, effective June 30, 2012.*

**Original authority: 340.210, RSMo 1992, amended 1993, 1995, 1999; 340.300, RSMo 1992, amended 1999; 340.302, RSMo 1992, amended 1999; and 340.308, RSMo 1992, amended 1999.*

20 CSR 2270-3.030 Reciprocity

PURPOSE: This rule provides information to those desiring registration by reciprocity.

(1) To be registered by reciprocity, an applicant shall—

(A) Have been employed as a registered veterinary technician and supervised by a licensed veterinarian for at least five (5) consecutive years preceding his/her application to practice in Missouri; and

(B) Be currently registered in another state, territory, district, or province of the United States or Canada having standards for admission substantially the same as the standards in Missouri, and that the standards were in effect at the time the applicant was first admitted to practice in the other state, territory, district, or province of the United States or Canada.

(2) The applicant shall—

(A) Complete an application form provided by the board which shall include a complete employment history;

(B) Submit the nonrefundable reciprocity fee and registration fee;

(C) Request the licensing authority in each state in which the applicant has ever been registered to submit a Verification Request Form which is available from the board office; and

(D) Request the national testing service to send evidence that the applicant has taken the Veterinary Technician National Examination (VTNE) and received a passing score as defined in 20 CSR 2270-3.020. Effective August 28, 1999, no person may take any examination more than four (4) times either in or out of Missouri to qualify for licensure in Missouri.

(3) Following the review process, the applicant will be informed by letter that registration by reciprocity has been approved or denied. The denial letter will identify the reason(s) for denial and the appeal process.

(4) If an applicant does not qualify for registration by reciprocity because the other state's requirements are not substantially equal to Missouri's, s/he may request the board to transfer his/her VTNE score. The applicant shall

provide satisfactory proof that the exam was taken within five (5) years of the date of the application and that s/he completed the VTNE with a score at least equal to the passing score required for registration in Missouri.

(5) Grade score transfer applicants will be required to take the Missouri State Board Examination.

*AUTHORITY: sections 340.210, 340.238, 340.300, and 340.302, RSMo 2000, and sections 340.234 and 340.306, RSMo Supp.2012. * This rule originally filed as 4 CSR 270-3.030. Original rule filed Nov. 4, 1992, effective July 8, 1993. Amended: Filed March 10, 1995, effective Sept. 30, 1995. Amended: Filed April 13, 2001, effective Oct. 30, 2001. Moved to 20 CSR 2270-3.030, effective Aug. 28, 2006. Amended: Filed June 27, 2008, effective Dec. 30, 2008. Amended: Filed Jan. 10, 2013, effective July 30, 2013.*

**Original authority: 340.210, RSMo 1992, amended 1993, 1995, 1999; 340.234, RSMo 1992, amended 1999, 2006; 340.238, RSMo 1992, amended 1999; 340.300, RSMo 1992, amended 1999; 340.302, RSMo 1992, amended 1999; and 340.306, RSMo 1992, amended 1999, 2004.*

20 CSR 2270-3.040 Temporary Registration for Veterinary Technicians

PURPOSE: This rule describes the requirements and procedures for getting a temporary registration for veterinary technicians.

(1) A temporary registration may be issued to a qualified applicant for registration pending examination results if the applicant meets the requirements for registration and provided that the applicant is working under the supervision of a licensed veterinarian in good standing. The applicant shall submit the following:

- (A) An application provided by the board;
- (B) The nonrefundable temporary registration fee; and
- (C) A statement signed by a licensed veterinarian in good standing that the applicant shall be working under the supervision of that veterinarian. To be in good standing the veterinarian's license(s) must be current and unencumbered. This supervision shall be consistent with the delegated animal health care task.

(2) The supervisor identified on the temporary registration application is responsible for the temporary registrant and shall notify the board within ten (10) days if the employment ceases at the place of employment on the temporary certificate of registration.

(3) A temporary registration shall expire in one (1) year or sooner if the applicant becomes permanently registered. A temporary registration cannot be renewed.

(4) Temporary registrants are subject to the requirements of Chapter 340, RSMo and these rules.

*AUTHORITY: sections 340.210, 340.246 and 340.298, RSMo 2000. * This rule originally filed as 4 CSR 270-3.040. Original rule filed Nov. 4, 1992, effective July 8, 1993. Amended: Filed April 13, 2001, effective Oct. 30, 2001. Moved to 20 CSR 2270-3.040, effective Aug. 28, 2006.*

**Original authority: 340.210, RSMo 1992, amended 1993, 1995, 1999; 340.246, RSMo 1992, amended 1999; and 340.298, RSMo 1992.*

20 CSR 2270-3.050 Animal Health Care Tasks

PURPOSE: This rule describes the delegated animal health care tasks that veterinary technicians may perform and the level of supervision required for each.

(1) Unless specifically so provided by regulation, a registered veterinary technician shall not perform the following functions or any other activity which represents the practice of veterinary medicine or requires the knowledge, skill and training of a licensed veterinarian:

- (A) Surgery;
- (B) Diagnosis and prognosis of animal diseases; and
- (C) Prescription of drugs, medicines or appliances.

(2) A registered veterinary technician in a veterinary or animal hospital or clinic setting may perform the following procedures under the direct supervision of a licensed veterinarian when done so pursuant to the order, control and full professional responsibility of the licensed veterinarian:

- (A) Application of casts and splints; and
- (B) Placement of indwelling intravenous catheters.

(3) Subject to the provisions of section (1), registered veterinary technicians in a veterinary or animal hospital or clinic setting may perform under the direct or indirect supervision of a licensed veterinarian other auxiliary animal health care tasks when done pursuant to the order, control and full professional responsibility of a licensed veterinarian.

AUTHORITY: sections 340.210 and 340.296, RSMo Supp. 1993. This rule originally filed as 4 CSR 270-3.050. Original rule filed Nov. 4, 1992, effective July 8, 1993. Moved to 20 CSR 2270-3.050, effective Aug. 28, 2006.*

**Original authority: 340.210, RSMo 1992, amended 1993 and 340.296, RSMo 1992.*

**Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND
PROFESSIONAL REGISTRATION
Division 2270—Missouri Veterinary Medical Board
Chapter 4—Minimum Standards**

20 CSR 2270-4.011 Minimum Standards for Veterinary Facilities

PURPOSE: This rule defines the minimum standards for veterinary hospitals and clinics, central hospitals, satellite out-patient or mobile small animal clinics and large animal mobile clinics.

(1) All permitted facilities where veterinary medicine is being practiced, and all instruments, apparatus and apparel used in connection with the practice of veterinary medicine, shall be kept clean and sanitary at all times and shall conform to the minimum standards specified for different types of facilities. The ownership of the veterinary practice shall conform in all ways to the requirements of section 340.226, RSMo. Additionally, all permitted facilities shall have:

- (A) An adequate library of textbooks or current journals;
- (B) Proper storage and environmental control for all medicines and biologics based on the manufacturer's recommendations;
- (C) Appropriate current licenses and permits conspicuously displayed; and
- (D) Properly maintained records.

(2) Veterinary Hospitals or Clinics.

(A) Exterior.

- 1. Legible sign.
- 2. Facility clean and in good repair.
- 3. Grounds clean and well maintained.

(B) Interior.

- 1. Indoor lighting for halls, wards, reception areas, examining and surgical rooms shall be adequate for the intended purpose. All surgical rooms shall be provided with emergency lighting.
- 2. Hot and cold running water.
- 3. A reception area and office, or a combination of the two (2).
- 4. An examination room separate from other areas of the facility and of sufficient size to accommodate the doctor, assistant, patient and client.
- 5. A designated surgery room(s) not accessible to the general public.
- 6. Facility permit conspicuously displayed.
- 7. Veterinary license and veterinary technician registration conspicuously displayed.

(C) Housing. In those veterinary hospitals and clinics where animals are retained for treatment or hospitalization, the following shall be provided:

- 1. Separate compartments of adequate size, one for each animal, maintained in a sanitary manner;
- 2. Facilities allowing for the effective separation of contagious and noncontagious cases;
- 3. Exercise areas which provide and allow effective separation of animals and their waste products. Where animals are kept in clinics for twenty-four (24) hours or more, walking the animal meets this requirement. The exercise areas are to be kept clean; and
- 4. An animal identification system.

(D) Practice Management.

- 1. Veterinary facilities shall maintain a sanitary environment to avoid sources and transmission of infection. This is to include the proper routine disposal of waste materials and proper sterilization or sanitation of all equipment used in diagnosis or treatment.
- 2. Fire precautions shall meet the requirements of local and state fire prevention codes.
- 3. The temperature and ventilation of the facility shall be maintained so as to assure the reasonable comfort of all patients.

4. The veterinary facility must have the capacity to render adequate diagnostic radiological services, either in the hospital or clinic or through other commercial facilities. If radiological services are provided through other commercial facilities, a written agreement to provide these services must exist. Radiological procedures shall be in accordance with federal and state public health standards.

5. Laboratory and pharmaceutical facilities must be available either in the hospital or clinic or through commercial facilities.

6. Sanitary methods for the disposal of deceased animals shall be provided and maintained. Where the owner of a deceased animal has not given the veterinarian authorization to dispose of his/her animal, the veterinarian shall be required to comply with section 340.288, RSMo.

(E) Equipment Requirements.

1. Sterilization of all appropriate equipment is required.

2. A library of textbooks or current journals shall be available on the premises for ready reference.

3. Anesthetic equipment appropriate for the level of surgery performed will be available at all times.

4. Oxygen equipment will be available at all times.

5. Surgeons and assistants shall wear clean attire and sterile gloves for any clean and sterile procedures.

6. Surgical packs shall be used and properly sterilized for all accepted sterile surgical procedures. Surgical packs include drapes, gloves, sponges and proper instrumentation.

7. Examination and treatment rooms shall be equipped with waste receptacles, disposable towels and examination tables with impervious surfaces.

8. Proper storage and environmental control will be available for all medicines and biologics based on the manufacturer's recommendations.

9. All waste receptacles, other than those in areas where animals will not be housed, treated or examined, will be lined with plastic or made of an impervious material (rubber/plastic) that is easily sanitized.

(3) Central hospital shall meet the same minimum standards as a veterinary hospital or clinic and shall also provide on premises twenty-four (24)-hour nursing care, specialty consultation on a permanent or on-call basis and be capable of rendering the following major medical and surgical services:

(A) Intensive care unit;

(B) Laboratory facilities;

(C) Radiological services;

(D) Cardiac monitoring; and

(E) Positive ventilation gas anesthesia.

(4) Satellite or Out-Patient Clinic.

(A) These clinics shall be owned by or associated with a permitted full-service veterinary hospital or clinic or a central hospital.

(B) At a minimum, these clinics shall have—

1. Hot and cold running water;

2. A one hundred ten (110) volt power source for diagnostic equipment;

3. A collection tank for disposal of waste material;

4. Adequate lighting;

5. Table tops and counter tops, such as formica or stainless steel, which can be cleaned and disinfected;

6. Floor coverings which can be cleaned and disinfected;

7. Adequate heating, cooling and ventilation;

8. All necessary equipment compatible with the services rendered; and

9. Separate compartments when it is necessary to hold animals.

(C) These clinics also shall comply with the sanitary and sterilization provisions of 4 CSR 270-4.011(2).

(5) Mobile Small Animal Clinic.

(A) These clinics shall be owned by or associated with a permitted full-service veterinary hospital or clinic or a central hospital.

(B) These clinics shall be maintained in a clean fashion.

(C) At a minimum, these clinics shall have—

1. A method for disposal of waste materials;

2. A procedure for disposal of deceased animals;
3. The capability to sterilize or sanitize equipment;
4. Surgical packs; and
5. Separate compartments to transport animals.

(6) Large Animal Mobile Clinic.

(A) These clinics shall be maintained in a clean fashion.

(B) The vehicle shall contain those items of equipment that are necessary for the veterinarian to perform physical examinations, surgical procedures and medical treatments consistent with the standards of the profession and the type of veterinary services being rendered. Standard items equipping the unit should include, but not be limited to, the following:

1. If sterile surgery is to be performed, sterile surgical instruments, suturing materials, syringes and needles should be carried;
2. Protective clothing, rubber or disposable boots and a means to clean them between each visit to each premises as the disease warrants;
3. Current and properly stored pharmaceuticals and biologicals;
4. A means of cold sterilization; and
5. Obstetrical sleeves for rectal palpation which shall be cleaned and sanitized between each premises. If disposable sleeves are used, a new sleeve shall be used at each premises.

(7) Specialty Facilities.

(A) An application for a facility permit to practice veterinary medicine appropriately limited to procedures such as training, rehabilitation, and other modalities not requiring facilities otherwise permitted by the board, shall be submitted in writing and include:

1. A description of the procedures to be utilized;
2. The classes of practitioners who will practice in the facility;
3. The design of the facility, and
4. The location of the facility.

(B) Specialty facilities shall comply with all applicable building codes and zoning regulations.

(C) The name of the facility shall be prominently displayed.

(D) The name of the veterinarian responsible for the facility shall be legibly posted on the sign.

(E) The facility shall be maintained in a clean and sanitary manner.

(F) The practice of the facility shall be strictly limited to that approved by the board, except in an emergency. Such emergencies shall be reported to the board in writing within 72 hours of the occurrence.

*AUTHORITY: sections 340.210, 340.224 and 340.264, RSMo 2000. * This rule originally filed as 4 CSR 270-4.011. Original rule filed Nov. 4, 1992, effective July 8, 1993. Amended: Filed April 14, 1994, effective Sept. 30, 1994. Amended: Filed Dec. 1, 2005, effective June 30, 2006. Moved to 20 CSR 2270-4.011, effective Aug. 28, 2006. Amended: Filed May 14, 2007, effective Nov. 30, 2007.*

**Original authority: 340.210, RSMo 1992, amended 1993, 1995, 1999; 340.224, RSMo 1992; and 340.264, RSMo 1992, 1999.*

20 CSR 2270-4.021 Minimum Standards for Emergency Clinics/Services

PURPOSE: This rule defines the minimum standards for emergency clinics and services.

(1) Emergency clinics are facilities which advertise or otherwise purport to provide veterinary medical services on a twenty-four (24)-hour basis or during periods when these services are not normally available through other facilities. Nothing contained in this rule is intended to prohibit any permitted facility from providing services of an emergency nature.

(2) The minimum staffing requirements for an emergency facility shall include a licensed veterinarian on the premises at all times during the posted hours of operation.

(3) Advertisements for emergency facilities shall clearly state—

- (A) A licensed veterinarian is on the premises during the posted emergency hours;
- (B) The hours the facility will provide emergency service; and
- (C) The address and telephone number of the facility.

(4) Medical Records.

(A) When continuing care of the patient is required following emergency clinic service, the animal owner shall be provided with a legible copy of the medical record to be transferred to the next attending veterinarian.

(B) The minimum information included in the medical record shall consist of the following:

1. Physical examination findings;
2. Dosages and time of administration of medications;
3. Copies of diagnostic data or procedures;
4. All radiographs, for which the facility shall obtain a signed release when transferred;
5. Surgical summary;
6. Tentative diagnosis and prognosis; and
7. Follow-up recommendations.

(5) Equipment. In addition to the equipment for veterinary hospitals and clinics, all emergency facilities also shall have the equipment necessary to perform standard emergency medical procedures, including, but not limited to:

- (A) The capacity to render timely and adequate diagnostic radiologic services on premises;
- (B) The capacity to render timely and adequate laboratory services; and
- (C) The ability to provide diagnostic cardiac monitoring.

AUTHORITY: section 340.210, RSMo Supp.1993. This rule originally filed as 4 CSR 270-4.021. Original rule filed Nov. 4, 1992 effective July 8, 1993. Moved to 20 CSR 2270-4.021, effective Aug. 28, 2006.*

**Original authority: 340.210, RSMo 1992, amended 1993.*

20 CSR 2270-4.031 Minimum Standards for Practice Techniques

PURPOSE: This rule defines the minimum standards for the delivery of various services.

(1) Radiological Services.

(A) All veterinary facilities must have adequate diagnostic radiological services, unless there exists a written agreement to provide these services through another facility.

(B) A radiograph is the property of the veterinarian or the veterinary facility which originally ordered it to be prepared. However, the radiograph or a copy of it shall be released within a reasonable time period upon the request of another treating veterinarian who has the authorization of the owner of the animal to which it pertains or directly to the owner. An original radiograph shall be returned to the originating veterinarian within a reasonable time period after written request. Radiographs originating at an emergency hospital or clinic shall become the property of the next attending veterinary facility upon receipt. Documented proof of transfers of radiographs shall be verifiable.

(C) Radiographs should be stored and maintained for a minimum of five (5) years from the date the radiograph was taken. All exposed radiographic films shall have a permanent identification, legibly exposed in the film emulsion, which will include the following:

1. The hospital or clinic name or facility permit number;
2. The identity of the person taking the radiograph;
3. Client identification;
4. Patient identification; and
5. The date the radiograph was taken.

(2) Laboratory Services and Equipment.

(A) Clinical pathology and histopathology diagnostic laboratory services must be available within the veterinary facility or through outside services.

(B) Laboratory data is the property of the veterinarian or the veterinary facility which originally ordered it to be prepared and a copy shall be released within a reasonable time period upon the request of another veterinarian who has the authorization of the owner of the animal to which it pertains or directly to the owner.

(C) A laboratory must be equipped with a microscope.

(3) Dispensed Drug Labeling.

(A) No legend drug or biologic shall be prescribed, dispensed or administered without the establishment of a veterinarian-client-patient relationship or the direct order of a licensed veterinarian who has an established veterinarian-client-patient relationship with that animal(s).

(B) The veterinarian in charge is responsible for assuring that any legend drugs and biologicals prescribed for use in the veterinary facility are properly administered, for maintaining accurate records to include strength, dosage and quantity of all medications used or prescribed and for instructions to clients on the administration of drugs when the veterinarian will not be providing direct supervision.

(C) All drugs and biologicals shall be maintained, administered, dispensed and prescribed in compliance with state and federal laws.

(D) All repackaged legend drugs dispensed for companion animals shall be in approved safety closure containers, except that this provision shall not apply to drugs dispensed to any person who requests that the medication not be placed in these containers, or in those cases in which the medication is of a form or size that it cannot be dispensed reasonably in these containers.

(E) All drugs dispensed shall be labeled in compliance with all state and federal laws and as a minimum include:

1. Name, address and telephone number of the facility;
2. Patient's name;
3. Date dispensed;
4. Directions for use;
5. Name, strength (if more than one (1) dosage form exists), and quantity of drug and the expiration date when available; and
6. Name of prescribing veterinarian.

(F) All clients shall have the right to receive a written prescription from their veterinarian to take to the pharmacy of their choice so long as a valid veterinarian-patient-client relationship exists.

(G) Records shall be maintained of all medications prescribed and dispensed for any animal or group of animals in that animal's individual record or the herd owner's record. These pharmacy records may be transferred, in whole or in part, from one veterinarian to another, in writing or by telephone, at the request of the client/owner, when necessary to continue treatment or disease prevention medication started by the original attending veterinarian.

(4) Vaccinations.

(A) A vaccination is the administration of a vaccine to an animal in an attempt to prevent disease.

(B) A veterinarian-client-patient relationship must exist prior to administration or dispensing of a vaccine for diseases which are communicable to humans and which are of a public health significance in order to ensure that the patient is medically fit to receive it. In order to implement the exemption provisions of section 340.216.1(5), RSMo, the board recognizes that the following diseases are communicable to humans and are of public health significance, and that only a veterinarian may immunize or treat an animal for these diseases:

1. Brucellosis; and
2. Rabies.

(C) A plan for initial vaccination and subsequent revaccinations shall be formulated and communicated to the client.

(D) No vaccine shall be dispensed or administered unless provision has been made for treatment of vaccination-related emergencies. If this treatment is not to be provided on-site, clients will be advised where emergency service is provided.

(5) Disposal of Dead Animals. Sanitary methods for the disposal of deceased animals shall be provided and maintained. When the owner of a deceased animal has not given the veterinarian authorization to dispose of

his/her animal, the veterinarian shall be required to retain the carcass for at least three (3) days following the death or three (3) days after notification to the owner, whichever is longer, in accordance with 340.288.4., RSMo.

(6) Anesthesia Services.

(A) General anesthesia is a condition caused by the administration of a drug or combination of drugs sufficient to produce a state of unconsciousness or dissociation and blocked response to a given pain or alarming stimulus. Appropriate and humane methods of anesthesia, analgesia and sedation shall be utilized to minimize pain and distress during surgical procedures.

(B) A veterinarian shall comply with the following standards when administering a general anesthetic:

1. Every animal shall be given a physical examination within twelve (12) hours prior to the administration of an anesthetic; and

2. The animal under general anesthesia shall be under continuous observation until at least the swallowing reflex has returned and shall not be released to the client until the animal demonstrates a righting reflex. This shall not preclude direct transfer of an animal under anesthesia to a suitable facility for referred observation.

(C) Equipment.

1. Anesthetic equipment in accordance with the level of surgery performed will be available at all times. The minimum amount of support equipment required for the delivery of assisted ventilation will be—

A. Resuscitation bags of appropriate volumes; and

B. An assortment of endotracheal tubes with cuffs in working condition.

2. Oxygen equipment will be available at all times.

3. Some method of respiratory monitoring is mandatory, such as observing chest movements, watching the rebreathing bag or use of a respirometer. Some method of cardiac monitoring is recommended and may include use of a stethoscope or electrocardiographic monitor.

(D) Effective means shall be provided for exhausting waste gases from hospital areas in which inhalation anesthesia is used. These means shall comply with existing federal, state and local regulations and may include use of filtration canisters, gravitational or negative-suction venting, or a combination of these.

(E) Anesthetic equipment will be maintained in proper working condition.

(7) Surgical Services.

(A) Sterile surgery shall be defined as procedures in which aseptic technique is practiced in patient preparation, instrumentation and surgical attire.

(B) Surgery Room.

1. A room shall be designated for aseptic surgery and it shall be clean, orderly and properly maintained.

2. Nothing in this section shall preclude performance of emergency aseptic surgical procedures in another room when the room designated for that purpose is already occupied.

3. The surgery room will be well-lighted and will be provided with effective emergency lighting.

4. The floors, table tops and counter tops of the surgery room will be of a material suitable for regular disinfection and cleaning, and will be cleaned and disinfected regularly.

(C) Instruments and Equipment.

1. Instruments and equipment will be—

A. Adequate for the type of surgical service provided; and

B. Sterilized by a method acceptable for the type of surgery for which they will be used.

2. In any sterile procedure, a sterile pack will be used.

(D) Sterilization. Aseptic surgery requires sterilization of all appropriate equipment. An acceptable method of sterilization must be used on all instruments, packs and equipment intended for use in aseptic surgical procedures.

(E) Attire for surgical service. When performing clean surgery, the surgeon(s) and ancillary personnel shall wear clean clothing.

(8) Dental Service.

(A) Dental operation shall mean—

1. The application or use of any instrument or device to any portion of an animal's tooth, gum or any related tissue for the prevention, cure or relief of any wound, fracture, injury or disease of an animal's tooth, gum or related tissue; and

2. Preventive dental procedures including, but not limited to, the removal of calculus, soft deposits, plaque, stains or the smoothing, filing or polishing of tooth surfaces.

(B) Nothing in this rule shall prohibit any person from utilizing cotton swabs, gauze, dental floss, dentifrice, toothbrushes or similar items to clean an animal's teeth.

AUTHORITY: sections 340.200 and 340.210, RSMo 2000. This rule originally filed as 4 CSR 270-4.031. Original rule filed Nov. 4, 1992, effective July 8, 1993. Amended: Filed April 14, 1994, effective Sept. 30, 1994. Amended: Filed March 10, 1995, effective Sept. 30, 1995. Amended: Filed Oct. 10, 1995, effective April 30, 1996. Amended: Filed April 1, 2003, effective Sept. 30, 2003. Moved to 20 CSR 2270-4.031, effective Aug. 28, 2006. Amended: Filed March 31, 2008, effective Sept. 30, 2008.*

**Original authority: 340.200, RSMo 1992, amended 1999 and 340.210, RSMo 1992, amended 1993, 1995, 1999.*

20 CSR 2270-4.041 Minimum Standards for Medical Records

PURPOSE: This rule describes the minimum standards for medical records.

(1) Every veterinarian performing any act requiring a license pursuant to the provisions of 340.200(28), RSMo upon any animal or group of animals shall prepare a legible, written, individual (or group) animal and client record concerning the animal(s) which shall contain the requirements listed here. The medical record will provide documentation that an adequate physical examination was performed.

(A) Name, address and telephone number of animal's owner or agent.

(B) Name or identity, or both, of the animal(s), including age, sex, breed, weight and color, where appropriate.

(C) A brief history.

(D) Notations of the physical examination.

(E) Treatments or intended treatment plans, or both, including medications, amounts administered, dispensed or prescribed and frequency of use.

(F) A diagnosis or tentative diagnosis.

(G) When pertinent, a prognosis.

(H) Progress notes and disposition of the case.

(I) Dates (beginning and ending) of custody of the animal with daily notations.

(J) In the case of vaccination clinics, a certificate including the information required by subsections (1)(A) and (B) may serve as the medical record.

(K) The veterinarian who created the record.

(L) Name of the veterinarian who orders any radiographs.

(2) Record and Radiograph Storage. All records shall be maintained for a minimum of five (5) years after the last visit and all radiographs shall be maintained for a minimum of five (5) years from the date the radiograph was taken. Copies of records will be made available within a reasonable period of time upon the request of another treating veterinarian who has the authorization of the owner of the animal to which it pertains or directly to the owner. Documented proof of transfers of radiographs will be verifiable.

(3) Computer Records. Computer records are acceptable medical records so long as the security of the computer is maintained. If computer records are used by a veterinarian, a daily and cumulative monthly back-up on a separate disk shall be made. The board strongly recommends that the information required in section (1) of this rule be maintained on hard copy.

AUTHORITY: sections 340.210, 340.264 and 340.284, RSMo 2000. This rule originally filed as 4 CSR 270-4.041. Original rule filed Nov. 4, 1992 effective July 8, 1993. Amended: Filed Dec. 1, 2005, effective June 30, 2006. Moved to 20 CSR 2270-4.041, effective Aug. 28, 2006. Amended: Filed March 31, 2008, effective September 30, 2008.*

**Original authority: 340.210, RSMo 1992, amended 1993, 1995, 1999; 340.264, RSMo 1992, 1999; and 340.284, RSMo 1992.*

20 CSR 2270-4.042 Minimum Standards for Continuing Education for Veterinarians

PURPOSE: This rule defines the minimum standards for continuing education for veterinarians.

- (1) Pursuant to section 340.258, RSMo, all licensees shall provide satisfactory evidence of having completed at least ten (10) hours of continuing education each year that is relevant to the practice of veterinary medicine and in accordance with this rule in order to renew their licenses.
- (2) The continuing education reporting period shall begin each year on December 1 and end November 30 of the following year. Continuing education hours earned after November 30 shall apply to the next reporting cycle. A renewal license will not be issued until all renewal requirements have been met.
- (3) For the license renewal due on November 30, 2002, and each subsequent renewal thereafter, the licensee shall certify that he/she has obtained at least ten (10) hours of continuing education during the year preceding the license renewal on the renewal form provided by the board. The renewal form shall be mailed directly to the board office prior to November 30 of each year. The licensee shall not submit the record of continuing education attendance to the board except in the case of a board audit. A licensee is not required to obtain any continuing education hours for the reporting period in which the licensee graduates from an accredited school of veterinary medicine and is initially licensed to practice as a veterinarian in Missouri.
- (4) Every licensee shall maintain full and complete records of all approved continuing education hours earned for the two (2) previous reporting periods in addition to the current reporting period. The records shall document the titles of the courses taken, dates, locations, course sponsors, number of hours earned, and certificate of attendance or completion. The board may conduct an audit of licensees to verify compliance with the continuing education requirements. Licensees shall assist the board in its audits by providing timely and complete responses to the board's inquiries.
- (5) Violation of any provision of this rule shall be grounds for discipline in accordance with section 340.264, RSMo.
- (6) A continuing education hour includes but is not limited to:
 - (A) Fifty (50) minutes of attendance at an approved workshop or seminar;
 - (B) Fifty (50) minutes of reading an approved scientific journal;
 - (C) Twenty-five (25) minutes of presentation in an approved workshop or seminar. No credit shall be granted for any subsequent presentations on the same subject matter during the same renewal period;
 - (D) Completion of academic course work for credit in veterinary medicine at an accredited college of veterinary medicine with one (1) credit hour equaling ten (10) continuing education hours.
- (7) The required ten (10) hours may be satisfied through any combination of the following education activities:
 - (A) Attendance or presentation at scientific workshops or seminars approved by this board;
 - (B) Completion of audio or video recordings, electronic, computer, or interactive materials or programs on scientific subjects prepared or sponsored by any of the organizations defined in section (8) below. The licensee must obtain written certification of course completion from the sponsor;
 - (C) A maximum of two (2) hours of selfstudy reading approved scientific journals;
 - (D) A maximum of four (4) hours attendance in an approved workshop or seminar on non-scientific subjects relating to the practice of veterinary medicine such as communication skills, medical record keeping, stress management, or practice management;
 - (E) A maximum of four (4) hours of audio or video recordings, electronic, computer or interactive materials, or programs on non-scientific subjects, as set forth in subsection (7)(D) above, and prepared or sponsored by any of the organizations defined in section (8) below. The licensee must obtain written certification of course completion from the sponsor; or
 - (F) Study in a graduate resident program at an American Veterinary Medical Association approved veterinary school will satisfy the continuing education requirements for the year in which the veterinarian is enrolled in such program.

(8) Workshops, seminars, and prepared materials on scientific and non-scientific subjects relating to veterinary medicine approved by or sponsored by the following organizations are approved:

- (A) American Veterinary Medical Association;
- (B) Specialty groups of the American Veterinary Medical Association;
- (C) Regional meetings such as Central Veterinary Conference and Western Veterinary Conference;
- (D) Any state or province veterinary medical association;
- (E) Any local or regional veterinary medical association affiliated with a state veterinary medical association;
- (F) The American Animal Hospital Association;
- (G) American veterinary schools accredited by the American Veterinary Medical Association that are open to all licensees;
- (H) Any state veterinary academy;
- (I) American Association of Veterinary State Boards (AAVSB) or its successor—Registry of Approved Continuing Education (RACE);
- (J) Missouri State Veterinarian; and
- (K) Other programs receiving prior approval from this board.

(9) With the exception of any of the previously mentioned educational organizations, any other regularly organized group of veterinarians that wants to sponsor an educational program to meet the standards for license renewal in Missouri shall submit two (2) copies of the program schedule and outline to the board's executive director not fewer than thirty (30) days prior to the date of the program. The outline must include the program's subject matter, the number of hours required for its presentation and the identity and qualifications of the speakers and instructors. The board shall review the schedule and outline to determine if approval will be granted. The board will not consider requests for approval of any program submitted after it has already been presented.

(10) The following scientific journals are approved by the board:

- (A) *Journal of the American Veterinary Medical Association*;
- (B) *The Journal of Veterinary Research*;
- (C) *Veterinary Medicine*;
- (D) Publications of the American Veterinary Medical Association Approved Constituent Specialty Groups;
- (E) Compendium of continuing education;
- (F) *Journal of American Animal Hospital Association*;
- (G) Other publications approved in advance by the board.

(11) The board shall waive continuing education requirements as required by section 41.946, RSMo, and grant a waiver or an extension of time for continuing education requirements to a licensee for good cause. Any licensee seeking renewal of a license or certificate without having fully complied with these continuing education requirements who wishes to seek a waiver or extension of the requirements shall file with the board a renewal application, a statement setting forth the facts concerning the noncompliance, a request for waiver or an extension of time in which to complete the continuing education requirements and, if desired, a request for an interview before the board. If the board finds from the statement or any other evidence submitted, that good cause has been shown for waiving the continuing education requirements, or any part thereof, or for granting an extension of time in which to obtain the required continuing education hours, the board shall waive part or all of the requirements for the renewal period for which the licensee has applied or grant an extension of time, not to exceed six (6) months, in which to obtain the required continuing education hours. At that time, the licensee will be requested to submit the required renewal fee.

(A) Good cause shall be defined as an inability to devote sufficient hours to fulfilling the continuing education requirements during the applicable renewal period based on one (1) of the following reasons:

1. Full-time service in the armed forces of the United States during a substantial part of the renewal period;
- or
2. An incapacitating illness; or
 3. Undue hardship.

(B) If an interview before the board is requested at the time the request for waiver or extension is filed, the licensee shall be given at least twenty (20) days written notice of the date, time, and place of the interview.

(12) Continuing education credit hours used to satisfy the continuing education requirements of another state may be submitted to fulfill the requirements of this state if the other state's continuing education requirements are substantially equal to or greater than the requirements of this state.

(13) A licensee who completes more than ten (10) continuing education hours, excluding self-study, during the current reporting period may receive credit for the excess hours, not to exceed ten (10), in the next succeeding reporting period. Continuing education hours cannot be carried over more than one (1) continuing education reporting period after being earned.

(14) Any licensee who seeks to renew an inactive, retired, or noncurrent license shall submit proper evidence that s/he has obtained at least ten (10) continuing education hours for each year that his/her license was inactive, retired, or noncurrent. These required approved continuing education credits shall not exceed a total of fifty (50) hours. The required hours must have been obtained within three (3) years prior to renewal.

*AUTHORITY: sections 41.946, 340.210, 340.258, and 340.268, RSMo 2000. * This rule originally filed as 4 CSR 270-4.042. Original rule filed April 13, 2001, effective Oct. 30, 2001. Amended: Filed April 1, 2003, effective Sept. 30, 2003. Amended: Filed June 25, 2004, effective Dec. 30, 2004. Moved to 20 CSR 2270-4.042, effective Aug. 28, 2006. Amended: Filed Oct. 16, 2006, effective April 30, 2007. Amended: Filed July 22, 2009, effective Jan. 30, 2010. Amended: Filed Jan. 10, 2013, effective July 30, 2013.*

**Original authority: 41.946, RSMo 1991; 340.210, RSMo 1992, amended 1993, 1995, 1999; 340.258, RSMo 1992, amended 1999; and 340.268, RSMo 1992.*

20 CSR 2270-4.050 Minimum Standards for Continuing Education for Veterinary Technicians

PURPOSE: This rule defines the minimum standards for continuing education for veterinary technicians.

(1) Each licensee shall certify by signature, under penalty of perjury that s/he has completed five (5) hours of continuing education units (CEUs).

(2) At least three (3) hours of the five (5) hour per year requirement shall be obtained by –

(A) Attending a formal meeting;

(B) Completion of audio or video recordings, electronic, computer or interactive materials or programs on scientific subjects prepared or sponsored by the Board or the American Association of Veterinary State Boards (AAVSB) or its successor – Registry of Approved Continuing Education (RACE). The licensee must obtain written certification of course completion from the sponsor.

(3) The other two (2) hours of the five (5) hour requirement may be fulfilled by—

(A) One (1) clock hour of consultation with another registered veterinary technician or licensed veterinarian other than the applicant's supervisor. This consultation shall be documented by reporting the name and profession of the person with whom the applicant consulted, the date, time and subject matter(s) discussed on the annual renewal registration application; and

(B) One (1) clock hour of reading from a professional journal. This reading shall be documented by reporting the name and publication date of the journal and the subject matter of the article(s) read on the annual renewal registration application.

(4) A registered veterinary technician may accumulate the required five (5) hours of continuing education for up to two (2) years. For example, if a formal meeting included ten (10) hours of CEUs, the applicant could report five (5) hours the year the meeting was held and report the other five (5) hours the next year. Under no circumstances can CEU credits be carried over more than one (1) renewal year after being earned.

(5) Every licensee shall maintain full and complete records of all approved continuing education hours earned for the two (2) previous reporting periods in addition to the current reporting period. The records shall document

the titles of the courses taken, dates, locations, course sponsors, number of hours earned and certificate of attendance or completion. The board may conduct an audit of licensees to verify compliance with the continuing education requirements. Licensees shall assist the board in its audits by providing timely and complete responses to the board's inquiries.

(6) Violation of any provision of this rule shall be grounds for discipline in accordance with section 340.264, RSMo.

(7) The board shall waive continuing education requirements as required by section 41.946, RSMo and otherwise may grant a waiver or an extension of time for continuing education requirements to a licensee for good cause. Any licensee seeking renewal of a license or certificate without having fully complied with these continuing education requirements who wishes to seek a waiver or extension of the requirements shall file with the board a renewal application, a statement setting forth the facts concerning the noncompliance, a request for waiver or extension of time in which to complete the continuing education requirements and, if desired, a request for an interview before the board. If the board finds from the statement or any other evidence submitted, that good cause has been shown for waiving the continuing education requirements, or any part thereof, or for granting an extension of time in which to obtain the required continuing education hours, the board shall waive part or all of the requirements for the renewal period for which the licensee has applied or grant an extension of time, not to exceed six (6) months, in which to obtain the required continuing education hours. At that time, the licensee will be requested to submit the required renewal fee.

(A) Good cause shall be defined as an inability to devote sufficient hours to fulfilling the continuing education requirements during the applicable renewal period based on one of the following reasons:

1. Full-time service in the armed forces of the United States during a substantial part of the renewal period;
- or
2. An incapacitating illness; or
 3. Undue hardship.

(B) If an interview before the board is requested at the time the request for waiver or extension is filed, the licensee shall be given at least twenty (20) days written notice of the date, time and place of the interview.

(8) Any licensee who seeks to renew an inactive, retired or noncurrent registration shall submit proper evidence that s/he has obtained at least five (5) continuing education hours for each year that his/her registration was inactive, retired or noncurrent. These required approved continuing education credits shall not exceed a total of twenty (20) hours. The required hours must have been obtained within three (3) years prior to renewal.

*AUTHORITY: sections 41.946, 340.210, 340.258 and 340.324, RSMo 2000. * This rule originally filed as 4 CSR 270-4.050. Original rule filed Nov. 4, 1992, effective July 8, 1993. Amended: Filed April 13, 2001, effective Oct. 30, 2001. Amended: Filed June 25, 2004, effective Dec. 30, 2004. Moved to 20 CSR 2270-4.050, effective Aug. 28, 2006. Amended: Filed July 9, 2008, effective Jan. 30, 2009.*

**Original authority: 41.946, RSMo 1991; 340.210, RSMo 1992, amended 1993, 1995, 1999; 340.258, RSMo 1992, amended 1999; and 340.324, RSMo 1992, amended 1999.*

20 CSR 2270-4.060 Minimum Standards for Supervision

PURPOSE: This rule defines the minimum standards for supervision.

(1) Duties of the Supervising Veterinarian—

(A) The supervising veterinarian shall be responsible for determining the competency of the veterinary technician, veterinary medical candidate, temporary licensee, provisional licensees, veterinary medical preceptee or unregistered assistant to perform delegated animal health care tasks;

(B) The supervising veterinarian of a veterinary technician, veterinary medical candidate, temporary licensee, provisional licensees, veterinary medical preceptee or unregistered assistant shall make all decisions relating to the diagnosis, treatment, management and future disposition of the animal patient; and

(C) The supervising veterinarian shall have examined the animal patient prior to the delegation of any animal health care task to either a veterinary technician, veterinary medical candidate, temporary licensee, provisional

licensees, veterinary medical preceptee or an unregistered assistant. The examination of the animal patient shall be conducted at such time as good veterinary medical practice requires consistent with the particular delegated animal health care task.

(2) The required levels of supervision of individuals with different levels of training performing various delegated animal health care tasks are designated in the accompanying table, included herein.

(3) The supervising veterinarian must be in good standing. To be in good standing the veterinarian's license(s) must be current and unencumbered.

AUTHORITY: sections 340.210, 340.222 and 340.326, RSMo 2000. This rule originally filed as 4 CSR 270-4.060. Original rule filed Nov. 4, 1992, effective July 8, 1993. Amended: Filed April 13, 2001, effective Oct. 30, 2001. Amended: Filed April 1, 2003, effective Sept. 30, 2003. Moved to 20 CSR 2270-4.060, effective Aug. 28, 2006. Amended: Filed Oct. 30, 2007, effective April 30, 2008.*

**Original authority: 340.210, RSMo 1992, amended 1993, 1995, 1999; 340.222, RSMo 1992, amended 1999; and 340.326, RSMo 1992.*

****THE REQUIRED LEVELS OF SUPERVISION TABLE IS LOCATED ON THE LAST PAGE OF THE RULES (PAGE 73)**

**Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND
PROFESSIONAL REGISTRATION
Division 2270—Missouri Veterinary Medical Board
Chapter 5—Veterinary Facilities Permits**

20 CSR 2270-5.011 Permit Applications

PURPOSE: This rule outlines the procedures required to secure a permit for all veterinary facilities.

- (1) All veterinary facilities shall have a facility permit issued by the Missouri Veterinary Medical Board.
- (2) Applications for facility permits must be made on the forms provided by the board. Permit application forms may be obtained by requesting them from the executive director, Missouri Veterinary Medical Board, P.O. Box 633, Jefferson City, MO 65102.
- (3) The application must be legible (printed or typed), signed under oath or affirmation by the responsible veterinarian in charge of the facility and accompanied by the appropriate fee.
- (4) The following documents must be on file for a permit application to be considered complete:
 - (A) Completed application;
 - (B) Appropriate fee;
 - (C) Completed self-inspection form; and
 - (D) If a business entity owns the facility, a copy of the articles of incorporation, partnership agreement or business organization documents that clearly state that the licensed veterinarian is not subject to the direction of anyone not licensed to practice veterinary medicine in Missouri in making veterinary medical decisions or judgments.
- (5) Upon receipt of a completed application, the facility permit may be issued. The permit shall be conspicuously displayed within the facility.
- (6) If ownership of a veterinary facility changes, the veterinarian in charge to whom the permit was originally issued is responsible for notifying the board and returning the permit within thirty (30) days of the change in ownership. The veterinarian in charge must apply for a new permit and submit all applicable fees prior to performing any veterinary services in the facility.
- (7) If the name of a veterinary facility changes, the veterinarian in charge is responsible for notifying the board and returning the permit within thirty (30) days of the name change. The veterinarian in charge must apply for a new permit and submit all applicable fees prior to doing business under the new name.
- (8) If the physical location of a veterinary facility changes, the veterinarian in charge is responsible for notifying the board and returning the permit within thirty (30) days of the location change. The veterinarian in charge must complete a facility permit and self-inspection form with the new location information.
- (9) If a change of ownership, location, name and/or function has occurred, the veterinarian in charge must apply for a new permit and submit all applicable fees prior to performing any veterinary services in the facility.

*AUTHORITY: sections 340.210 and 340.226, RSMo 2000. * This rule originally filed as 4 CSR 270-5.011. Original rule filed Nov. 4, 1992, effective July 8, 1993. Amended: Filed April 14, 1994, effective Sept. 30, 1994. Amended: Filed April 13, 2001, effective Oct. 30, 2001. Moved to 20 CSR 2270-5.011, effective Aug. 28, 2006.*

**Original authority: 340.210, RSMo 1992, amended 1993, 1995, 1999; and 340.226, RSMo 1992, amended 1999.*

20 CSR 270-5.021 Veterinary Facility Self-Inspection Procedures

PURPOSE: This rule outlines the procedures for self-inspection of veterinary facilities.

- (1) The veterinarian in charge of each veterinary facility in the state is responsible for completing the self-inspection form and returning it to the board office.
- (2) The self-inspection form (see 20 CSR 2270-5.011) is available from the executive director, Missouri Veterinary Medical Board, P.O. Box 633, Jefferson City, MO 65102.
- (3) The purpose of the self-inspection is to verify that all veterinary facilities comply with the minimum standards which are found in Chapter 4 of these rules.
- (4) Pursuant to 340.210, RSMo the board may inspect a veterinary facility about which the board has received a complaint.

*AUTHORITY: sections 340.210 and 340.264, RSMo 2000. * This rule originally filed as 4 CSR 270-5.021. Original rule filed Nov. 4, 1992, effective July 8, 1993. Moved to 20 CSR 2270-5.021, effective Aug. 28, 2006. Amended: Filed June 27, 2008, effective Dec. 30, 2008.*

**Original authority: 340.210, RSMo 1992, amended 1993, 1995, 1999; and 340.264, RSMo 1992, amended 1999.*

20 CSR 2270-5.031 Facility Permit Renewal Procedures

PURPOSE: This rule outlines the procedures for the renewal of facility permits.

- (1) A facility permit shall be reviewed annually on or before the expiration of the permit by submitting the properly completed renewal application and inspection form and the fee to the Missouri Veterinary Medical Board. The renewal application and inspection form shall be signed under oath or affirmation.
- (2) Failure of the veterinarian in charge to receive the notice and application to renew the permit shall not excuse him/her from the requirements of this rule.
- (3) Each facility permit shall expire annually on March 31. Failure to renew a permit constitutes grounds for discipline pursuant to 340.264.2(13) and (25), RSMo for all veterinarians and veterinary technicians working at the facility. If the permit is not renewed within thirty (30) days of the expiration date, a penalty fee will be assessed.

*AUTHORITY: sections 340.210, RSMo Supp. 1993 and 340.264, RSMo Supp. 1992. * This rule originally filed as 4 CSR 270-5.031. Original rule filed Nov. 4, 1992, effective July 8, 1993. Amended: Filed April 14, 1994, effective Sept. 30, 1994. Moved to 20 CSR 2270-5.031, effective Aug. 28, 2006.*

**Original authority: 340.210, RSMo 1992, amended 1993; and 340.264, RSMo 1992.*

20 CSR 2270-5.041 Temporary Continuance of Veterinary Practice Upon Death of Owner

PURPOSE: This rule establishes a way for an individually owned veterinary practice to be continued when the owner dies.

- (1) Upon the demise of the licensed owner of an individually owned veterinary practice, an unlicensed spouse or the executor, administrator, trustee or personal representative of the licensee's estate may continue to own and maintain the practice for a period of one (1) year in order to convey or liquidate the practice, provided that the services of a Missouri licensed veterinarian shall be engaged to be the veterinarian in charge.

(2) The unlicensed owner shall provide the Veterinary Medical Board with written notice of the veterinarian in charge in accordance with 20 CSR 2270-5.011(6). The thirty (30) day time period may be extended upon written petition to the board.

(3) The veterinarian in charge shall also write to the board indicating his/her willingness to assume the position.

(4) If, for any reason, the veterinarian in charge is terminated, both the owner and the veterinarian in charge shall immediately inform the board in writing and a new veterinarian in charge shall be immediately engaged and registered with the board.

(5) The one (1)-year period of conveyance or liquidation may be extended following written petition to the board.

(6) Nothing in this rule shall be construed to authorize the unlicensed practice of veterinary medicine as defined in section 340.216, RSMo.

*AUTHORITY: sections 340.210 and 340.264, RSMo 2000. * This rule originally filed as 4 CSR 270-5.041. Original rule filed March 10, 1995, effective Sept. 30, 1995. Moved to 20 CSR 2270-5.041, effective Aug. 28, 2006. Amended: Filed Oct. 30, 2007, effective April 30, 2008. Amended: Filed June 27, 2008, effective Dec. 30, 2008.*

**Original authority: 340.210, RSMo 1992, amended 1993, 1995, 1999 and 340.264, RSMo 1992, amended 1999.*

**Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND
PROFESSIONAL REGISTRATION
Division 2270—Missouri Veterinary Medical Board
Chapter 6—Professional Conduct for the Practice of Veterinary Medicine**

20 CSR 2270-6.011 Rules of Professional Conduct

PURPOSE: This rule establishes a professional code of conduct for veterinarians and veterinary technicians.

- (1) Pursuant to section 340.210.2(13), RSMo, the Missouri Veterinary Medical Board adopts the following rules to be referred to as the rules of professional conduct. These rules of professional conduct are binding on every person licensed by the board to practice as a veterinarian or registered by the board to practice as a veterinary technician. Whenever the term licensee is used, it shall be read to include any individual possessing a license, certificate of registration, permit or any other form of authorization issued by the board pursuant to Chapter 340, RSMo. Any act or practice found to be in violation of these rules of professional conduct shall be considered as unprofessional conduct and shall be grounds for the filing of a complaint with the Administrative Hearing Commission.
- (2) In the performance of professional services, licensees at all times shall be cognizant that their primary responsibility is to the public's safety, health or welfare and that this responsibility shall never be compromised by self-interest, personal advantage or monetary gain.
- (3) Licensees shall undertake to perform only those professional services for which they, or those whom the licensee may employ, are qualified by education, training or experience to perform. If the licensee is not qualified to provide services requiring advanced training or education, the licensee must truthfully and accurately inform the client of those limitations and offer all available assistance in referring the client to colleagues or other professionals who are qualified to render those services or treatments.
- (4) Licensees, directly or indirectly, shall not injure the professional reputation, standing, prospects of practice or employment of another member of the profession in any manner which could reasonably be deemed as malicious, false or misleading.
- (5) Licensees at all times shall conform their practice to the currently accepted standards for the profession of veterinary medicine as these standards are set forth under Chapter 340, RSMo or by any rule lawfully promulgated by the board or as otherwise found to be accepted within the profession as gauged by the reasonable conduct of other professionals engaged in the practice of veterinary medicine.
- (6) Licensees shall not initiate or knowingly participate in any form of advertising or solicitation that contains false, deceptive or misleading statements or claims.
- (7) A licensee shall not advertise, state or imply by any means that s/he is a specialist in any given field unless the licensee is, in fact, a diplomate of an American Veterinary Medical Association (AVMA)-recognized specialty and is board-certified by the AVMA.
- (8) Licensees at all times shall conduct themselves in a professional manner with the general public and clients through courteous verbal exchange. Licensees shall provide all clients with a diagnostic assessment and treatment plan, to include recommendations and medications when appropriate, prior to rendering the treatment, except in cases of emergencies where the client cannot be reached for consultation within a reasonable time frame as dictated by the patient's condition. All clients shall be informed of any required follow-up treatment. All diagnostic assessments, treatment plans, medications and other pertinent information regarding the treatment of the patient shall be recorded in the patient's medical record and a copy of the record shall be made available to the client upon request.

- (9) In the event that a client should choose to consult with or utilize the services of another veterinarian, the licensee shall withdraw from the case if so requested. The licensee shall indicate the circumstances for withdrawal on the medical records and shall cooperate fully with the other veterinarian to include the transmittal of a copy of all pertinent medical records upon the request of the other veterinarian or client.
- (10) Although a licensee may choose whom to serve, once the care of a patient has been undertaken the licensee has an obligation to provide reasonable services or treatment to stabilize the patient or to prevent unnecessary suffering or pain.
- (11) Licensees shall not reveal confidential, proprietary or privileged facts or data or any other sensitive information contained in a patient's medical records or as otherwise obtained in a professional capacity without the prior consent of the client except as otherwise authorized or required by Chapter 340, RSMo, lawful rules as promulgated by the board, court order or any other state or federal law, or regulation. However, this section shall not apply to cases in which the veterinarian may observe animal abuse or neglect. The board recognizes that veterinarians may observe cases of animal abuse or neglect as defined by federal or state laws, or local ordinances. When these situations cannot be resolved through education, the board considers it the responsibility of the veterinarian to report such cases to the appropriate authorities. Disclosures may be necessary to protect the health and welfare of animals and people. Veterinarians should be aware that accurate record keeping and documentation of these cases are invaluable.
- (12) Licensees have an obligation to immediately inform the board of any disciplinary action taken against their licenses to practice veterinary medicine by another state or federal authority or of the suspension, revocation or surrender of any controlled substance license or registration issued by any state or federal authority. Licensees at all times shall conduct their professional activities in conformity with all state and federal laws and regulations.
- (13) Licensees have an obligation and professional duty to cooperate with any reasonable request by the board to appear before the board or to furnish information to the board upon request concerning any investigation or complaint.
- (14) Licensees at all times shall comply with any lawful order issued by the board or with any consent agreement voluntarily entered into between the licensee and the board.
- (15) A licensee shall not dispense or prescribe any controlled substance or legend drug except in the professional course of his/her practice and only upon the establishment of a bona fide veterinarian-client-patient relationship.
- (16) A licensee shall not issue any certificate of health/inspection required or authorized by state, federal or municipal law unless s/he has personal knowledge of the factual averments contained in the certificate of health by means of actual inspection, examination, appropriate testing, or any combination of these, of the animal(s).
- (17) A licensee shall not aid or abet, either directly or indirectly, the unlawful practice of veterinary medicine and shall be obligated to report to the board any information which the licensee has regarding the unlawful or unlicensed practice of veterinary medicine.
- (18) A licensee shall not delegate any professional responsibility to any person, whether or not that person is employed by the licensee, except as otherwise provided for or authorized under and pursuant to Chapter 340, RSMo or any lawful rule promulgated by the board.
- (19) A licensee shall obtain the informed written consent of the client prior to placing any patient under anesthesia or performing any surgical procedure, or both, except in an emergency.

(20) Licensees shall have the responsibility and obligation to ascertain whether or not any person engaged in the employment of the licensee has the necessary license or registration to practice his/her profession in this state and that the license or registration is current.

(21) A licensee shall obtain the consent of the client prior to transporting a patient to another facility for veterinary care or lodging, unless circumstances qualifying as an emergency do not permit obtaining consent, or as otherwise provided for under Chapter 340, RSMo or any lawful rule promulgated by the board.

(22) Licensees shall notify clients where to call if a licensed veterinarian is unavailable at that facility. The use of an answering device will meet the intent of this rule.

(23) The initials "RVT" shall designate a registered veterinary technician. Only those individuals who are so licensed by the board may use the designation with their name.

*AUTHORITY: section 340.210, RSMo 2000. * This rule originally filed as 4 CSR 270-6.011. Original rule filed Nov. 4, 1992, effective July 8, 1993. Amended: Filed April 14, 1994, effective Sept. 30, 1994. Amended: Filed June 28, 2002, effective Dec. 30, 2002. Moved to 20 CSR 2270-6.011, effective Aug. 28, 2006. Amended: Filed Oct. 30, 2007, effective April 30, 2008.*

**Original authority: 340.210, RSMo 1992, amended 1993, 1995, 1999.*

**Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND
PROFESSIONAL REGISTRATION
Division 2270—Missouri Veterinary Medical Board
Chapter 7—Disciplinary Proceedings**

20 CSR 2270-7.010 Public Complaint Handling and Disposition Procedure

PURPOSE: This rule establishes a procedure for the receipt, handling and disposition of public complaints pursuant to the mandate of section 620.010.15(6), RSMo.

(1) All complaints shall be made in writing on an official complaint form available from the board office and shall fully identify the complainant by name and address. Oral or telephone communications will not be considered or processed as complaints. The person making these communications will be asked to file a written statement.

(2) Complaints shall be mailed or delivered to the following address: Missouri Veterinary Medical Board, P.O. Box 633, Jefferson City, MO 65102. Complaints may be based upon personal knowledge or beliefs based on information received from other sources. The executive director or any board staff member may file a complaint pursuant to this rule in the same manner as any member of the public.

(3) Each complaint received under this rule will be maintained by the board. The complaint file will contain a record of each complainant's name and address; the name and address of the subject(s) of the complaint; the date each complaint is received by the board; a brief statement of the complaint, including the name of any person injured or victimized by the alleged acts or practices; a notation whether the complaint resulted in its dismissal by the board or formal charges being filed with the Administrative Hearing Commission and the ultimate disposition of the complaint. This complaint file shall be a closed record of the board.

(4) Each complaint received under this rule shall be acknowledged in writing. The complainant shall be notified of the ultimate disposition of the complaint.

(5) This rule shall not be deemed to limit the board's authority to file a complaint with the Administrative Hearing Commission charging a licensee with any actionable conduct or violation. The complaint filed by the board need not be limited to the acts charged in a public complaint.

*AUTHORITY: sections 340.210 and 340.282, RSMo 2000 and 620.010.15, RSMo Supp. 2002. * This rule originally filed as 4 CSR 270-7.010. Original rule filed Nov. 4, 1992, effective July 8, 1993. Amended: Filed April 1, 2003, effective Sept. 30, 2003. Moved to 20 CSR 2270-7.010, effective Aug. 28, 2006.*

**Original authority: 340.210, RSMo 1992, amended 1993, 1995, 1999; 340.282, RSMo 1992; and 620.010.15., RSMo 1973, amended 1981, 1983, 1986, 1989, 1990, 1993, 1994, 1995, 1999, 2001.*

20 CSR 2270-7.020 Revocation of Temporary or Provisional License

PURPOSE: This rule sets forth the procedure to be used for revocation of temporary licenses under section 340.250, RSMo.

(1) All proceedings instituted or conducted by the board, or both, in regard to the revocation of temporary or provisional licenses as authorized under section 340.250, RSMo shall be handled in accordance with the provisions as set forth under Chapter 536, RSMo as a contested case.

(2) Nothing contained under section (1) shall preclude the informal disposition of contested cases by stipulation, consent order or agreed settlement.

*AUTHORITY: sections 340.210 and 340.250, RSMo 2000. * This rule originally filed as 4 CSR 270-7.020. Original rule filed Nov. 4, 1992, effective July 8, 1993. Amended: Filed April 13, 2001, effective Oct. 30, 2001. Moved to 20 CSR 2270-7.020, effective Aug. 28, 2006.*

**Original authority: 340.210, RSMo 1992, amended 1993, 1995, 1999; and 340.250, RSMo 1992, amended 1999.*

20 CSR 2270-7.030 Automatic Revocation of License

PURPOSE: This rule sets forth the procedure to be used for the automatic revocation of licenses under section 340.274, RSMo.

(1) All proceedings conducted by the board in regard to the automatic revocation of licenses as authorized under section 340.274, RSMo shall be handled in accordance with the provisions as set forth under Chapter 536, RSMo as a contested case.

(2) Nothing contained under section (1) shall preclude the informal disposition of contested cases by stipulation, consent order or agreed settlement.

*AUTHORITY: sections 340.210 and 340.274, RSMo Supp. 1992. * This rule originally filed as 4 CSR 270-7.030. Original rule filed Nov. 4, 1992, effective July 8, 1993. Moved to 20 CSR 2270-7.030, effective Aug. 28, 2006.*

**Original authority: 340.210, RSMo 1992, amended 1993, 1995, 1999; and 340.274, RSMo 1992.*

**MISSOURI STATE VETERINARY MEDICAL BOARD
REQUIRED LEVELS OF SUPERVISION**

	ANESTHESIA MONITORING*	INDUCTION*	EUTHANAZIA	SURGERY	DIAGNOSIS	PRESCRIBING		TREATMENT		ADMINISTER DRUGS	BIOLOGICS OTHER	ROUTINE DENTAL PROPHYLAXIS
						CON-TROLLED	NOT CON-TROLLED	@ FACILITY	NOT @ FACILITY			
PROVISIONAL LICENSE	B	B	B	B	B	D	B	C	C	C	C	B
(RVT) REGISTERED VET. TECHNICIAN	B	A	B	D	D	D	D	C	B	D	B	B
UNREGISTERED ASSISTANT	A	D	A	D	D	D	D	C	A	D	A	A
VETERINARY STUDENT	A	A	A	A	A	D	D	C	B	D	B	A
CONSULTING** LICENSEE FROM ALLIED PROFESSIONS	D	D	D	A	A	D	D	A	A	D	D	A

* Monitoring of or administration of pre-calculated dose of anesthesia

** Dentist, Chiropractor, Physician, etc.

A = Immediate Supervision: the licensed veterinarian is in the immediate area and within audible and visual range of animal patient and the person treating the patient;

B = 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;

C = 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 license 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;

D = Not Legal

United States Department of Justice
Drug Enforcement Administration
Office of Diversion Control



Practitioner's Manual

An Informational Outline of the
Controlled Substances Act

2006 Edition

Drug Enforcement Administration
Practitioner's Manual

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This manual has been prepared by the Drug Enforcement Administration, Office of Diversion Control, to assist practitioners (physicians, dentists, veterinarians, and other registrants authorized to prescribe, dispense, and administer controlled substances) in their understanding of the Federal Controlled Substances Act and its implementing regulations as they pertain to the practitioner's profession.

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SECTION I - INTRODUCTION

This practitioner's manual is intended to summarize and explain the basic requirements for prescribing, administering, and dispensing controlled substances under the Controlled Substances Act (CSA), 21 USC 801-890, and the DEA regulations, Title 21, Code of Federal Regulations (CFR), Parts 1300 to 1316. Pertinent citations to the law and regulations are included in this manual.

Printed copies of the CFR and the complete regulations implementing the CSA may be obtained from:

Superintendent of Documents
U.S. Government Printing Office
Washington, D.C. 20402

Both the CFR and the *Federal Register* (which includes proposed and final regulations implementing the CSA) are available on the Internet through the U.S. Government Printing Office (GPO) website. This website, which provides information by section, citation and keywords, can be accessed at:

www.gpoaccess.gov/cfr/index.html

Unofficial copies of pertinent CFR citations may be found at:

www.DEAdiversion.usdoj.gov

This practitioner's manual may also be found on the Internet at DEA's Web Site (under "publications"):

www.DEAdiversion.usdoj.gov

Should any pertinent provisions of the law or regulations be modified in the future, DEA will issue a revised electronic version of this document, which will be published on the DEA Diversion Website.

If you encounter errors in this document, please notify:

Editor, DEA Practitioner's Manual
c/o DEA, Office of Diversion Control
Liaison and Policy Section
Washington, D.C. 20537

Inquiries regarding topics within this document may be addressed to your local DEA field office (listed in Appendix E) or the address above.

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Message from the Administrator

The Drug Enforcement Administration is pleased to provide this updated edition of the 1990 Practitioner's Manual to assist you in understanding your responsibilities under the Controlled Substances Act (CSA) and its implementing regulations. This manual will help answer questions that you may encounter in your practice and provide guidance in complying with federal requirements.

DEA remains committed to the 2001 Balanced Policy of promoting pain relief and preventing abuse of pain medications. In enforcing the CSA, it is DEA's responsibility to ensure drugs are not diverted for illicit purposes. Unfortunately, this country is now experiencing an alarming prescription drug abuse problem:

- Today, more than 6 million Americans are abusing prescription drugs—that is more than the number of Americans abusing cocaine, heroin, hallucinogens, and inhalants, combined.
- Researchers from the Centers for Disease Control and Prevention report that opioid prescription painkillers now cause more drug overdose deaths than cocaine and heroin combined.
- Today more new drug users have begun abusing pain relievers (2.4 million) than marijuana (2.1 million) or cocaine (1.0 million).

It is more important now than ever to be vigilant in preventing the diversion and abuse of controlled substances. This manual will help you do that by listing some safeguards you can take to prevent such diversion. It also explains registration, recordkeeping, and valid prescription requirements.

As a practitioner, your role in the proper prescribing, administering, and dispensing of controlled substances is critical to patients' health and to safeguarding society against the diversion of controlled substances. DEA is committed to working jointly with the medical community to ensure that those in need are cared for and that legitimate controlled substances are not being diverted for illegal use.

Karen P. Tandy
Administrator
September 2006

Drug Enforcement Administration Practitioner's Manual

Preface

The Drug Enforcement Administration (DEA) was established in 1973 to serve as the primary federal agency responsible for the enforcement of the Controlled Substances Act (CSA). The CSA sets forth the federal law regarding both illicit and licit (pharmaceutical) controlled substances. With respect to pharmaceutical controlled substances, DEA's statutory responsibility is twofold: to prevent diversion and abuse of these drugs while ensuring an adequate and uninterrupted supply is available to meet the country's legitimate medical, scientific, and research needs. In carrying out this mission, DEA works in close cooperation with state and local authorities and other federal agencies.

Under the framework of the CSA, the DEA is responsible for ensuring that all controlled substance transactions take place within the "closed system" of distribution established by Congress. Under this "closed system," all legitimate handlers of controlled substances – manufacturers, distributors, physicians, pharmacies, and researchers – must be registered with DEA and maintain strict accounting for all distributions.

To carry out DEA's mission effectively, this 2006 Practitioner's Manual seeks to aid DEA registrants in complying with the CSA and its implementing regulations. The DEA understands that it can best serve the public interest by working with practitioners to prevent diversion of legal pharmaceutical controlled substances into the illicit market.

The federal controlled substances laws are designed to work in tandem with state controlled substance laws. Toward this same goal, DEA works in close cooperation with state professional licensing boards and state and local law enforcement officials to ensure that pharmaceutical controlled substances are prescribed, administered, and dispensed for legitimate medical purposes in accordance with federal and state laws. Within this cooperative framework, the majority of investigations into possible violations of the controlled substances laws are carried out by state authorities. However, DEA also conducts investigations into possible violations of federal law as circumstances warrant.

In the event a state board revokes the license of a practitioner, the DEA will take action and request a voluntary surrender of the practitioner's DEA registration. If the practitioner refuses to voluntarily surrender the registration, the DEA will pursue administrative action to revoke the DEA registration. The DEA may also pursue judicial action if there is sufficient evidence of illegal distribution or significant recordkeeping violations. All such actions are intended to deny the practitioner the means to continue to divert or abuse controlled substances as well as to protect the health and safety of the public and the practitioner.

The DEA is authorized under federal law to pursue legal action in order to prevent the diversion of controlled substances and protect the public safety. A lack of compliance may result in a need for corrective action, such as administrative action (that is, Letter of Admonition, an informal hearing or "order to show cause"), or in extreme cases, civil, or criminal action.

SECTION II – GENERAL REQUIREMENTS

Schedules of Controlled Substances

The drugs and other substances that are considered controlled substances under the CSA are divided into five schedules. A complete list of the schedules is published annually on an updated basis in the DEA regulations, Title 21 of the Code of Federal Regulations, Sections 1308.11 through 1308.15. Substances are placed in their respective schedules based on whether they have a currently accepted medical use in treatment in the United States and their relative abuse potential and likelihood of causing dependence when abused. Some examples of the drugs in each schedule are outlined below.

IMPORTANT NOTE:

All drugs listed in Schedule I have no currently accepted medical use in treatment in the United States and therefore may not be prescribed, administered, or dispensed for medical use. In contrast, drugs listed in Schedules II through V all have some accepted medical use and therefore may be prescribed, administered, or dispensed for medical use.

Schedule I Substances

Substances in this schedule have no currently accepted medical use in treatment in the United States, a lack of accepted safety for use under medical supervision, and a high potential for abuse.

Some examples of substances listed in Schedule I are: heroin; lysergic acid diethylamide (LSD); marijuana (cannabis); peyote; methaqualone; and methylene-dimethoxy-methamphetamine (“ecstasy”).

The CSA allows for bona fide research with controlled substances in Schedule I, provided that the FDA has determined the researcher to be qualified and competent, and provided further that the FDA has determined the research protocol to be meritorious. Researchers who meet these criteria must obtain a separate registration to conduct research with a Schedule I controlled substance.

Schedule II Substances

Substances in this schedule have a high potential for abuse with severe psychological or physical dependence.

Examples of single entity Schedule II narcotics include morphine, codeine, and opium. Other Schedule II narcotic substances and their common name brand products include: hydromorphone (Dilaudid®), methadone (Dolophine®), meperidine (Demerol®), oxycodone (OxyContin®), and fentanyl (Sublimaze® or Duragesic®).

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Examples of Schedule II stimulants include amphetamine (Dexedrine® or Adderall®), methamphetamine (Desoxyn®), and methylphenidate (Ritalin®). Other Schedule II substances include: cocaine, amobarbital, glutethimide, and pentobarbital.

Schedule III Substances

Substances in this schedule have a potential for abuse less than substances in Schedules I or II.

Examples of Schedule III narcotics include combination products containing less than 15 milligrams of hydrocodone per dosage unit (i.e., Vicodin®) and products containing not more than 90 milligrams of codeine per dosage unit (i.e., Tylenol with codeine®).

Examples of Schedule III non-narcotics include benzphetamine (Didrex®), phendimetrazine, dronabinol (Marinol®), ketamine, and anabolic steroids such as oxandrolone (Oxandrin®).

Schedule IV Substances

Substances in this schedule have a lower potential for abuse relative to substances in Schedule III.

Examples of Schedule IV narcotics include propoxyphene (Darvon® and Darvocet-N 100®).

Other Schedule IV substances include alprazolam (Xanax®), clonazepam (Klonopin®), clorazepate (Tranxene®), diazepam (Valium®), lorazepam (Ativan®), midazolam (Versed®), temazepam (Restoril®), and triazolam (Halcion®).

Schedule V Substances

Substances in this schedule have a lower potential for abuse relative to substances listed in Schedule IV and consist primarily of preparations containing limited quantities of certain narcotic and stimulant drugs. These are generally used for antitussive, antidiarrheal and analgesic purposes.

Examples include cough preparations containing not more than 200 milligrams of codeine per 100 milliliters or per 100 grams (Robitussin AC®, and Phenergan with Codeine).

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Registration Requirements

Under the CSA, the term “practitioner” is defined as a physician, dentist, veterinarian, scientific investigator, pharmacy, hospital, or other person licensed, registered, or otherwise permitted, by the United States or the jurisdiction in which the practitioner practices or performs research, to distribute, dispense, conduct research with respect to, administer, or use in teaching or chemical analysis, a controlled substance in the course of professional practice or research. Every person or entity that handles controlled substances must be registered with DEA or be exempt by regulation from registration.

The DEA registration grants practitioners federal authority to handle controlled substances. However, the DEA registered practitioner may only engage in those activities that are authorized under state law for the jurisdiction in which the practice is located. When federal law or regulations differ from state law or regulations, the practitioner is required to abide by the more stringent aspects of both the federal and state requirements. In many cases, state law is more stringent than federal law, and must be complied with in addition to federal law. Practitioners should be certain they understand their state as well as DEA controlled substance regulations.

Application for Registration

To obtain a DEA registration, a practitioner must apply using a DEA Form 224. Applicants may submit the form by hard copy or on-line. Complete instructions accompany the form. To obtain the application, DEA may be contacted at:

- www.DEAdiversion.usdoj.gov (DEA Diversion Internet Web Site)
- any DEA field office (see listing in Appendix E of this manual)
- DEA Headquarters' Registration Section in Washington, D.C. at 1-800-882-9539 (Registration Call Center)

The DEA Form-224 may be completed on-line or in hard copy and mailed to:

Drug Enforcement Administration
Registration Unit
Central Station
P.O. Box 28083
Washington, D.C. 20038-8083

A sample DEA Form 224 – New Application for Registration, is located at Appendix H, DEA Forms.

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Certificate of Registration

The DEA Certificate of Registration (DEA Form 223) must be maintained at the registered location in a readily retrievable manner and kept available for official inspection.

A practitioner must be registered with the DEA in each state where controlled substances are prescribed, administered, or dispensed. In addition, a separate registration is required for each principal place of business or professional practice where controlled substances are stored or dispensed by a person. Thus, if a practitioner has more than one office where controlled substances are maintained, administered, or dispensed; the practitioner must obtain a separate DEA registration for each office. However, a practitioner need not obtain a separate registration for any additional offices where controlled substances are prescribed but neither administered nor otherwise dispensed as a regular part of the professional practice of the practitioner at such office, provided further that no supplies of controlled substances are maintained at such office.

A duplicate Certificate of Registration may be requested on-line. It appears on DEA's website, www.DEAdiversion.usdoj.gov, as follows:



DEA Form 223 Duplicate Certificate Login:

DEA Number (Required - Not Case Sensitive)

Last Name or Business Name (Required - Not Case Sensitive)
As it appears on your registration. Example:
If "Smith, John Q MD" is on your registration, then enter: **Smith**
If "Smith's, Pharmacy" is on your registration, then enter: **Smith's**
If "Smith's Pharmacy" (no comma) is on your registration,
then enter: **Smith's Pharmacy**

SSN (Required if given on application)

Tax ID (Required if given on application)

Note: If you renewed your registration recently, your duplicate certificate may not contain the new expire date, as some processing time is required.

Login

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Registration Renewals

Practitioner registrations must be renewed every three years. Renewal registrations use DEA Form 224a, Renewal Application for DEA Registration (see example at Appendix H, DEA Forms). The cost of the registration is indicated on the application form.

A renewal application is sent to the registrant approximately 45 days before the registration expiration date. The renewal application is sent to the address listed on the current registration certificate. If the renewal form is not received within 30 days before the expiration date of the current registration, the practitioner should contact the DEA registration office for their state, or DEA Headquarters at 1-800-882-9539, and request a renewal registration form.

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The registration renewal application may be completed on-line at www.DEAdiversion.usdoj.gov, or in hard copy and mailed to:

Drug Enforcement Administration
Registration Unit
Central Station
P.O. Box 28083
Washington, D.C. 20038-8083



[Drug Registration](#) > ODWIF

Registration Applications

Office of Diversion Control Web Interactive Forms (ODWIF)

RENEWAL APPLICATIONS

[Log-In to Begin
Renewal Process](#)

Retail Pharmacy, Hospital/Clinic, Practitioner, Teaching Institution, or Mid-Level Practitioner,
Manufacturer, Distributor, Researcher, Analytical Laboratory, Importer, Exporter, Domestic Chemicals

[Obtain Receipt](#)

This link may be used ONLY if you have previously submitted a Renewal Application through this tool
and need an additional receipt.

[Duplicate
Certificate](#)

On-line tool to request certificates for additional, misplaced, illegible, or destroyed originals.

MINIMUM ON-LINE REQUIREMENTS

The DEA Forms listed below are for those applying to DEA for a controlled substance registration. Data will be entered through a secure connection to the ODWIF on-line web application system. Your web browser must support 128-bit encryption.

You will need to have the following information handy in order to complete the form:

- Tax ID number and/or Social Security Number
- State Controlled Substance Registration information
- State Medical License Information
- Credit Card (VISA, MasterCard, Discover or American Express)

The ODWIF system can only process credit card transactions at this time. If you are paying by check, you will need to use the PDF version of the form, then print and mail the form to the address listed on the form.

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Change of Business Address

A practitioner who moves to a new physical location must request a modification of registration. A modification of registration can be requested on-line at www.DEAdiversion.usdoj.gov or in writing to the DEA field office responsible for that state. If the change in address involves a change in state, the proper state issued license and controlled substances registration must be obtained prior to the approval of modification of the federal registration. If the modification is approved, DEA will issue a new certificate of registration and, if requested, new Schedule II order forms (DEA Form-222, Official Order Form). A Renewal Application for Registration (DEA Form-224a) will only be sent to the registered address on file with DEA. It will not be forwarded.

Termination of Registration

Any practitioner desiring to discontinue business activities with respect to controlled substances must notify the nearest DEA field office (see Appendix E) in writing. Along with the notification of termination of registration, the practitioner should send the DEA Certificate of Registration and any unused Official Order Forms (DEA Form-222) to the nearest DEA field office.

Denial, Suspension or Revocation of Registration

Under the CSA, DEA has the authority to deny, suspend, or revoke a DEA registration upon a finding that the registrant has:

1. Materially falsified any application filed
2. Been convicted of a felony relating to a controlled substance or a List I chemical
3. Had their state license or registration suspended, revoked, or denied
4. Committed an act which would render the DEA registration inconsistent with the public interest
5. Been excluded from participation in a Medicaid or Medicare program

In determining the public interest, the CSA states the following factors are to be considered:

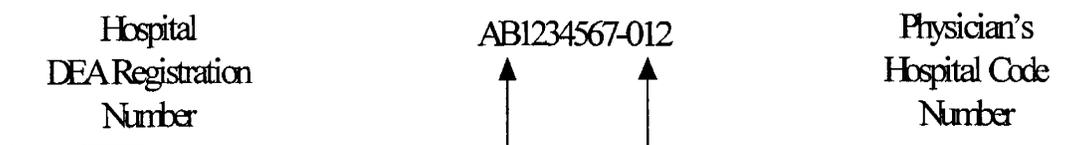
1. The recommendation of the appropriate state licensing board or professional disciplinary authority
2. The applicant's experience in dispensing or conducting research with respect to controlled substances
3. The applicant's conviction record under federal or state laws relating to the manufacture, distribution, or dispensing of controlled substances
4. Compliance with applicable state, federal, or local laws relating to controlled substances
5. Such other conduct which may threaten the public health and safety

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Practitioner's Use of a Hospital's DEA Registration Number

Practitioners (e.g., intern, resident, staff physician, mid-level practitioner) who are agents or employees of a hospital or other institution may, when acting in the usual course of business or employment, administer, dispense, or prescribe controlled substances under the registration of the hospital or other institution in which they are employed, provided that:

1. The dispensing, administering, or prescribing is in the usual course of professional practice
2. Practitioners are authorized to do so by the state in which they practice
3. The hospital or institution has verified that the practitioner is permitted to dispense, administer or prescribe controlled substances within the state
4. The practitioner acts only within the scope of employment in the hospital or institution
5. The hospital or institution authorizes the practitioner to dispense or prescribe under its registration and assigns a specific internal code number for each practitioner so authorized (See example of a specific internal code number below):



A current list of internal codes and the corresponding individual practitioners is to be maintained by the hospital or other institution. This list is to be made available at all times to other registrants and law enforcement agencies upon request for the purpose of verifying the authority of the prescribing individual practitioner.

Inappropriate Use of the DEA Registration Number

DEA strongly opposes the use of a DEA registration number for any purpose other than the one for which it was intended, to provide certification of DEA registration in transactions involving controlled substances. The use of DEA registration numbers as an identification number is not an appropriate use and could lead to a weakening of the registration system.

The Centers for Medicare and Medicaid Services has developed a National Provider Identification (NPI) number unique to each healthcare provider. The Final Rule for establishment of the NPI system was published in the Federal Register (FR 3434, Vol. 69, No. 15) by the Department of Health and Human Services on January 23, 2004. The effective date of this Final Rule was May 23, 2005; all covered entities must begin using the NPI in standard transactions by May 23, 2007.

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**Exemption of Federal Government Practitioners from
Registration**

The requirement of registration is waived for any official of the U.S. Army, Navy, Marine Corps, Air Force, Coast Guard, Public Health Service, or Bureau of Prisons who is authorized to prescribe, dispense, or administer, but not to procure or purchase controlled substances in the course of his/her official duties. Such officials shall follow procedures set forth in Title 21, CFR § 1306 regarding prescriptions, but shall state the branch of service or agency (e.g., "U.S. Army" or "Public Health Service") and the service identification number of the issuing official in lieu of the registration number required on prescription forms. The service identification number for a Public Health Service employee is his/her Social Security identification number.

If a Federal Government practitioners wish to maintain a DEA registration for a private practice, which would include prescribing for private patients, they must be fully licensed to handle controlled substances by the state in which they are located. Under these circumstances, the Federal Government practitioner will not be eligible for the fee exemption and must pay a fee for the registration.

SECTION III – SECURITY REQUIREMENTS

Required Controls

Title 21, CFR Section 1301.71(a), requires that all registrants provide effective controls and procedures to guard against theft and diversion of controlled substances. A list of factors is used to determine the adequacy of these security controls. Factors affecting practitioners include:

1. The location of the premises and the relationship such location bears on security needs
2. The type of building and office construction
3. The type and quantity of controlled substances stored on the premises
4. The type of storage medium (safe, vault, or steel cabinet)
5. The control of public access to the facility
6. The adequacy of registrant's monitoring system (alarms and detection systems)
7. The availability of local police protection

Practitioners are required to store stocks of Schedule II through V controlled substances in a securely locked, substantially constructed cabinet. Practitioners authorized to possess carfentanil, etorphine hydrochloride and/or diprenorphine, must store these controlled substances in a safe or steel cabinet equivalent to a U.S. Government Class V security container.

Registrants should not employ as an agent or employee who has access to controlled substances:

1. Any person who has been convicted of a felony offense related to controlled substances
2. Any person who has been denied a DEA registration
3. Any person who has had a DEA registration revoked
4. Any person who has surrendered a DEA registration for cause

Lastly, practitioners should notify the DEA, upon discovery, of any thefts or significant losses of controlled substances and complete a DEA Form 106 regarding such theft or loss.

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Safeguards for Prescribers

In addition to the required security controls, practitioners can utilize additional measures to ensure security. These include:

1. Keep all prescription blanks in a safe place where they cannot be stolen; minimize the number of prescription pads in use.
2. Write out the actual amount prescribed in addition to giving a number to discourage alterations of the prescription order.
3. Use prescription blanks only for writing a prescription order and not for notes.
4. Never sign prescription blanks in advance.
5. Assist the pharmacist when they telephone to verify information about a prescription order; a corresponding responsibility rests with the pharmacist who dispenses the prescription order to ensure the accuracy of the prescription.
6. Contact the nearest DEA field office (see Appendix E) to obtain or to furnish information regarding suspicious prescription activities.
7. Use tamper-resistant prescription pads.

SECTION IV – RECORDKEEPING REQUIREMENTS

Recordkeeping Requirements

Each practitioner must maintain inventories and records of controlled substances listed in Schedules I and II separately from all other records maintained by the registrant. Likewise, inventories and records of controlled substances in Schedules III, IV, and V must be maintained separately or in such a form that they are readily retrievable from the ordinary business records of the practitioner. All records related to controlled substances must be maintained and be available for inspection for a minimum of two years.

A registered practitioner is required to keep records of controlled substances that are dispensed to the patient, other than by prescribing or administering, in the lawful course of professional practice. A registered practitioner is not required to keep records of controlled substances that are prescribed in the lawful course of professional practice, unless such substances are prescribed in the course of maintenance or detoxification treatment. A registered practitioner is not required to keep records of controlled substances that are administered in the lawful course of professional practice unless the practitioner regularly engages in the dispensing or administering of controlled substances and charges patients, either separately or together with charges for other professional services, for substances so dispensed or administered. A registered practitioner is also required to keep records of controlled substances administered in the course of maintenance or detoxification treatment of an individual.

Inventory

Each registrant who maintains an inventory of controlled substances must maintain a complete and accurate record of the controlled substances on hand and the date that the inventory was conducted. This record must be in written, typewritten, or printed form and be maintained at the registered location for at least two years from the date that the inventory was conducted. After an initial inventory is taken, the registrant shall take a new inventory of all controlled substances on hand at least every two years.

Each inventory must contain the following information:

1. Whether the inventory was taken at the beginning or close of business
2. Names of controlled substances
3. Each finished form of the substances (e.g., 100 milligram tablet)
4. The number of dosage units of each finished form in the commercial container (e.g., 100 tablet bottle)
5. The number of commercial containers of each finished form (e.g., four 100 tablet bottles)

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6. Disposition of the controlled substances

It is important to note that inventory requirements extend to controlled substance samples provided to practitioners by pharmaceutical companies.

Disposal of Controlled Substances

A practitioner may dispose of out-of-date, damaged, or otherwise unusable or unwanted controlled substances, including samples, by transferring them to a registrant who is authorized to receive such materials. These registrants are referred to as "Reverse Distributors." The practitioner should contact the local DEA field office (See Appendix E) for a list of authorized Reverse Distributors. Schedule I and II controlled substances should be transferred via the DEA Form 222, while Schedule III–V compounds may be transferred via invoice. The practitioner should maintain copies of the records documenting the transfer and disposal of controlled substances for a period of two years.

SECTION V – VALID PRESCRIPTION REQUIREMENTS

Prescription Requirements

A prescription is an order for medication which is dispensed to or for an ultimate user. A prescription is not an order for medication which is dispensed for immediate administration to the ultimate user (for example, an order to dispense a drug to an inpatient for immediate administration in a hospital is not a prescription).

A prescription for a controlled substance must be dated and signed on the date when issued.¹ The prescription must include the patient's full name and address, and the practitioner's full name, address, and DEA registration number. The prescription must also include:

1. drug name
2. strength
3. dosage form
4. quantity prescribed
5. directions for use
6. number of refills (if any) authorized

A prescription for a controlled substance must be written in ink or indelible pencil or typewritten and must be manually signed by the practitioner on the date when issued. An individual (secretary or nurse) may be designated by the practitioner to prepare prescriptions for the practitioner's signature.

The practitioner is responsible for ensuring that the prescription conforms to all requirements of the law and regulations, both federal and state.

Who May Issue

A prescription for a controlled substance may only be issued by a physician, dentist, podiatrist, veterinarian, mid-level practitioner, or other registered practitioner who is:

1. Authorized to prescribe controlled substances by the jurisdiction in which the practitioner is licensed to practice
2. Registered with DEA or exempted from registration (that is, Public Health Service, Federal Bureau of Prisons, or military practitioners)
3. An agent or employee of a hospital or other institution acting in the normal course of business or employment under the registration of the hospital or

¹ On September 6, 2006, the DEA published in the Federal Register a Notice of Proposed Rulemaking, which proposes to permit an individual practitioner to issue multiple prescriptions authorizing the patient to receive a total of up to a 90-day supply of a Schedule II controlled substance. If and when this proposed rule becomes final, DEA will update this manual as appropriate.

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other institution which is registered in lieu of the individual practitioner being registered provided that additional requirements as set forth in the CFR are met.

Purpose of Issue

To be valid, a prescription for a controlled substance must be issued for a legitimate medical purpose by a practitioner acting in the usual course of professional practice. The practitioner is responsible for the proper prescribing and dispensing of controlled substances. In addition, a corresponding responsibility rests with the pharmacist who fills the prescription. An order purporting to be a prescription issued not in the usual course of professional treatment or in legitimate and authorized research is not a valid prescription within the meaning and intent of the Controlled Substances Act and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances.

A prescription may not be issued in order for an individual practitioner to obtain controlled substances for supplying the individual practitioner for the purpose of general dispensing to patients.

Schedule II Substances

Schedule II controlled substances require a written prescription which must be signed by the practitioner. There is no federal time limit within which a Schedule II prescription must be filled after being signed by the practitioner.

While some states and many insurance carriers limit the quantity of controlled substance dispensed to a 30-day supply, there are no specific federal limits to quantities of drugs dispensed via a prescription. For Schedule II controlled substances, an oral order is only permitted in an emergency situation.

Refills

The refilling of a prescription for a controlled substance listed in Schedule II is prohibited (Title 21 U.S. Code § 829(a)).

Issuance of Multiple Prescriptions for Schedule II Substances

On September 6, 2006, the DEA published in the *Federal Register* a Notice of Proposed Rulemaking, which proposes to permit an individual practitioner to issue multiple prescriptions authorizing the patient to receive a total of up to a 90-day supply of a Schedule II controlled substance, provided that certain conditions are met. If and when this proposed rule becomes final, DEA will update this manual accordingly.

Facsimile Prescriptions for Schedule II Controlled Substances

In order to expedite the filling of a prescription, a prescriber may transmit a Schedule II prescription to the pharmacy by facsimile. The original Schedule II prescription must be presented to the pharmacist for review prior to the actual dispensing of the controlled substance.

In an emergency, a practitioner may call-in a prescription for a Schedule II controlled substance by telephone to the pharmacy, and the pharmacist may dispense the prescription provided that the quantity prescribed and dispensed is limited to the amount adequate to treat the patient during the emergency period. The prescribing practitioner must provide a written and signed prescription to the pharmacist within seven days. Further, the pharmacist must notify DEA if the prescription is not received.

Exceptions for Schedule II Facsimile Prescriptions

DEA has granted three exceptions to the facsimile prescription requirements for Schedule II controlled substances. The facsimile of a Schedule II prescription may serve as the original prescription as follows:

1. A practitioner prescribing Schedule II narcotic controlled substances to be compounded for the direct administration to a patient by parenteral, intravenous, intramuscular, subcutaneous or intraspinal infusion may transmit the prescription by facsimile. The pharmacy will consider the facsimile prescription a "written prescription" and no further prescription verification is required. All normal requirements of a legal prescription must be followed.
2. Practitioners prescribing Schedule II controlled substances for residents of Long Term Care Facilities (LTCF) may transmit a prescription by facsimile to the dispensing pharmacy. The practitioner's agent may also transmit the prescription to the pharmacy. The facsimile prescription serves as the original written prescription for the pharmacy.
3. A practitioner prescribing a Schedule II narcotic controlled substance for a patient enrolled in a hospice care program certified and/or paid for by Medicare under Title XVIII or a hospice program which is licensed by the state may transmit a prescription to the dispensing pharmacy by facsimile. The practitioner or the practitioner's agent may transmit the prescription to the pharmacy. The practitioner or agent will note on the prescription that it is for a hospice patient. The facsimile serves as the original written prescription.

Schedule III-V Substances

A prescription for controlled substances in Schedules III, IV, and V issued by a practitioner, may be communicated either orally, in writing, or by facsimile to the pharmacist, and may be refilled if so authorized on the prescription or by call-in.

Refills

Schedule III and IV controlled substances may be refilled if authorized on the prescription. However, the prescription may only be refilled up to five times within six months after the date on which the prescription was issued. After five refills or after six months, whichever occurs first, a new prescription is required.

Facsimile Prescriptions for Schedule III-V Substances

Prescriptions for Schedules III-V controlled substances may be transmitted by facsimile from the practitioner or an employee or agent of the individual practitioner to the dispensing pharmacy. The facsimile is considered to be equivalent to an original prescription.

Telephone Authorization for Schedule III-V Prescriptions

A pharmacist may dispense a controlled substance listed in Schedule III, IV, or V pursuant to an oral prescription made by an individual practitioner and promptly reduced to writing by the pharmacist containing all information required for a valid prescription, except for the signature of the practitioner.

Delivery of a Controlled Substance to Persons Outside the U.S.

Controlled substances that are dispensed pursuant to a legitimate prescription may not be delivered or shipped to individuals in another country. Any such delivery or shipment is a prohibited export under the CSA.

SECTION VI – OPIOID (NARCOTIC) ADDICTION TREATMENT PROGRAMS

The Narcotic Addiction Treatment Act of 1974 and the Drug Addiction Treatment Act of 2000 amended the CSA with respect to the use of controlled substances in the medical treatment of addiction. These laws established the procedures for approval and licensing of practitioners involved in the treatment of opioid addiction as well as improving the quality and delivery of that treatment to the segment of society in need.

Practitioners wishing to administer and dispense approved Schedule II controlled substances (that is, methadone) for maintenance and detoxification treatment must obtain a separate DEA registration as a Narcotic Treatment Program. Application for registration as a Narcotic Treatment Program is made using DEA Form 363. In addition to obtaining this separate DEA registration, this type of activity also requires the approval and registration of the Center for Substance Abuse Treatment (CSAT) within the Substance Abuse and Mental Health Services Administration (SAMHSA) of the Department of Health and Human Services (HHS), as well as the applicable state methadone authority.

If a practitioner wishes to prescribe, administer, or dispense Schedule III, IV, or V controlled substances approved for addiction treatment (i.e., buprenorphine drug products), the practitioner must request a waiver (Form SMA-167) and fulfill the requirements of CSAT. CSAT will then notify DEA of all waiver requests. DEA will review each request. If DEA approves this waiver, the practitioner will receive a Unique Identification Number. If a practitioner chooses to dispense controlled substances, the practitioner must maintain, separate from all other records, for a period of at least two years, all required records of receipt, storage, and distribution. If a practitioner chooses to prescribe these controlled substances, the practitioner must utilize their Unique Identification Number on the prescription in addition to his/her regular DEA registration number. The practitioner must also maintain a record of each such prescription for a period of at least two years. Practitioners should be aware that there may be limits on how many patients they may treat for opioid addiction at any given time and should check with SAMHSA to determine these limits.

Note that not all treatment programs utilize controlled substances, that is, some are drug free. Accordingly, these activities do not require DEA registration or approval.

Practitioners can find additional information regarding addiction treatment by visiting DEA's Office of Diversion Control website at www.DEADiversion.usdoj.gov. Click on "Publications," then "Narcotic Treatment Programs: Best Practices Guidelines." The DEA application Form 363 may be completed on-line.

To learn more about CSAT's requirements, practitioners may visit one or more of the following websites: www.samhsa.gov/centers/csat2002/csat_frame.html, www.csat.samhsa.gov, or www.buprenorphine.samhsa.gov.

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If the practitioner has a patient who is in need of addiction treatment, but does not wish to treat the individual, the practitioner can refer the patient to an existing facility through the following website: www.findtreatment.samhsa.gov.

APPENDICES

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APPENDIX A

CSA & CFR Definitions

Administer

The direct application of a controlled substance to the body of a patient or research subject by 1) a practitioner or (in his presence) by his authorized agent, or 2) the patient or research subject at the direction and in the presence of the practitioner, whether such application is by injection, inhalation, ingestion, or any other means.

Dispense

To deliver a controlled substance to an ultimate user or research subject by, or pursuant to the lawful order of, a practitioner, including the prescribing and administering of a controlled substance and the packaging, labeling, or compounding necessary to prepare the substance for such delivery.

Dispenser

An individual practitioner, institutional practitioner, pharmacy or, pharmacist who dispenses a controlled substance.

Individual Practitioner

A physician, dentist, veterinarian, or other individual licensed, registered or otherwise permitted, by the United States or the jurisdiction in which they practice, to dispense a controlled substance in the course of professional practice, but does not include a pharmacist, a pharmacy, or an institutional practitioner.

Institutional Practitioner

A hospital or other person (other than an individual) licensed, registered or otherwise permitted, by the United States or the jurisdiction in which it practices, to dispense a controlled substance in the course of professional practice, but does not include a pharmacy.

Inventory

All factory and branch stocks in finished form of a basic class of controlled substance manufactured or otherwise acquired by a registrant, whether in bulk, commercial containers, or contained in pharmaceutical preparations in the possession of the registrant (including stocks held by the registrant under separate registration as a manufacturer, importer, exporter, or distributor).

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Long Term Care Facility

A nursing home, retirement care, mental care, or other facility or institution which provides extended health care to resident patients.

Mid-level Practitioner

An individual practitioner, other than a physician, dentist, veterinarian, or podiatrist, who is licensed, registered or otherwise permitted by the United States or the jurisdiction in which he/she practices, to dispense a controlled substance in the course of professional practice. Examples of mid-level practitioners include, but are not limited to, health care providers such as nurse practitioners, nurse midwives, nurse anesthetists, clinical nurse specialists, and physician assistants who are authorized to dispense controlled substances by the state in which they practice.

Pharmacist

Any pharmacist licensed by a state to dispense controlled substances, and shall include any other person (e.g., pharmacist intern) authorized by a state to dispense controlled substances under the supervision of a pharmacist licensed by such state.

Prescription

An order for medication which is dispensed to or for an ultimate user but does not include an order for medication which is dispensed for immediate administration to the ultimate user (e.g., an order to dispense a drug to a bed patient for immediate administration in a hospital is not a prescription).

Readily Retrievable

Certain records are kept by automatic data processing systems or other electronic or mechanized record keeping systems in such a manner that they can be separated out from all other records in a reasonable time and/or records are kept on which certain items are asterisked, redlined, or in some other manner visually identifiable apart from other items appearing on the records.

APPENDIX B

Questions and Answers

The following questions are those that are frequently encountered by DEA's Office of Diversion Control and its field units. These questions and their accompanying answers are provided in context of the CSA and its federal regulations.

Q Are separate registrations required for separate locations?

A A separate registration is required for each principal place of business or professional practice where controlled substances are stored or dispensed by a person.

Q Does a practitioner need a separate registration to treat patients at remote health care facilities?

A Separate registration is not required in an office used by a practitioner (who is registered at another location) where controlled substances are prescribed but neither administered nor otherwise dispensed as a regular part of the professional practice of the practitioner at such office, and where no supplies of controlled substances are maintained.

Q Do all practitioners in a group practice need to be registered?

A An individual practitioner who is an agent or employee of another practitioner (other than a mid-level practitioner) registered to dispense controlled substances may, when acting in the normal course of business or employment, administer or dispense (other than by issuance of prescription) controlled substances if and to the extent that such individual practitioner is authorized or permitted to do so by the jurisdiction in which he or she practices, under the registration of the employer or principal practitioner in lieu of being registered him/herself.

Q Do medical residents assigned to hospitals need to register?

A An individual practitioner who is an agent or employee of a hospital or other institution may, when acting in the normal course of business or employment, administer, dispense, or prescribe controlled substances under the registration of the hospital or other institution which is registered in lieu of being registered provided that additional requirements as set forth in the CFR are met.

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Q Are military personnel exempted from registration?

A Registration is waived for any official of the U.S. Army, Navy, Marine Corps, Air Force, or Coast Guard who is authorized to prescribe, dispense, or administer, but not procure or purchase, controlled substances in the course of his/her official duties. Such officials must follow procedures set forth in 21 CFR Part 1306 regarding prescriptions. Branch of service or agency and the service identification number of the issuing official is required on the prescription form in lieu of the DEA registration number.

If any exempted official engages as a private individual in any activity or group of activities for which registration is required, that individual must obtain a registration for those private activities.

Further, practitioners serving in the U.S. Military are exempt from registering with DEA, but are not authorized to procure or purchase controlled substances in the course of their official duties.

A number of states also require military practitioners to acquire a separate state license if they issue prescriptions that are filled outside the military facility where they practice.

Q Are contract practitioners working at U.S. Military Installations also exempt from registration?

A They are not exempt. A contract practitioner who is not an official of the military on active duty, but is engaged in medical practice at a military installation, must possess a current DEA registration. The individual must also possess a valid state license for the same state in which he/she is registered with DEA.

Q What should a practitioner do if he/she discovers a theft or loss?

A Registrants must notify the DEA field office in their area of the theft or significant loss of any controlled substances upon discovery. The registrant must also complete DEA Form 106 documenting the loss or theft.

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Q What is meant by “acceptable medical practice?”

A The legal standard that a controlled substance may only be prescribed, administered, or dispensed for a legitimate medical purpose by a physician acting in the usual course of professional practice has been construed to mean that the prescription must be “in accordance with a standard of medical practice generally recognized and accepted in the United States.”

Federal courts have long recognized that it is not possible to expand on the phrase “legitimate medical purpose in the usual course of professional practice” in a way that will provide definitive guidelines to address all the varied situations physicians may encounter.

While there are no criteria to address every conceivable instance of prescribing, there are recurring patterns that may be indicative of inappropriate prescribing:

- An inordinately large quantity of controlled substances prescribed or large numbers of prescriptions issued compared to other physicians in an area;
- No physical examination was given;
- Warnings to the patient to fill prescriptions at different drug stores;
- Issuing prescriptions knowing that the patient was delivering the drugs to others;
- Issuing prescriptions in exchange for sexual favors or for money;
- Prescribing of controlled drugs at intervals inconsistent with legitimate medical treatment;
- The use of street slang rather than medical terminology for the drugs prescribed; or
- No logical relationship between the drugs prescribed and treatment of the condition allegedly existing.

Each case must be evaluated based on its own merits in view of the totality of circumstances particular to the physician and patient.

For example, what constitutes “an inordinately large quantity of controlled substances,” can vary greatly from patient to patient. A particular quantity of a powerful Schedule II opioid might be blatantly excessive for the treatment of a particular patient's mild temporary pain, yet insufficient to treat the severe unremitting pain of a cancer patient.

Q What information is required to be provided on a written prescription?

A All written prescriptions for controlled substances must be dated as of, and signed on, the date when issued. Each prescription must indicate the full name and address of the patient, the drug name, strength, dosage form, quantity prescribed,

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directions for use and the name, address, and DEA number of the practitioner. Further, prescriptions must be written in ink, indelible pencil, or by typewriter, and must be manually signed by the practitioner.

Q What is meant by “date of issuance?”

A The date a prescription is issued is the same date that the prescribing practitioner actually writes and signs the prescription.²

Q Is there a time limit for filling Schedule II prescriptions?

A There is no federal time limit for filling Schedule II prescriptions. However, some state laws do set time limits.

² On September 6, 2006, the DEA published in the Federal Register a Notice of Proposed Rulemaking, which proposes to permit an individual practitioner to issue multiple prescriptions authorizing the patient to receive a total of up to a 90-day supply of a Schedule II controlled substance. If and when this proposed rule becomes final, DEA will update this manual as appropriate.

APPENDIX C

Summary of Controlled Substances Act Requirements

	<i>Schedule II</i>	<i>Schedule III & IV</i>	<i>Schedule V</i>
<i>Registration</i>	Required	Required	Required
<i>Receiving Records</i>	Order Forms (DEA Form-222)	Invoices, Readily Retrievable	Invoices, Readily Retrievable
<i>Prescriptions</i>	Written Prescription (See exceptions*)	Written, Oral, or Fax	Written, Oral, Fax, or Over The Counter**
<i>Refills</i>	No	No more than 5 within 6 months	As authorized when prescription is issued
<i>Distribution Between Registrants</i>	Order Forms (DEA Form-222)	Invoices	Invoices
<i>Security</i>	Locked Cabinet or Other Secure Storage	Locked Cabinet or Other Secure Storage	Locked Cabinet or Other Secure Storage
<i>Theft or Significant Loss</i>	Report and complete DEA Form 106	Report and complete DEA Form 106	Report and complete DEA Form 106

Note: *All records* must be maintained for 2 years, unless a state requires a longer period.

* **Emergency prescriptions** require a signed follow-up prescription.

Exceptions: A facsimile prescription serves as the original prescription when issued to residents of Long Term Care Facilities, Hospice patients, or compounded IV narcotic medications.

** Where authorized by state controlled substances authority.

APPENDIX D

Internet Resources

DEA's Diversion Control Program Website

www.DEAdiversion.usdoj.gov

DEA Homepage

www.dea.gov

U.S. Government Printing Office

www.gpoaccess.gov/cfr/index.html

Provides access to the Code of Federal Regulations (21 CFR, Parts 1300 to end), primary source for the Practitioner's Manual, and the Federal Register which contains proposed and finalized amendments to the CFR.

Office of National Drug Control Policy (ONDCP)

www.whitehousedrugpolicy.gov

Food and Drug Administration

www.FDA.gov

HHS & SAMHSA's National Clearinghouse for Alcohol and Drug Information

www.health.org

SAMHSA/CSAT

www.csat.samhsa.gov

Federation of State Medical Boards

www.FSMB.org

National Association of Boards of Pharmacy

www.nabp.net

National Association of State Controlled Substances Authorities

www.nascsa.org

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APPENDIX E

Drug Enforcement Administration Diversion Field Office Locations

For address and telephone number updates, please see the DEA website:
www.deadiversion.usdoj.gov

NORTHERN ALABAMA

DEA Birmingham Resident Office
920 Eighteenth Street, North
Birmingham, Alabama 35203
(205) 321-1300

SOUTHERN ALABAMA

DEA Mobile Resident Office
900 Western America Circle
Suite 501
Mobile, Alabama 36609
(334) 441-5831

ALASKA

DEA Seattle Field Division
400 2nd Avenue West
Seattle, Washington 98119
(206) 553-5443

NORTHERN & CENTRAL

ARIZONA

DEA Phoenix Field Division
3010 N. 2nd Street, Suite 301
Phoenix, Arizona 85012
(602) 664-5600

SOUTHERN ARIZONA

DEA Tucson District Office
3285 E. Hemisphere Loop
Tucson, Arizona 85706
(520) 573-5500

ARKANSAS

DEA Little Rock Resident Office
10825 Financial Center Pkwy, Suite 200
Little Rock, Arkansas 72211
(501) 312-8602

CENTRAL & COASTAL

CALIFORNIA

DEA San Francisco Field Division
450 Golden Gate Avenue, 14th Floor
San Francisco, California 94102
(415) 436-7900

DEA San Jose Resident Office
One North First Street, Suite 405
San Jose, California 95113
(408) 291-7235

CENTRAL CALIFORNIA

DEA Fresno Resident Office
2444 Main Street, Suite 240
Fresno, California 93721
(559)487-5402

NORTHERN CALIFORNIA

DEA Oakland Resident Office
1301 Clay Street, Suite 460N
PO Box 70301
Oakland, California 94612
(510) 637-5600

DEA Sacramento District Office
4328 Watt Avenue
Sacramento, California 95821
(916) 566-7401

SOUTH CENTRAL CALIFORNIA

DEA Los Angeles Field Division
255 East Temple Street, 20th Floor
Los Angeles, California 90012
(213) 621-6700

DEA Riverside District Office
4470 Olivewood Avenue
Riverside, California 92501- 4155
(909) 328-6000

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SOUTHERN CALIFORNIA

DEA San Diego Field Division
4560 Viewridge Avenue
San Diego, California 92123
(858) 616-4100

COLORADO

DEA Denver Field Division
115 Inverness Drive, East
Englewood, Colorado 80112
(303) 705-7300

SOUTHERN COLORADO

DEA Colorado Springs Resident Office
Plaza of the Rockies
111 S Tejon, Suite 306
Colorado Springs, Colorado 80903
(719) 866-6100

CONNECTICUT

DEA Hartford Resident Office
450 Main Street, Room 628
Hartford, Connecticut 06103
(860) 240-3700

DELAWARE

DEA Philadelphia Field Division
William J. Green Federal Building
600 Arch Street, Room 10224
Philadelphia, Pennsylvania 19106
(215) 597-9540

DISTRICT OF COLUMBIA

DEA Washington Field Division
TechWorld Plaza
801 I Street, NW, Suite 500
Washington, DC 20001
(202) 305-8500

NORTHERN FLORIDA

DEA Tallahassee Resident Office
3384 Capital Circle, NE
Tallahassee, Florida 32308
(850) 942-8417

CENTRAL FLORIDA

DEA Orlando Resident Office
Heathrow Business Center
300 International Pkwy, Suite 424
Heathrow, Florida 32746
(407) 333-7046

WEST CENTRAL FLORIDA

DEA Tampa District Office
4950 W. Kennedy Boulevard, Suite 400
Tampa, Florida 33609
(813) 287-5165

SOUTHEASTERN FLORIDA

DEA Miami Field Division
8400 NW 53rd Street
Miami, Florida 33166
(305) 994-4870

GEORGIA

DEA Atlanta Field Division
75 Spring Street, SW, Suite 800
Atlanta, Georgia 30303
(404) 893-7000

EASTERN GEORGIA

DEA Savannah Resident Office
56 Park of Commerce Boulevard
Savannah, Georgia 31405
(912) 447-1035

HAWAII

DEA Honolulu District Office
300 Ala Moana Boulevard, Room 3-147
Honolulu, Hawaii 96850
(808) 541-1930

NORTHERN IDAHO

DEA Seattle Field Division
400 2nd Avenue West
Seattle, Washington 98119
(206) 553-5443

SOUTHERN IDAHO

DEA Boise Resident Office
607 North 8th Street, Suite 400
Boise, Idaho 83702-5518
(208) 334-1620

NORTHERN & CENTRAL

ILLINOIS

DEA Chicago Field Division
Klyuczynski Federal Building
230 South Dearborn Street, Suite 1200
Chicago, Illinois 60604
(312) 353-7875

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CENTRAL ILLINOIS

DEA Springfield Resident Office
2875 Via Verde Street
Springfield, Illinois 62703
(217) 585-2750

SOUTHERN ILLINOIS

DEA St. Louis Field Division
317 South 16th Street
St. Louis, Missouri 63103
(314) 538-4600

INDIANA

DEA Indianapolis District Office
575 N Pennsylvania Street, Room 408
Indianapolis, Indiana 46204
(317) 226-7977

NORTHERN INDIANA

DEA Merrillville Resident Office
1571 East 85th Avenue, Suite 200
Merrillville, Indiana 46410
(219) 681-7000

IOWA

DEA Des Moines Resident Office
210 Walnut Street, Room 937
Des Moines, Iowa 50309
(515) 284-4709

KANSAS

DEA Kansas City Resident Office
8600 Farley, Suite 200
Overland Park, Kansas 66212
(913) 825-4116

KENTUCKY

DEA Louisville Resident Office
600 Dr. Martin Luther King Jr. Place
Suite 1006
Louisville, Kentucky 40202
(502) 582-5908

SOUTHEASTERN KENTUCKY

DEA London Resident Office
PO Box 5065
London, Kentucky 40745
(606) 862-4500

LOUISIANA

DEA New Orleans Field Division
3838 N Causeway Boulevard, Suite 1800
Lakeway III
Metairie, Louisiana 70002
(504) 840-1100

MAINE

DEA Boston Field Division
JFK Federal Building
15 New Sudbury Street, Room E-400
Boston, Massachusetts 02203-0402
(617) 557-2100

MARYLAND

DEA Baltimore District Office
200 St. Paul Place, Suite 2222
Baltimore, Maryland 21202-2004
(410) 244-3500

MASSACHUSETTS

DEA Boston Field Division
JFK Federal Building
15 New Sudbury Street, Room E-400
Boston, Massachusetts 02203-0131
(617) 557-2100

MICHIGAN

DEA Detroit Field Division
431 Howard Street
Detroit, Michigan 48226
(313) 234-4000

MINNESOTA

DEA Minneapolis/St Paul Resident Office
330 Second Avenue S, Suite 450
Minneapolis, Minnesota 55401
(612) 725-3280

MISSISSIPPI

DEA Jackson District Office
100 W. Capitol Street, Suite 1213
Jackson, Mississippi 39269
(601) 965-4400

EASTERN MISSOURI

DEA St Louis Field Division
317 South 16th Street
St. Louis, Missouri 63103
(314) 538-4600

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WESTERN MISSOURI

DEA Kansas City Resident Office
8600 Farley, Suite 200
Overland Park, Kansas 66212
(913) 825-4118

MONTANA

DEA Denver Field Division
115 Inverness Drive, East
Englewood, Colorado 80112
(303) 705-7300

NEBRASKA

DEA Des Moines Resident Office
210 Walnut Street, Room 509
Des Moines, Iowa 50309
(515) 284-4709

NEVADA

DEA Las Vegas District Office
550 South Main, Suite A
Las Vegas, Nevada 89101
(702) 759-8016

NEW HAMPSHIRE

DEA Boston Field Division
JFK Federal Building
15 New Sudbury Street, Room E-400
Boston, Massachusetts 02203-0402
(617) 557-2100

NORTHERN & CENTRAL

NEW JERSEY

DEA Newark Field Division
80 Mulberry Street, 2nd Floor
Newark, New Jersey 07102
(973) 776-1100

SOUTHERN NEW JERSEY

DEA Camden Resident Office
211 Boulevard Avenue
Maple Shade, New Jersey 08052
(856) 321-2439

NEW MEXICO

DEA Albuquerque District Office
301 Martin Luther King Ave, NE
Albuquerque, New Mexico 87102
(505) 346-7419

NEW YORK

DEA New York Field Division
99 Tenth Avenue
New York, New York 10011
(212) 337-3900

CENTRAL & WESTERN

NEW YORK

DEA Buffalo Resident Office
28 Church Street, Suite 300
Buffalo, New York 14202
(716) 551-3391

LONG ISLAND NEW YORK

DEA Long Island District Office
175 Pinelawn Road, Suite 205
Melville, New York 11747
(631) 420-4500

NORTH CAROLINA

DEA Greensboro Resident Office
1801 Stanley Road, Suite 201
Greensboro, North Carolina 27407
(336) 547-4219

NORTH DAKOTA

DEA Minneapolis/St Paul Resident Office
330 Second Avenue S, Suite 450
Minneapolis, Minnesota 55401
(612) 725-3280

NORTHERN OHIO

DEA Cleveland Resident Office
Courthouse Square
310 Lakeside Avenue, Suite 395
Cleveland, Ohio 44113
(216) 552-3705

SOUTHERN & CENTRAL OHIO

DEA Columbus Resident Office
500 S Front Street, Suite 612
Columbus, Ohio 43215
(614) 255-4145

SOUTHERN OHIO

DEA Cincinnati Resident Office
36 East 7th Street, Suite 1900
Cincinnati, Ohio 45202
(513) 684-3671

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NORTHEASTERN OKLAHOMA

DEA Tulsa Resident Office
Three Memorial Place
7615 E 63rd Place, Suite 250
Tulsa, Oklahoma 74133
(918) 459-9600

OKLAHOMA

DEA Oklahoma City District Office
9900 Broadway Extension
Oklahoma City, Oklahoma 73114
(405) 475-7500

OREGON

DEA Portland District Office
1220 SW 3rd Avenue, Suite 1525
Portland, Oregon 97204
(503) 326-5739

EASTERN PENNSYLVANIA

DEA Philadelphia Field Division
William J. Green Federal Building
600 Arch Street, Room 10224
Philadelphia, Pennsylvania 19106
(215) 861-3474

WESTERN PENNSYLVANIA

DEA Pittsburgh Resident Office
Federal Building
1000 Liberty Avenue, Room 1328
Pittsburg, Pennsylvania 15222
(412) 395-4502

PUERTO RICO

DEA Caribbean Field Division
Metro Office Park, #17, calle 2
San Juan, Puerto Rico 00968-1706
(787) 775-1815

RHODE ISLAND

DEA Boston Field Division
JFK Federal Building
15 New Sudbury Street, Room E-400
Boston, Massachusetts 02203-0402
(617) 557-2100

SOUTH CAROLINA

DEA Columbia District Office
1835 Assembly Street, Suite 1229
Columbia, South Carolina 29201
(803) 253-3441

SOUTH DAKOTA

DEA Des Moines Resident Office
210 Walnut Street, Room 509
Des Moines, Iowa 50309
(515) 284-4793

TENNESSEE

DEA Nashville District Office
801 Broadway, Suite 500
Nashville, Tennessee 37203
(615) 736-2559

NORTHERN TEXAS

DEA Dallas Field Division
10160 Technology Boulevard
Dallas, Texas 75220
(214) 366-6900

TEXAS

DEA Fort Worth Resident Office
819 Taylor Street, Room 13A33
Ft Worth, Texas 76102
(817) 978-3455

EASTERN & SOUTHERN TEXAS

DEA Houston Field Division
1433 west Loop S, Suite 600
Houston, Texas 77027-9506
(713) 693-3000

CENTRAL & WESTERN TEXAS

DEA San Antonio District Office
10127 Morocco, Suite 200
San Antonio, Texas 78216
(210) 442-5690

CENTRAL TEXAS

DEA Waco Post of Duty
6801 Sanger Avenue, Suite 2000
Waco, Texas 76710
(254) 741-1920

WESTERN TEXAS

DEA El Paso Field Division
El Paso Federal Justice Center
660 S Mesa Hills Drive, Suite 2000
El Paso, Texas 79912
(915) 832-6000

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UTAH

DEA Salt Lake City Resident Office
348 East South Temple
Salt Lake City, Utah 84111
(801) 524-4156

VERMONT

DEA Hartford Resident Office
450 Main Street, Room 628
Hartford, Connecticut 06103
(860) 240-3700

VIRGIN ISLANDS

DEA Caribbean Field Division
Metro Office Park, #17, calle 2
San Juan, Puerto Rico 00968-1706
(787) 775-1815

VIRGINIA

DEA Richmond Resident Office
111 Greencourt Road
Richmond, Virginia 23228
(804) 627-6307

WASHINGTON STATE

DEA Seattle Field Division
400 2nd Avenue, West
Seattle, Washington 98119
(206) 553-1147

WEST VIRGINIA

DEA Charleston Resident Office
2 Monongalia Street, Suite 202
Charleston, West Virginia 25302
(304) 347-5209

WISCONSIN

DEA Milwaukee District Office
1000 N. Water Street, Suite 1010
Milwaukee, Wisconsin 53202
(414) 297-3395

WYOMING

DEA Salt Lake City Resident Office
348 East South Temple
Salt Lake City, Utah 84111
(801) 524-4156

HEADQUARTERS

Office of Diversion Control
Registration Unit / ODRR
Washington, DC 20537
(202) 307-7250
(800) 882-9539

NOTE:

The address in Atlanta, Georgia is listed on the application and renewal application for mailing applications ONLY. It is a Financial Institution and not the physical address of the DEA. All inquiries relating to DEA registrations must be directed to the following:

Telephone inquiries: 1-800-882-9539 or
Written inquiries: Drug Enforcement Administration
Registration Unit -- ODRR
Washington, DC 20537

APPENDIX F

Small Business and Agriculture Regulatory Enforcement Ombudsman

The Small Business and Agriculture Regulatory Enforcement Ombudsman and 10 Regional Fairness Boards were established to receive comments from small businesses about federal agency enforcement actions. The Ombudsman will annually evaluate the enforcement activities and rate each agency's responsiveness to small business. If you wish to comment on DEA enforcement actions, you may contact the Ombudsman at 1-888-REG-FAIR (1-888-734-3247).

APPENDIX G

Additional Assistance

This publication is intended to provide guidance and information on the requirements of the Controlled Substances Act and its implementing regulations. If you require additional clarification or assistance, or wish to comment on any matter regarding the DEA's requirements or regulatory activities, please contact your local DEA Diversion field office (see Appendix E). Every effort will be made to respond promptly to your inquiry.

Plain Language

The Drug Enforcement Administration has made every effort to write this manual in clear, plain language. If you have suggestions as to how to improve the clarity of this manual, please contact us at:

Drug Enforcement Administration
Office of Diversion Control
Liaison and Policy Section
Washington, D.C. 20537
Telephone: (202) 307-7297

APPENDIX H – DEA FORMS

The following pages provide samples of several forms frequently encountered by DEA registrants. Included are:

- DEA Form 41** Registrants Inventory of Drugs Surrendered
- DEA Form 106** Report of Theft or Loss of Controlled Substances
- DEA Form 222** U.S. Official Order Form for Controlled Substances
- DEA Form 224** Application for Registration
- DEA Form 224a** Renewal Application for DEA Registration
- DEA Form 363** Application for Registration as a Narcotic Treatment Program
- DEA Form 363a** Renewal Application for DEA Registration as a Narcotic Treatment Program

Drug Enforcement Administration Practitioner's Manual

OMB Approval No. 1117-0007	U. S. Department of Justice / Drug Enforcement Administration REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE NO.
-------------------------------	--	-------------

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: (Include Name, Street, City, State and ZIP Code in space provided below.)

Signature of applicant or authorized agent
Registrar's DEA Number
Registrar's Telephone Number

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse (page 2) of form.

NAME OF DRUG OR PREPARATION	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Cont. (Each Unit)	FOR DEA USE ONLY		
				DISPOSITION	QUANTITY	
					GMS.	MGS.
1	2	3	4	5	6	7
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

FORM DEA-41 (9-01)

Previous edition dated 6-86 is usable.

See instructions on reverse (page 2) of form.

Drug Enforcement Administration Practitioner's Manual

DEA-41 (6/1986) Pg. 2

NAME OF DRUG OR PREPARATION	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content, (Each Unit)	FOR DEA USE ONLY			
				DISPOSITION	QUANTITY		
					GMS.	MGS.	
Registrants will fill in Columns 1, 2, 3, and 4 ONLY.	1	2	3	4	5	6	7
17							
18							
19							
20							
21							
22							
23							
24							

The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been received in _____ packages purporting to contain the drugs listed on this inventory and have been: ** (1) Forwarded tape-sealed without opening; (2) Destroyed as indicated and the remainder forwarded tape-sealed after verifying contents; (3) Forwarded tape-sealed after verifying contents.

DATE _____ DESTROYED BY: _____

** Strike out lines not applicable.

WITNESSED BY: _____

INSTRUCTIONS

1. List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, and in column 4 the controlled substance content of each unit described in column 3; e.g., morphine sulfate tabs., 3 pils., 100 tabs., 1/4 gr. (16 mg.) or morphine sulfate tabs., 1 pkg., 33 tabs., 1/2 gr. (32mg.), etc.
2. All packages included on a single line should be identical in name, content and controlled substance strength.
3. Prepare this form in quadruplicate. Mail two (2) copies of this form to the Special Agent in Charge, under separate cover. Enclose one additional copy in the shipment with the drugs. Retain one copy for your records. One copy will be returned to you as a receipt. No further receipt will be furnished to you unless specifically requested. Any further inquiries concerning these drugs should be addressed to the DEA District Office which serves your area.
4. There is no provision for payment for drugs surrendered. This is merely a service rendered to registrants enabling them to clear their stock, and records of surrendered items.
5. Drugs should be shipped tape-sealed via prepaid express or certified mail (return receipt requested) to Special Agent in Charge, Drug Enforcement Administration, of the DEA District Office which serves your area.

PRIVACY ACT INFORMATION

AUTHORITY: Section 307 of the Controlled Substances Act of 1970 (PL 91-513).
PURPOSE: To document the surrender of controlled substances which have been forwarded by registrants to DEA for disposal.
ROUTINE USES: This form is required by Federal Regulations for the surrender of unwanted Controlled Substances. Disclosures of information from this system are made to the following categories of users for the purposes stated:
 A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
 B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
EFFECT: Failure to document the surrender of unwanted Controlled Substances may result in prosecution for violation of the Controlled Substances Act.

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Drug Enforcement Administration, FOI and Records Management Section, Washington, D.C. 20537; and to the Office of Management and Budget, Paperwork Reduction Project No. 1117-0107, Washington, D.C. 20503.

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FORM DEA-106 (Nov. 2000) Pg. 2

LIST OF CONTROLLED SUBSTANCES LOST

Trade Name of Substance or Preparation	Name of Controlled Substance in Preparation	Dosage Strength and Form	Quantity
Examples: Desoxyn	Methamphetamine Hydrochloride	5 mg Tablets	3 x 100
Demerol	Meperidine Hydrochloride	50 mg/ml Vial	5 x 30 ml
Robitussin A-C	Codeine Phosphate	2 mg/cc Liquid	12 Pints
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I certify that the foregoing information is correct to the best of my knowledge and belief.

Signature _____

Title _____

Date _____

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**DEPICTION of PAGE 1 of DEA FORM-222
U.S. OFFICIAL ORDER FORM - SCHEDULES I & II**

See Reverse of PURCHASER'S Copy of Instructions		No order form may be issued for Schedule I and II substances unless a completed application form has been received, (21 CFR 1305.04).				OMB APPROVAL No. 1117-0010		
TO: <i>(Name of Supplier)</i>			STREET ADDRESS					
CITY and STATE		DATE		TO BE FILLED IN BY SUPPLIER				
				SUPPLIERS DEA REGISTRATION No.				
L I N E N o.	TO BE FILLED IN BY PURCHASER							
	No. of Packages	Size of Package	Name of Item	National Drug Code				Packages Shipped
	Date Shipped							
	1							
	2							
	3							
	4							
	5							
	6							
	7							
	8							
9								
10								
LAST LINE COMPLETED (MUST BE 10 OR LESS)			SIGNATURE OR PURCHASER OR ATTORNEY OR AGENT					
Date Issued		DEA Registration No.		Name and Address of Registrant				
Schedules								
Registered as a		No. of this Order Form						

DEA Form-222
(Oct. 1992)

U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II
DRUG ENFORCEMENT ADMINISTRATION
SUPPLIER'S Copy 1

Note: The graphic illustrated above is not intended to be used as an actual order form.

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Form-224	APPLICATION FOR REGISTRATION Under the Controlled Substances Act	APPROVED OMB NO 1117-0014 FORM DEA-224 (6-03) Previous editions are obsolete
INSTRUCTIONS	<ol style="list-style-type: none"> 1. To apply by mail complete this application. Keep a copy for your records. 2. Print clearly, using black or blue ink, or use a typewriter. 3. Mail this form to the address provided in Section 7 or use enclosed envelope. 4. Include the correct payment amount. FEE IS NON-REFUNDABLE. 5. If you have any questions call 202-282-0336 prior to submitting your application. 6. Save time - apply online at www.deaivera.dea.usdoj.gov <p style="text-align: center; font-weight: bold; font-size: small;">IMPORTANT: DO NOT SEND THIS APPLICATION AND APPLY ONLINE</p>	REGISTRATION INFORMATION : <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 10px;"></div> <div style="text-align: center; font-size: 24px; font-weight: bold; margin-bottom: 10px;">\$390.00</div> <p style="text-align: center; font-weight: bold; font-size: small;">FEE IS NON-REFUNDABLE</p>
SECTION 1 APPLICANT IDENTIFICATION		
Last Name (if registration is for individual) -OR- Business or Facility Name (if registration is for business entity) <input style="width: 100%; height: 20px;" type="text"/>		
First Name (if registration is for individual) Middle Initial <input style="width: 100%; height: 20px;" type="text"/>		
Business or Facility Name 2 ("doing business as", continuation of business name, or name of the exempt institution) <input style="width: 100%; height: 20px;" type="text"/>		
Address Line 1 (street address): <input style="width: 100%; height: 20px;" type="text"/>		
Address Line 2 <input style="width: 100%; height: 20px;" type="text"/>		
City State Zip Code <input style="width: 100%; height: 20px;" type="text"/>		
Business Phone Number Business Fax Number <input style="width: 100%; height: 20px;" type="text"/>		
DEBT COLLECTION INFORMATION Mandatory pursuant to Debt Collection Improvement Act	Tax Identification Number (if registration is for business) <input style="width: 100%; height: 20px;" type="text"/>	Social Security Number (if registration is for individual) <input style="width: 100%; height: 20px;" type="text"/> <small>Provide SSN or TIN. See note B3 on bottom of page 2</small>
SECTION 2 BUSINESS ACTIVITY		
Check one box only See page 3 for additional instructions		
<input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Nursing Home <input type="checkbox"/> Central Fill Pharmacy <input type="checkbox"/> Retail Pharmacy	<input type="checkbox"/> Ambulance Service <input type="checkbox"/> Animal Shelter <input type="checkbox"/> Teaching Institution <input type="checkbox"/> Automated Dispensing System	<input type="checkbox"/> Practitioner (DDS, DMD, DO, DPM, DVM, MD or PhD) PROFESSIONAL DEGREE <input type="checkbox"/> Practitioner Military (DDS, DMD, CO, DPM, DVM, MD or PhD) Practitioner and MLPs: Enter your professional degree from list <input type="checkbox"/> Mid-Level Practitioner (MLP) (DCM, HMD, MP, ND, NP, OD, PA, or RPH) <input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> Euthanasia Technician
FOR Automated Dispensing System (ADS) ONLY: DEA Registration # of Retail Pharmacy for this ADS <input style="width: 100px; height: 20px;" type="text"/>		
An ADS is automatically fee-exempt. Skip Section 6 and Section 7 on page 2. You must attach a notarized affidavit.		
SECTION 3 DRUG SCHEDULES		
Check all that apply <input type="checkbox"/> Schedule II Narcotic <input type="checkbox"/> Schedule III Narcotic <input type="checkbox"/> Schedule IV <input type="checkbox"/> Schedule II Non-Narcotic <input type="checkbox"/> Schedule III Non-Narcotic <input type="checkbox"/> Schedule V <input type="checkbox"/> Check this box if you require official order forms for purchase of schedule II narcotic; schedule II non-narcotic; controlled substances		
NEW - Page 1		

Drug Enforcement Administration Practitioner's Manual

Form-224	APPLICATION FOR REGISTRATION Supplementary Instructions and Information										
ADDITIONAL INSTRUCTIONS	<p>SECTION 1. APPLICANT IDENTIFICATION - Information must be typed or printed in the blocks provided to help reduce data entry errors. For example applicants must list the name and address of the fee exempt institution. A physical address is required; after the street address a post office box may be included. Applicant must enter a valid social security number (SSN), or a tax identification number (TIN) if applying as a business entity. Debt collection information is mandatory pursuant to the Debt Collection Improvement Act of 1996.</p> <p>SECTION 2. BUSINESS ACTIVITY - Indicate only one. Practitioners also enter one degree from this list: DDB, DMC, DO, DPA, DVM, MD or Ph.D. Mid-level practitioners also enter one degree from these choices: LOM, HMD, MP, ND, NP, OD, PA, or RPh.</p> <p>ADG must provide current DEA registration number of parent retail pharmacy and attach a notarized affidavit (21 CFR Part 1301.17). Affidavit must include 1) Name of parent retail pharmacy and complete address 2) Name of Long-term Care (LTC) facility and complete address 3) Permit or license number(s) and date issued of State certification to operate ADG at named LTC facility 4) Required Statement: This affidavit is submitted to obtain a DEA registration number. If any material information is false, the Administrator may commence proceedings to deny the application under section 304 of the Act (21 U.S.C. 8224(a)). Any false or fraudulent material information contained in this affidavit may subject the person signing this affidavit, and the named copartners/partners/stockholders to prosecution under section 403 of the Act (21 U.S.C. 843).</p> <p>5) Name of corporation operating the retail pharmacy 6) Name and title of corporate officer signing affidavit 7) Signature of authorized officer</p> <p>SECTION 3. DRUG SCHEDULES - Applicants should check all drug schedules to be handled. However, applicants must still comply with state requirements; federal registration does not override state restrictions. Check the order form box only if you intend to purchase or to transfer schedule II controlled substances. Order forms will be mailed to the registered address following issuance of a Certificate of Registration.</p> <p>SECTION 4. STATE LICENSE(S) - Federal registration by DEA is based upon the applicant's compliance with applicable state and local laws. Applicants should contact the local state licensing authority prior to completing this application. If your state requires a separate controlled substance number, provide that number on this application. If a state license has not yet been issued, indicate "Pending". If state licensing authority is not required, indicate "No".</p> <p>SECTION 5. LIABILITY - Applicants must answer all four questions for the application to be accepted for processing. If you answered "Yes" to any question, provide an explanation in the space provided. If additional space is required, you may attach a separate sheet of paper.</p> <p>SECTION 6. CERTIFICATE OF EXEMPTION - Exemption from payment of application fee is limited to federal, state or local government operated hospitals, institutions and clinics. The applicant's superior or agency officer must certify exempt status. The signature, authority title, and telephone number of the certifying official (other than the applicant) must be provided.</p> <p>SECTION 7. METHOD OF PAYMENT - Indicate the desired method of payment. Make checks payable to "Drug Enforcement Administration". Third-party checks or checks drawn on foreign banks will not be accepted. FEES ARE NON-REFUNDABLE.</p> <p>SECTION 8. APPLICANT'S SIGNATURE - Must be the original signature (in ink) of the applicant.</p>										
CONTACT INFORMATION	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> <p>ATLANTA DIVISION OFFICE ATTN: Registration 75 Spring Street, SW, Suite 800 Atlanta, GA 30303</p> <p>1. INTERNET www.dea/division.usdoj.gov</p> <p>2. TELEPHONE Headquarters Call Center (800) 832-8379</p> <p>3. WRITTEN INQUIRIES DEA P.O. Box 20005 Washington DC 20008-0005</p> <p>4. DEA OFFICES DEA Offices are listed (800, 877, and 888) are toll-free numbers:</p> </td> <td style="width: 33%; vertical-align: top;"> <p>BOSTON DIVISION OFFICE JFK Federal Building 15 New Sudbury Street, Room E400 Boston, MA 02203-6131</p> <p>CONNECTICUT Middletown Middletown New Britain Rhode Island Vermont</p> <p>CARIBBEAN DIVISION OFFICE P.O. Box 2167 San Juan, PR 00922-2167</p> <p>CHICAGO DIVISION OFFICE McCormick Federal Building 233 S. 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Drug Enforcement Administration Practitioner's Manual

DRUG SCHEDULES

Listed below are examples of the schedules with assigned drug code numbers. If you are in need of additional information, see 21 CFR 1306 or contact the DEA office serving your area.

SCHEDULE I NARCOTIC & NON-NARCOTIC BASIC CLASSES	CODE	SCHEDULE III NARCOTIC BASIC CLASSES	CODE
Acetylcholine	9319	Buprenorphine	9064
Acetylthioacetid	9951	Cocaine up to 30 mg/100 plus other ingredients	9310
Allylpyridine	9832	Dihydrocodeine up to 50 mg/100 plus other ingredients	9407
Alphacetylmethadol (except LAAM)	9903	Ethylmorphine up to 15 mg/100 plus other ingredients	9408
Buprenorphine	7433	Hydrocodone up to 15 mg/100 plus other ingredients	9406
Dextromoramide	9813	Morphine up to 50 mg/100ml or gm plus other ingred.	9410
Dihydroxyethylamine (DET)	7434	Oxycodone up to 500 mg/100cm. plus other active ingred.	9409
2,5-Dimethyloripropylamine (DMA)	7396		
Dimethyltryptamine (DMT)	7435	NON-NARCOTIC BASIC CLASSES	CODE
Etorphine (except hydrochloride salt)	9076	Anabolic Steroids	4000
gamma-Hydroxybutyric acid (except drug product)	2010	Benzphetamine	1220
Heroin	9299	Butabital	2100
Isogaine	7282	Crossacetyl Pharmaceutical Product	7269
Ketocemidice	9838	GH8 Drug Product (gamma-Hydroxybutyric acid)	2610
Lysergic acid diethylamide (LSD)	7315	Kaibalin	7222
Marijuana	7360	Methylpropyl	2375
Mescaline	7301	Pentobarbital plus noncontrolled active ingredients	2271
Methaqualone	2262	Pentobarbital suppository	2271
3,4-Methylenedioxycathamphetamine (MDA)	7455	Phenacemide	1613
3,4-Methylenedioxycathamphetamine (MDMA)	7455	Secobarbital plus noncontrolled active ingredients	2218
n-Butyl-1-Phenylethylamine (PCE)	7455	Secobarbital suppository	2218
Psilocybin	7419	Thiopental	2239
1-(1-Phenylcyclohexyl)pyrrolidine (PCP)	7456	Vincorbutal	2235
Psilocybin	7457		
Psilocyn	7458	SCHEDULE IV	CODE
Tetrahydrocannabinol (THC)	7392	NARCOTIC BASIC CLASSES	CODE
1-(1-(2-Thienyl-cyclohexyl)ethyl)pyrrolidine	7470	Dextropropoxyphene du	9278
		Chenoxin 1mg/25ug atropine SO4/du	9167
		NON-NARCOTIC BASIC CLASSES	CODE
		Alprazolam	2602
		Barbital	2143
		Chloral Hydrate	2465
		Chlorbutol	2744
		Chlorzoxipone	2768
		Clonazepam	2765
		Clonidine	1610
		Fenfluramine	1670
		Furazepam	2767
		Halazepam	2762
		Lorazepam	2825
		Mazdalet	1605
		Mebutamate	2600
		Mephobarbital (Methylphenobarbital)	2230
		Meprobamate	2629
		Methohexital	2264
		Miltiralam	2624
		Oxazepam	2632
		Paraldehyde	2265
		Pemoline	1550
		Pericardine	9709
		Phenobarbital	2235
		Phenylmethane	1640
		Propofol	2764
		Quazepam	2601
		Tamoxifen	2623
		Triazolam	2607
		Zolpidem	2763
		SCHEDULE V	CODE
		Cocaine Cough Preparation (200mg/100ml or 100g)	9100

Notice to Registrants Making Payment by Check
Authorization to Convert Your Check: If you send us a check to make your payment, your check will be converted into an electronic fund transfer. "Electronic fund transfer" is the term used to refer to the process in which we electronically instruct your financial institution to transfer funds from your account to our account, rather than processing your check. By sending your completed, signed check to us, you authorize us to copy your check and to use the account information from your check to make an electronic fund transfer from your account for the same amount as the check. If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process the copy of your check.
Electronic Funds: The electronic fund transfer from your account will usually occur within 24 hours, which is faster than a check is normally processed. Therefore, make sure there are sufficient funds available in your checking account when you send us your check. If the electronic fund transfer cannot be completed because of insufficient funds, we may try to make the transfer up to two times.
Transaction Information: The electronic fund transfer from your account will be on the account statement you receive from your financial institution. However, the transfer may be in a different place on your statement than the place where your checks normally appear. For example, it may appear under "other withdrawals" or "other transactions." You will not receive your original check back from your financial institution. For security reasons, we will destroy your original check, but we will keep a copy of the check for record-keeping purposes.
Your Rights: You should contact your financial institution immediately if you believe that the electronic fund transfer reported on your account statement was not properly authorized or is otherwise incorrect. Consumers have protections under Federal law called the Electronic Fund Transfer Act for an unauthorized or incorrect electronic fund transfer.

Drug Enforcement Administration Practitioner's Manual

Form-224a

RENEWAL APPLICATION FOR REGISTRATION Under the Controlled Substances Act

APPROVED OMB NO 1117-0014
FORM DEA-224a (1-05)

INSTRUCTIONS

1. To renew by mail complete this application. Keep a copy for your records.
2. Print clearly, using black or blue ink, or use a typewriter.
3. Section 5 should be completed only if your information has changed.
4. Mail this form to the address provided in Section 5 or use enclosed envelope.
5. Include the correct payment amount. FEE IS NON-REFUNDABLE.
6. If you have any questions call 800-562-6532 prior to submitting your application.
7. Save time - renew online at www.deadiversion.usdoj.gov.

IMPORTANT: DO NOT SEND THIS APPLICATION AND RENEW ONLINE

REGISTRATION INFORMATION
DEA # _____
REGISTRATION EXPIRES _____

FEE IS NON-REFUNDABLE

SECTION 1

DRUG SCHEDULES
Check all that apply

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Schedule II Narcotic | <input type="checkbox"/> Schedule III Narcotic | <input type="checkbox"/> Schedule IV |
| <input type="checkbox"/> Schedule II Non-Narcotic | <input type="checkbox"/> Schedule III Non-Narcotic | <input type="checkbox"/> Schedule V |

SECTION 2

Check this box if you need official order forms - for the purchase of schedule II narcotic/schedule II non-narcotic controlled substances.

SECTION 3

A. Are you currently authorized to prescribe, distribute, dispense, conduct research, or otherwise handle the controlled substances in the schedules for which you are applying under the laws of the state or jurisdiction in which you are operating or propose to operate?

STATE LICENSE(S)

YES NO

Be sure to include both state license numbers if applicable

<input type="checkbox"/>	<input type="checkbox"/>		State License Number
<input type="checkbox"/>	<input type="checkbox"/>		State Controlled Substance License Number (if required)

LIABILITY

- | | | |
|---|--------------------------|--------------------------|
| B. Has the applicant ever been convicted of a crime in connection with controlled substances under state or federal law? | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted, or denied? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation? Is any such action pending? | <input type="checkbox"/> | <input type="checkbox"/> |
| E. If the applicant is a corporation (other than a corporation whose stock is owned and traded by the public), association, partnership, or pharmacy, has any officer, partner, stockholder, or proprietor been convicted of a crime in connection with controlled substances under state or federal law, or ever surrendered, for cause, or had a federal controlled substance registration revoked, suspended, restricted, denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted or placed on probation? | <input type="checkbox"/> | <input type="checkbox"/> |

IMPORTANT:
If you answered yes to these question(s) on previous application, you must continue to answer yes and provide a statement of explanation.

All questions in this section must be answered.

SECTION 4

EXPLANATION OF "YES" ANSWERS

Date(s) of incident: _____ Location(s) of incident: _____

Nature of incident: _____

Applicants who have answered "YES" to questions B, C, D, or E above must provide a statement to explain such answers

Use this space or attach a separate sheet and return with application

Result of incident: _____

RENEWAL - Page 3

Drug Enforcement Administration Practitioner's Manual

<p>SECTION 5 CHANGES TO APPLICANT IDENTIFICATION</p>	<p>Last Name (if registration is for individual) -OR- Business Name (if registration is for business) <input style="width: 100%;" type="text"/></p> <p>First Name and Middle Initial <input style="width: 100%;" type="text"/></p> <p>Tax Identification Number (if registration is for business) Social Security Number (if registration is for individual) <input style="width: 45%;" type="text"/> <input style="width: 45%;" type="text"/></p> <p>Address Line 1 (street address) <input style="width: 100%;" type="text"/></p> <p>Address Line 2 <input style="width: 100%;" type="text"/></p> <p>City State Zip Code <input style="width: 40%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 40%;" type="text"/></p> <p>Business Phone Number Business Fax Number <input style="width: 40%;" type="text"/> <input style="width: 40%;" type="text"/></p>
<p>DEBT COLLECTION INFORMATION</p> <p>Mandatory pursuant to Debt Collection Improvements Act</p>	<p>Provide SSN or TIN. See note #3 on bottom of page 2</p>
<p>IMPORTANT</p> <p>Leave this section blank unless the registration information on front page is incorrect.</p>	
<p>SECTION 6 METHOD OF PAYMENT</p> <p>Check one form of payment only</p> <p>Sign if paying by credit card</p>	<p><input type="checkbox"/> Check Make check payable to: Drug Enforcement Administration See page 4 of instructions for important information.</p> <p><input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Master Card <input type="checkbox"/> Visa</p> <p>Credit Card Number Expiration Date <input style="width: 60%;" type="text"/> <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/></p> <p>Signature of Card Holder _____</p> <p>Printed Name of Card Holder _____</p>
	<p>Mail this form with payment to:</p> <p>U.S. Department of Justice Drug Enforcement Administration P.O. Box 105616 Atlanta, GA 30348-5616</p> <p>SEE IS NON-REFUNDABLE</p>
<p>SECTION 7 CERTIFICATION OF EXEMPTION from application fee</p> <p>Provide the name and phone number of the certifying official</p>	<p><input type="checkbox"/> Check this box if the applicant is a federal, state, or local government operated hospital, institution or official. Be sure to enter the name and address of the exempt institution on address lines 1 and 2 in Section 5, if it is not already on your current registration certificate.</p> <p>The undersigned hereby certifies that the applicant named hereon is a federal, state or local government operated hospital, institution or official, and is exempt from payment of the application fee.</p> <p>Signature of certifying official (other than applicant) Date _____ _____</p> <p>Print or type name and title of certifying official Telephone No. (required for verification) _____ _____</p>
<p>SECTION 8 APPLICANT'S SIGNATURE</p> <p>Sign in ink</p>	<p>I certify that the foregoing information furnished on this application is true and correct.</p> <p>Signature of applicant Date _____ _____</p> <p>Print or type name and title of applicant _____</p> <p>WARNING: Section 943(a)(4)(A) of Title 21, United States Code states that any person who knowingly or intentionally furnishes false or fraudulent information in the application is subject to imprisonment for not more than four years, a fine of not more than \$30,000, or both.</p>
<p>1. No registration will be issued unless a completed application form has been received (21 CFR 1301.13).</p> <p>2. In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 1117-0014. Public reporting burden for this collection of information is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.</p> <p>3. The Debt Collection Improvements Act of 1996 (PL 104-134) requires that you furnish your Taxpayer Identifying Number and/or Social Security Number on this application. This number is required for debt collection procedures should your fee become uncollectable.</p> <p>4. PRIVACY ACT INFORMATION AUTHORITY: Section 302 and 303 of the Controlled Substances Act of 1970 (PL 91-513) and Debt Collection Improvements Act of 1996 (PL 104-134) (for taxpayer identifying number and/or social security number). PURPOSE: To obtain information required to register applicants pursuant to the Controlled Substances Act of 1970. ROUTINE USES: The Controlled Substances Act Registration Records produces special reports as required for statistical analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated: A. Other federal law enforcement and regulatory agencies for law enforcement and regulatory purposes. B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes. C. Persons registered under the Controlled Substances Act (PL 91-513) for the purpose of verifying the registration of customers. EFFECT: Failure to complete form will preclude processing of the application.</p>	
<p>RENEWAL - Page 2</p>	

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Form-224a

APPLICATION FOR RENEWAL Supplementary Instructions and Information

ADDITIONAL INSTRUCTIONS

- SECTION 1. DRUG SCHEDULES** - Applicants should check all drug schedules to be handled. However, applicants must still comply with state requirements; federal registration does not override state restrictions. Check the order form box only if you intend to purchase or to transfer schedule II controlled substances.
- SECTION 2. ORDER FORMS** - Order forms will be mailed to the registered address following issuance of a Certificate of Registration.
- SECTION 3. STATE LICENSE(S)** - Federal registration by DEA is based upon the applicant's compliance with applicable state and local laws. Applicants should contact the local state licensing authority prior to completing this application. If your state requires a separate controlled substance number, provide that number on this application. If a state license has not yet been issued, indicate "Pending". If state licensing authority is not required, indicate "No".
- SECTION 4. LIABILITY** - Applicants must answer all four questions for the application to be accepted for processing. If you answered "Yes" to any question, provide an explanation in the space provided. If additional space is required, you may attach a separate sheet of paper.
- SECTION 5. APPLICANT IDENTIFICATION** - Entry of missing data or corrections ONLY must be typed or printed in the blocks provided to help reduce data entry errors. Enter changes in previously provided registration information, such as name change, address correction, or new phone numbers. Fee exempt individuals should list the name and address of the fee exempt institution. A physical address is required. After the street address a post office box may be included. Individuals renewing should ensure that the social security number (SSN) on record is correct. If renewing a business entity, a valid tax identification number (TIN) must be supplied. Debt collection information is mandatory pursuant to the Debt Collection Improvement Act of 1996.
- SECTION 6. METHOD OF PAYMENT** - Indicate the desired method of payment. Make checks payable to "Drug Enforcement Administration". Third-party checks or checks drawn on foreign banks will not be accepted. FEES ARE NON-REFUNDABLE.
- SECTION 7. CERTIFICATE OF EXEMPTION** - Exemption from payment of application fee is limited to federal, state or local government operated hospitals, institutions and officials. The applicant's superior or agency officer must certify exempt status. The signature, authority title, and telephone number of the certifying official (other than the applicant) must be provided.
- SECTION 8. APPLICANT'S SIGNATURE** - Must be the original signature (in ink) of the applicant.

CONTACT INFORMATION

1. INTERNET: Information can be found on our web site at www.deadiversion.usdoj.gov
2. TELEPHONE: Headquarters Call Center: (800) 852-6639
3. WRITTEN INQUIRIES: Drug Enforcement Administration
P.O. Box 26369
Washington, D.C. 20036-8036
4. DEA OFFICES: DEA Offices are listed below (800, 877, and 888 are toll-free numbers):

ATLANTA DIVISION OFFICE
ATTN: Registration
75 Spring Street, SW, Suite 600
Atlanta, GA 30335

Georgia (888) 896-0935
North Carolina (888) 216-8899
South Carolina (866) 533-9993
Tennessee (888) 216-7926

BOSTON DIVISION OFFICE
JFK Federal Building
15 New Sudbury Street, Room E400
Boston, MA 02203-0131

Connecticut (817) 557-2200
Maine (888) 272-5174
Massachusetts (817) 557-2436
New Hampshire (888) 272-5174
Rhode Island (817) 557-2200
Vermont (888) 272-5174

CARIBBEAN DIVISION OFFICE
P.O. Box 2167
San Juan, PR 00922-2167

Puerto Rico (787) 775-1739
U.S. Virgin Islands (787) 775-1738

CHICAGO DIVISION OFFICE
Kluczynski Federal Building
230 S. Dearborn Street, Suite 1200
Chicago, IL 60604

Illinois (312) 352-1236
Indiana (312) 352-1236
Minnesota (312) 352-0190
North Dakota (312) 352-0196
Wisconsin (312) 352-1236

DALLAS DIVISION OFFICE
10150 Technology Blvd., East
Dallas, TX 75223

Oklahoma (888) 336-4704
Texas (Northern) (888) 336-4704

DENVER DIVISION OFFICE
115 Inverness Drive, East
Englewood, CO 80112

Colorado (800) 328-8930
Montana (800) 328-8930
Utah (800) 328-8930
Wyoming (800) 328-8930

DETROIT DIVISION OFFICE
431 Howard Street
Detroit, MI 48226

Kentucky (800) 230-8844
Michigan (800) 230-8844
Ohio (800) 230-8844

EL PASO DIVISION OFFICE
El Paso Federal Justice Center
300 South Mesa Hills Drive, Suite 200C
El Paso, TX 79912

New Mexico (915) 832-6014

HOUSTON DIVISION OFFICE
1423 West Loop South, Suite 300
Houston, TX 77027-9508

Texas (S. & Central) (800) 742-0695

LOS ANGELES DIVISION OFFICE
256 East Temple Street, 20th Floor
Los Angeles, CA 90012

California (S. Central) (213) 621-6655
Hawaii (888) 415-8922
Nevada (888) 415-8922
Trust Territory (213) 894-2216

MIAMI DIVISION OFFICE
3400 N.W. 63rd Street
Miami, FL 33156

Florida (305) 590-4930

NEWARK DIVISION OFFICE
80 Mulberry Street, 2nd Floor
Newark, NJ 07102

New Jersey (888) 356-1071

NEW ORLEANS DIVISION OFFICE
3629 N. Causeway Blvd
Lakeway III, Suite 1502
Metairie, LA 70002

Alabama (888) 614-7302
Arkansas (888) 614-7302
Louisiana (888) 614-7302
Mississippi (888) 614-7302

NEW YORK DIVISION OFFICE
29 Tenth Avenue
New York, NY 10011

New York (877) 889-5739
(212) 337-1593
(212) 337-1694

PHILADELPHIA DIVISION OFFICE
William J. Green Federal Building
300 Arch Street, Room 16224
Philadelphia, PA 19109

Delaware (888) 333-8231
Pennsylvania (888) 333-8231

PHOENIX DIVISION OFFICE
2010 N. 2nd Street, Suite 301
Phoenix, AZ 85012

Arizona (800) 741-0902

SAN DIEGO DIVISION OFFICE
4500 Viewland Avenue
San Diego, CA 92123-1837

California (Southern) (800) 294-1152

SAN FRANCISCO DIVISION OFFICE
450 Golden Gate Avenue, 14th Floor
P.O. Box 38035
San Francisco, CA 94102

California (Northern) (888) 304-3251

SEATTLE DIVISION OFFICE
400 Second Avenue, West
Seattle, WA 98119

Alaska (888) 219-4291
Idaho (888) 219-4291
Oregon (888) 219-4291
Washington (888) 219-4291

ST. LOUIS DIVISION OFFICE
317 South 13th Street
St. Louis, MO 63103

Iowa (888) 933-1179
Kansas (888) 933-1179
Missouri (888) 933-1179
Nebraska (888) 933-1179
South Dakota (888) 933-1179

WASHINGTON, D.C. DIVISION OFFICE
Techworld Plaza
300 K Street, N.W., Suite 500
Washington, D.C. 20001

District of Columbia (877) 801-7974
Maryland (877) 330-8970
Virginia (877) 801-7974
West Virginia (877) 330-8970

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DRUG SCHEDULES

Listed below are examples of the schedules with assigned drug code numbers. If you are in need of additional information, see 21 CFR 1305 or contact the DEA office serving your area.

SCHEDULE I

NARCOTIC & NON-NARCOTIC BASIC CLASSES

	CODE
Acetorphine	9319
Acetylmethadol	9301
Allylprodine	9302
Alphacetylmethadol (except LAAM)	9303
Butorphine	7433
Dextromoramide	9313
Diethylpropamine (DEP)	7434
2,5 - Dimethoxyamphetamine (DMA)	7396
Dimethyltryptamine (DMT)	7435
Etoprine (except hydrochloride salt)	9259
gamma-Hydroxybutyric acid (except drug product)	2010
Heroin	9250
Isogaine	7260
Kercoendone	9225
Lysergic acid diethylamide (LSD)	7315
Marijuana	7390
Mescaline	7391
Methaqualone	2235
3,4 - Methylenedioxyamphetamine (MDA)	7400
3,4 - Methylenedioxyamphetamines (MDMA)	7405
n-Ethyl - 1 - Phenylcyclohexylamine (PCE)	7455
Peyote	7415
1 - (1-Phenylcyclohexyl)pyrrolidine (PCP)	7459
Psilocybin	7437
Psilocybin	7438
Tetrahydrocannabinols (THC)	7370
1-(1-(2-Thienyl)cyclohexyl)-piperidine	7470

SCHEDULE II

NARCOTIC BASIC CLASSES

	CODE
Alphacrodine	9310
Anilidine	9320
Cocaine	9041
Codine	9050
Dextropropoxyphene (bulk)	9273
Diphenoxylate	9170
Dipreorphine (MSO-53)	9055
Ethylmorphine	9190
Etorphine Hydrochloride (M-99)	9059
Glutethimide	2650
Hydrocodone	9103
Hydromorphone	9150
Levo-alphaacetylmethadol (LAAM)	9048
Levorphanol	9220
Meprobamate	2530
Methadone	9250
Morphine	9300
Oaum, powdered	9339
Oaum, raw	9300
Oxycodone	9143
Oxymorphone	9352
Poppy Straw	9071
Poppy Straw Concentrate	9070
Thebaine	9333

NON-NARCOTIC BASIC CLASSES

	CODE
Amobarbital	2125
Amphetamine	1100
Methamphetamine	1105
Methylenediate	1124
Pentobarbital	2170
Phencyclidine (PCP)	7471
Phenmetrazine	1631
Phenylacetone	8501
Secobarbital	2215

SCHEDULE III

NARCOTIC BASIC CLASSES

	CODE
Buprenorphine	9084
Cocaine up to 60 mg/du plus other ingredients	9319
Dihydrocodeine up to 60 mg/du plus other ingredients	9307
Ethylmorphine up to 15 mg/du plus other ingredients	9309
Hydrocodone up to 15 mg/du plus other ingredients	9303
Morphine up to 50 mg/100ml or gm plus other ingred.	9510
Opium up to 200 mg/100ml plus other active ingred.	9502

NON-NARCOTIC BASIC CLASSES

	CODE
Anabolic Steroids	4600
Benphetamine	1225
Butabital	2100
Dronabinol Pharmaceutical Product	7369
GHS Drug Product (gamma-Hydroxybutyric acid)	2010
Ketamine	7285
Methylpropion	2275
Pentobarbital plus noncontrolled active ingredients	2271
Pentobarbital suppository	2271
Phendimetrazine	1615
Secobarbital plus noncontrolled active ingredients	7405
Secobarbital suppository	2318
Thiopental	2329
Vinbarbital	2335

SCHEDULE IV

NARCOTIC BASIC CLASSES

	CODE
Dextropropoxyphene du	9273
Difenoxin 1mg/25ug atropine SO4/du	9167

NON-NARCOTIC BASIC CLASSES

	CODE
Alprazolam	2682
Barbital	2149
Chloral Hydrate	2465
Chlordiazepoxide	2744
Clorazepate	2769
Diazepam	2735
Diethylpropion	1610
Fenturamine	1670
Flurazepam	2787
Halazepam	2782
Lorazepam	2895
Mazindol	1606
Mebutamate	2630
Mephobarbital (Methylenecarbarbital)	2250
Meprobamate	2520
Methohexital	2264
Midazolam	2684
Oxazepam	2636
Paraldehyde	2883
Pemoline	1533
Pentazocine	2709
Phenobarbital	2385
Phentermine	1640
Prizepam	2784
Quazepam	2891
Temazepam	2925
Triazolam	2837
Zolpidem	2793

SCHEDULE V

	CODE
Cocaine Cough Preparation (200mg/100ml or 100g)	9100

Notice to Registrants Making Payment by Check

Authorization to Convert Your Check: If you send us a check to make your payment, your check will be converted into an electronic fund transfer. "Electronic fund transfer" is the term used to refer to the process in which we electronically instruct your financial institution to transfer funds from your account to our account, rather than processing your check. By sending your completed, signed check to us, you authorize us to copy your check and to use the account information from your check to make an electronic fund transfer from your account for the same amount as the check. If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process the copy of your check.

Insufficient Funds: The electronic funds transfer from your account will usually occur with 24 hours, which is faster than a check is normally processed. Therefore, make sure there are sufficient funds available in your checking account when you send us your check. If the electronic funds transfer cannot be completed because of insufficient funds, we may try to make the transfer up to two times.

Transaction Information: The electronic fund transfer from your account will be on the account statement you receive from your financial institution. However, the transfer may be in a different place on your statement than the place where your checks normally appear. For example, it may appear under "other withdrawals" or "other transactions." You will not receive your original check back from your financial institution. For security reasons, we will destroy your original check, but we will keep a copy of the check for record-keeping purposes.

Your Rights: You should contact your financial institution immediately if you believe that the electronic fund transfer reported on your account statement was not properly authorized or is otherwise incorrect. Consumers have protections under Federal law called the Electronic Fund Transfer Act for an unauthorized or incorrect electronic fund transfer.

Drug Enforcement Administration Practitioner's Manual

SECTION 6	<p>1. Has the applicant ever been convicted of a crime in connection with controlled substances under state or federal law?</p> <p>2. Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted, or denied?</p> <p>3. Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation? Is any such action pending?</p> <p>4. If the applicant is a corporation (other than a corporation whose stock is owned and traded by the public), association, partnership, or pharmacy, has any officer, partner, stockholder, or proprietor been convicted of a crime in connection with controlled substances under state or federal law, or ever surrendered, for cause, or had a federal controlled substance registration revoked, suspended, restricted, denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted or placed on probation?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>							
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<p>LIABILITY</p> <p>IMPORTANT: All questions in this section must be answered.</p>												
<p>EXPLANATION OF "YES" ANSWERS</p> <p>Applicants who have answered "YES" to any of the four questions above must provide a statement to explain such answers.</p> <p>Use this space or attach a separate sheet and return with application.</p>	<p>Date(s) of incident: _____ Location(s) of incident: _____</p> <p>Nature of incident: _____</p> <p>Result of incident: _____</p>											
SECTION 7	<p><input type="checkbox"/> Check this box if the applicant is a federal, state, or local government-operated narcotic treatment program. Be sure to enter name and address of the exempt institution in Section 1.</p> <p>The undersigned hereby certifies that the applicant named hereon is a federal, state or local government-operated narcotic treatment program, and is exempt from payment of the application fee.</p>											
<p>CERTIFICATION OF EXEMPTION from application fee</p> <p>Provide the name and phone number of the certifying official</p>	<p>Signature of certifying official (other than applicant) _____</p> <p>Print or type name and title of certifying official _____</p>	<p>Date _____</p> <p>Telephone No. (required for verification) _____</p>										
SECTION 8	<p>METHOD OF PAYMENT</p> <p>Check one form of payment only</p> <p><input type="checkbox"/> Check Make check payable to: Drug Enforcement Administration See page 3 of instructions for important information.</p> <p><input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Master Card <input type="checkbox"/> Visa</p> <p>Credit Card Number _____ Expiration Date _____</p> <p>Sign if paying by credit card</p> <p>Signature of Card Holder _____</p> <p>Printed Name of Card Holder _____</p>	<p>Mailing form with payment to:</p> <p style="text-align: center;">U.S. Department of Justice Drug Enforcement Administration P.O. Box 28063 Washington DC 20038-0063</p> <p style="text-align: center;">FEE IS NON-REFUNDABLE</p>										
SECTION 9	<p>I certify that the foregoing information furnished on this application is true and correct.</p> <p>Signature of applicant _____</p> <p>Print or type name and title of applicant _____</p> <p>Date _____</p> <p>WARNING: Section 343(a)(7)(A) of Title 21, United States Code states that any person who knowingly or intentionally furnishes false or fraudulent information in the application is subject to imprisonment for not more than four years, a fine of not more than \$30,000, or both.</p>											
<p>1. No registration will be issued unless a completed application form has been received (21 CFR 1301.13).</p> <p>2. In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 1117-0015. Public reporting burden for this collection of information is estimated to average 39 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.</p> <p>3. The Debt Collection Improvement Act of 1996 (PL 104-134) requires that you furnish your Taxpayer Identifying Number and/or Social Security Number on this application. This number is required for debt collection procedures should your fee become uncollectable.</p> <p>4. PRIVACY ACT INFORMATION:</p> <p>AUTHORITY: Section 302 and 303 of the Controlled Substances Act of 1970 (PL 91-513) and Debt Collection Improvement Act of 1996 (PL 104-134) (for taxpayer identifying number and/or social security number).</p> <p>PURPOSE: To obtain information required to register applicants pursuant to the Controlled Substances Act of 1970.</p> <p>ROUTINE USES: The Controlled Substances Act Registration Records produces special reports as required for statistical analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:</p> <p>A. Other federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.</p> <p>B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.</p> <p>C. Persons registered under the Controlled Substances Act (PL 91-513) for the purpose of verifying the registration of customers.</p> <p>EFFECT: Failure to complete form will preclude processing of the application.</p>												

Drug Enforcement Administration
Practitioner's Manual

Form-363	APPLICATION FOR REGISTRATION Supplementary Instructions and Information
ADDITIONAL INSTRUCTIONS	<p>SECTION 1. APPLICANT IDENTIFICATION - Information must be typed or printed in the blocks provided to help reduce data entry errors.</p> <p>Fee exempt applicant should list the name and address of the fee exempt institution. A physical address is required; a post office box may be included after the street address.</p> <p>Applicant must enter a valid tax identification number (TIN). <i>Debt collection information is mandatory pursuant to the Debt Collection Improvement Act of 1996.</i></p> <p>SECTION 2. BUSINESS ACTIVITY. Indicate only one.</p> <p>SECTION 3. DRUG SCHEDULES - Applicant should check all drug schedules to be handled. However, applicant must still comply with state requirements; federal registration does not overrule state restrictions.</p> <p>Check the order form box only if you intend to purchase or to transfer schedule II controlled substances. Order forms will be mailed to the registered address following issuance of a Certificate of Registration.</p> <p>SECTION 4. FDA PERMIT - Authorization by the Food & Drug Administration is mandatory for DEA Registration approval. Enter the status of your FDA authorization and the FDA number.</p> <p>SECTION 5. STATE LICENSE(S) - Federal registration by DEA is based upon the applicant's compliance with applicable state and local laws.</p> <p>Applicant should contact the local state licensing authority prior to completing this application. Check that you are currently authorized by the state and provide your state license number. If state licensing is not required, indicate "Not required by this state".</p> <p>SECTION 6. LIABILITY - Applicant must answer all four questions for the application to be accepted for processing.</p> <p>If you answered "Yes" to any question, provide an explanation in the space provided. If additional space is required, you may attach a separate sheet of paper.</p> <p>SECTION 7. CERTIFICATE OF EXEMPTION - Exemption from payment of application fee is limited to federal, state or local government-operated narcotic treatment program.</p> <p>The applicant's superior or agency officer must certify exempt status. The signature, authority title, and telephone number of the certifying official (other than the applicant) must be provided.</p> <p>SECTION 8. METHOD OF PAYMENT - Indicate the desired method of payment. Make checks payable to "Drug Enforcement Administration". Third-party checks or checks drawn on foreign banks will not be accepted.</p> <p style="text-align: center;">FEES ARE NON-REFUNDABLE.</p> <p>SECTION 9. APPLICANT'S SIGNATURE - Must be the original signature (in ink) of the applicant.</p>
<p>Notice to Registrants Making Payment by Check</p> <p><i>Authorization to Convert Your Check:</i> If you send us a check to make your payment, your check will be converted into an electronic fund transfer. "Electronic fund transfer" is the term used to refer to the process in which we electronically instruct your financial institution to transfer funds from your account to our account, rather than processing your check. By sending your completed, signed check to us, you authorize us to copy your check and to use the account information from your check to make an electronic fund transfer from your account for the same amount as the check. If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process the copy of your check.</p> <p><i>Insufficient Funds:</i> The electronic funds transfer from your account will usually occur with 24 hours, which is faster than a check is normally processed. Therefore, make sure there are sufficient funds available in your checking account when you send us your check. If the electronic funds transfer cannot be completed because of insufficient funds, we may try to make the transfer up to two times.</p> <p><i>Transaction Information:</i> The electronic fund transfer from your account will be on the account statement you receive from your financial institution. However, the transfer may be in a different place on your statement than the place where your checks normally appear. For example, it may appear under "other withdrawals" or "other transactions." You will not receive your original check back from your financial institution. For security reasons, we will destroy your original check, but we will keep a copy of the check for record-keeping purposes.</p> <p><i>Your Rights:</i> You should contact your financial institution immediately if you believe that the electronic fund transfer reported on your account statement was not properly authorized or is otherwise incorrect. Consumers have protections under Federal law called the Electronic Fund Transfer Act for an unauthorized or incorrect electronic fund transfer.</p> <p style="text-align: center;">NEW INST - Page 3</p>	

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Form-363	APPLICATION FOR REGISTRATION Supplementary Instructions and Information				
CONTACT INFORMATION	1. INTERNET: Information can be found on our web site at www.deadiversion.usdoj.gov 2. TELEPHONE: Headquarters Call Center: (800) 882-9639 3. WRITTEN INQUIRIES: Drug Enforcement Administration P.O. Box 28083 Washington DC 20038-8083 4. DEA OFFICES: DEA Offices are listed below (800, 877, and 888 are toll-free numbers).				
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> ATLANTA DIVISION OFFICE ATTN: Registration 75 Spring Street, SW, Suite 800 Atlanta, GA 30303 Georgia (888) 869-9935 North Carolina (888) 219-8889 South Carolina (866) 533-6983 Tennessee (888) 219-7898 BOSTON DIVISION OFFICE JFK Federal Building 15 New Sudbury Street, Room E400 Boston, MA 02203-0131 Connecticut (617) 557-2200 Maine (888) 272-6174 Massachusetts (617) 557-2488 New Hampshire (888) 272-5174 Rhode Island (617) 557-2200 Vermont (888) 272-5174 CARIBBEAN DIVISION OFFICE P.O. Box 2167 San Juan, PR 00922-2167 Puerto Rico (787) 775-1766 U.S. Virgin Islands (787) 775-1766 CHICAGO DIVISION OFFICE Kluczynski Federal Building 230 S. 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NEW INST - Page 4					

Drug Enforcement Administration Practitioner's Manual

Form-363a	RENEWAL APPLICATION FOR REGISTRATION Under the Narcotic Addict Treatment Act of 1974	APPROVED OMB NO 1117-0015 FORM DEA-363a (11-05) Previous editions are obsolete
INSTRUCTIONS 1. To apply by mail complete this application. Keep a copy for your records. 2. Print clearly, using black or blue ink, or use a typewriter. 3. Section 1 should be completed only if your information has changed. 4. Mail this form to the address provided in Section 7 or use enclosed envelope. 5. Include the correct payment amount. FEE IS NON-REFUNDABLE. 6. If you have any questions contact 800-682-2539 prior to submitting your application. 7. Save time - renew online at www.deadiversion.usdoj.gov . IMPORTANT: DO NOT SEND THIS APPLICATION AND APPLY ONLINE.	REGISTRATION INFORMATION: DEA # _____ REGISTRATION EXPIRES _____ FEE IS NON-REFUNDABLE	
SECTION 1 APPLICANT IDENTIFICATION Business or Facility Name (if registration is for business entity or is fee exempt) _____ Business or Facility Name 2 ("doing business as", continuation of business name, or name of fee exempt institution) _____ Address Line 1 (street address) _____ Address Line 2 _____ City _____ State _____ Zip Code _____ Business Phone Number _____ Business Fax Number _____		
DEBT COLLECTION INFORMATION Mandatory pursuant to Debt Collection Improvements Act Tax Identification Number _____ _____ See note #3 on bottom of page 2.		
SECTION 2 DRUG SCHEDULES <input type="checkbox"/> Schedule II <input type="checkbox"/> Schedule III Check all that apply: <input type="checkbox"/> Check this box if you require official order forms - for purchase or transfer of schedule II controlled substances.		
SECTION 3 Are you currently authorized by the Food and Drug Administration for the business activity described in this application? FDA PERMIT YES PENDING NO _____ FDA Number Mandatory for approval <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
SECTION 4 Are you currently authorized to prescribe, distribute, dispense, conduct research, or otherwise handle the controlled substances in the schedules for which you are applying under the laws of the state or jurisdiction in which you are operating or propose to operate? STATE LICENSE(S) <input type="checkbox"/> YES, I have a license _____ State License Number <input type="checkbox"/> NOT REQUIRED by this state		
RENEWAL - Page 1		

Drug Enforcement Administration Practitioner's Manual

SECTION 5	<p>1. Has the applicant ever been convicted of a crime in connection with controlled substances under state or federal law?</p> <p>2. Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted, or denied?</p> <p>3. Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation? Is any such action pending?</p> <p>4. If the applicant is a corporation (other than a corporation whose stock is owned and traded by the public), association, partnership, or pharmacy, has any officer, partner, stockholder, or proprietor been convicted of a crime in connection with controlled substances under state or federal law, or ever surrendered, for cause, or had a federal controlled substance registration revoked, suspended, restricted, denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted or placed on probation?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">YES</th> <th style="text-align: left;">NO</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>							
YES	NO											
<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>											
<p>LIABILITY</p> <p>IMPORTANT: All questions in this section must be answered.</p>												
<p>EXPLANATION OF "YES" ANSWERS</p> <p>Date(s) of incident: _____ Location(s) of incident: _____</p> <p>Nature of incident: _____</p> <p>Result of incident: _____</p> <p>Applicants who have answered "YES" to any of the four questions above must provide a statement to explain such answers.</p> <p>Use this space or attach a separate sheet and return with application.</p>												
<p>SECTION 6</p> <p><input type="checkbox"/> Check this box if the applicant is a federal, state, or local government-operated narcotic treatment program. Be sure to enter name and address of the exempt institution in Section 1.</p> <p>The undersigned hereby certifies that the applicant named herein is a federal, state or local government-operated narcotic treatment program, and is exempt from payment of the application fee.</p> <p>Provide the name and phone number of the certifying official.</p> <p>Signature of certifying official (other than applicant): _____ Date: _____</p> <p>Print or type name and title of certifying official: _____ Telephone No. (required for verification): _____</p>												
<p>SECTION 7</p> <p>METHOD OF PAYMENT</p> <p>Check one form of payment only.</p> <p>Sign if paying by credit card.</p>	<p><input type="checkbox"/> Check Make check payable to: Drug Enforcement Administration See page 3 of instructions for important information.</p> <p><input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Master Card <input type="checkbox"/> Visa</p> <p>Credit Card Number: _____ Expiration Date: _____</p> <p>Signature of Card Holder: _____</p> <p>Printed Name of Card Holder: _____</p>	<p>Mail this form with payment to:</p> <p>U.S. Department of Justice Drug Enforcement Administration P.O. Box 23083 Washington DC 20036-6083</p> <p>FEE IS NON-REFUNDABLE</p>										
<p>SECTION 8</p> <p>I certify that the foregoing information furnished on this application is true and correct.</p> <p>APPLICANT'S SIGNATURE: _____ Date: _____</p> <p>Sign in ink.</p> <p>Print or type name and title of applicant: _____</p> <p>WARNING: Section 843(a)(4)(A) of Title 21, United States Code states that any person who knowingly or intentionally furnishes false or fraudulent information in the application is subject to imprisonment for not more than four years, a fine of not more than \$50,000, or both.</p>												
<p>1. No registration will be issued unless a completed application form has been received (21 CFR 1201.13).</p> <p>2. In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 1117-0015. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.</p> <p>3. The Debt Collection Improvements Act of 1996 (PL 104-134) requires that you furnish your Taxpayer identifying Number and/or Social Security Number on this application. This number is required for debt collection procedures should your fee become uncollectable.</p> <p>4. PRIVACY ACT INFORMATION:</p> <p>AUTHORITY: Section 302 and 303 of the Controlled Substances Act of 1970 (PL 91-513) and Debt Collection Improvements Act of 1996 (PL 104-134) for taxpayer identifying number and/or social security number.</p> <p>PURPOSE: To obtain information required to register applicants pursuant to the Controlled Substances Act of 1970.</p> <p>ROUTINE USES: The Controlled Substances Act Registration Records produces special reports as required for statistical analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:</p> <p>A. Other federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.</p> <p>B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.</p> <p>C. Persons registered under the Controlled Substances Act (PL 91-513) for the purpose of verifying the registration of customers.</p> <p>EFFECT: Failure to complete form will preclude processing of the application.</p> <p style="text-align: right;">RENEWAL - Page 2</p>												

Drug Enforcement Administration Practitioner's Manual

Form-363a

APPLICATION FOR RENEWAL

Supplementary Instructions and Information

ADDITIONAL INSTRUCTIONS

SECTION 1. APPLICANT IDENTIFICATION - Entry of missing data or corrections ONLY must be typed or printed in the blocks provided to help reduce data entry errors. Enter changes in previously provided registration information, such as name change, address correction, or new phone numbers.

Fee exempt applicant should list the name and address of the fee exempt institution.

A physical address is required; a post office box may be included after the street address.

Applicant should ensure that the tax identification number (TIN) on record is correct.

Debt collection information is mandatory pursuant to the Debt Collection Improvement Act of 1996.

SECTION 2. DRUG SCHEDULES - Applicant should check all drug schedules to be handled. However, applicants must still comply with state requirements; federal registration does not overrule state restrictions.

Check the order form box only if you intend to purchase or to transfer schedule II controlled substances. Order forms will be mailed to the registered address following issuance of a Certificate of Registration renewal.

SECTION 3. FDA PERMIT - Authorization by the Food & Drug Administration is mandatory for DEA Registration approval. Enter the status of your FDA authorization and the FDA number.

SECTION 4. STATE LICENSE(S) - Federal registration by DEA is based upon the applicant's compliance with applicable state and local laws.

Applicant should contact the local state licensing authority prior to completing this application.

Check that you are currently authorized by the state and provide your state license number. If state licensing is not required, indicate "Not required by this state"

SECTION 5. LIABILITY - Applicant must answer all four questions for the application to be accepted for processing.

If you answered "Yes" to any question, provide an explanation in the space provided. If additional space is required, you may attach a separate sheet of paper.

SECTION 6. CERTIFICATE OF EXEMPTION - Exemption from payment of application fee is limited to federal, state or local government-operated narcotic treatment program.

The applicant's superior or agency officer must certify exempt status. The signature, authority title, and telephone number of the certifying official (other than the applicant) must be provided.

SECTION 7. METHOD OF PAYMENT - Indicate the desired method of payment. Make checks payable to "Drug Enforcement Administration". Third-party checks or checks drawn on foreign banks will not be accepted.

FEES ARE NON-REFUNDABLE.

SECTION 8. APPLICANT'S SIGNATURE - Must be the original signature (in ink) of the applicant.

Notice to Registrants Making Payment by Check

Authorization to Convert Your Check: If you send us a check to make your payment, your check will be converted into an electronic fund transfer. "Electronic fund transfer" is the term used to refer to the process in which we electronically instruct your financial institution to transfer funds from your account to our account, rather than processing your check. By sending your completed, signed check to us, you authorize us to copy your check and to use the account information from your check to make an electronic fund transfer from your account for the same amount as the check. If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process the copy of your check.

Insufficient Funds: The electronic funds transfer from your account will usually occur within 24 hours, which is faster than a check is normally processed. Therefore, make sure there are sufficient funds available in your checking account when you send us your check. If the electronic funds transfer cannot be completed because of insufficient funds, we may try to make the transfer up to two times.

Transaction Information: The electronic fund transfer from your account will be on the account statement you receive from your financial institution. However, the transfer may be in a different place on your statement than the place where your checks normally appear. For example, it may appear under "other withdrawals" or "other transactions." You will not receive your original check back from your financial institution. For security reasons, we will destroy your original check, but we will keep a copy of the check for record-keeping purposes.

Your Rights: You should contact your financial institution immediately if you believe that the electronic fund transfer reported on your account statement was not properly authorized or is otherwise incorrect. Consumers have protections under Federal law called the Electronic Fund Transfer Act for an unauthorized or incorrect electronic fund transfer.

RENEWAL INST - Page 3

Drug Enforcement Administration Practitioner's Manual

Form-363a

APPLICATION FOR RENEWAL

Supplementary Instructions and Information

CONTACT INFORMATION

1. INTERNET: Information can be found on our web site at www.deadiversion.usdoj.gov
2. TELEPHONE: Headquarters Call Center: (800) 882-9539
3. WRITTEN INQUIRIES: Drug Enforcement Administration
P.O. Box 28083
Washington DC 20038-8083
4. DEA OFFICES: DEA Offices are listed below (800, 877, and 888 are toll-free numbers).

ATLANTA DIVISION OFFICE
ATTN: Registration
75 Spring Street, SW, Suite 800
Atlanta, GA 30303

Georgia (888) 869-9935
North Carolina (888) 219-8689
South Carolina (866) 533-6983
Tennessee (888) 219-7898

BOSTON DIVISION OFFICE
JFK Federal Building
15 New Sudbury Street, Room E400
Boston, MA 02203-0131

Connecticut (617) 557-2200
Maine (888) 272-5174
Massachusetts (617) 557-2468
New Hampshire (888) 272-5174
Rhode Island (617) 557-2200
Vermont (888) 272-5174

CARIBBEAN DIVISION OFFICE
P.O. Box 2167
San Juan, PR 00922-2167

Puerto Rico (787) 775-1766
U.S. Virgin Islands (787) 775-1766

CHICAGO DIVISION OFFICE
Kluczynski Federal Building
230 S. Dearborn Street, Suite 1200
Chicago, IL 60604

Illinois (312) 353-1234
Indiana (312) 353-1236
Minnesota (312) 353-9166
North Dakota (312) 353-9166
Wisconsin (312) 353-1236

DALLAS DIVISION OFFICE
10160 Technology Blvd., East
Dallas, TX 75220

Oklahoma (888) 336-4704
Texas (Northern) (888) 336-4704

DENVER DIVISION OFFICE
115 Inverness Drive, East
Englewood, CO 80112

Colorado (800) 326-6900
Montana (800) 326-6900
Utah (800) 326-6900
Wyoming (800) 326-6900

DETROIT DIVISION OFFICE

431 Howard Street
Detroit, MI 48226

Kentucky (800) 230-6844
Michigan (800) 230-6844
Ohio (800) 230-6844

EL PASO DIVISION OFFICE
El Paso Federal Justice Center
600 South Mesa Hills Drive, Suite 2000
El Paso, TX 79912

New Mexico (915) 832-6014

HOUSTON DIVISION OFFICE
1433 West Loop South, Suite 600
Houston, TX 77027-9505

Texas (S. & Central) (800) 743-0595

LOS ANGELES DIVISION OFFICE
255 East Temple Street, 20th Floor
Los Angeles, CA 90012

California (S. Central) (213) 621-6950
Hawaii (888) 415-9822
Nevada (888) 415-9822
Trust Territory (213) 894-2216

MIAMI DIVISION OFFICE

8400 N.W. 53rd Street
Miami, FL 33166

Florida (305) 590-4880

NEWARK DIVISION OFFICE

80 Mulberry Street, 2nd Floor
Newark, NJ 07102

New Jersey (888) 356-1071

NEW ORLEANS DIVISION OFFICE

3838 N. Causeway Blvd
Lakeway III, Suite 1800
Metairie, LA 70002

Alabama (888) 514-8051
Arkansas (888) 514-7302
Louisiana (888) 514-7302
Mississippi (888) 514-7302

NEW YORK DIVISION OFFICE

99 Tenth Avenue
New York, NY 10011

New York (877) 883-5789
(212) 337-1593
(212) 337-1594

PHILADELPHIA DIVISION OFFICE

William J. Green Federal Building
500 Arch Street, Room 10224
Philadelphia, PA 19106

Delaware (888) 393-8231
Pennsylvania (888) 393-8231

PHOENIX DIVISION OFFICE

3010 N. 2nd Street, Suite 301
Phoenix, AZ 85012

Arizona (800) 741-0902

SAN DIEGO DIVISION OFFICE

4560 Viewridge Avenue
San Diego, CA 92123-1637

California (Southern) (800) 284-1152

SAN FRANCISCO DIVISION OFFICE

450 Golden Gate Avenue, 14th Floor
P.O. Box 36035
San Francisco, CA 94102

California (Northern) (888) 304-3251

SEATTLE DIVISION OFFICE

400 Second Avenue, West
Seattle, WA 98119

Alaska (888) 219-4261
Idaho (888) 219-4261
Oregon (888) 219-4261
Washington (888) 219-1418

ST. LOUIS DIVISION OFFICE

317 South 16th Street
St. Louis, MO 63103

Iowa (888) 803-1179
Kansas (888) 803-1179
Missouri (888) 803-1179
Nebraska (888) 803-1179
South Dakota (888) 803-1179

WASHINGTON, D.C. DIVISION OFFICE

Technworld Plaza
800 K Street, N.W., Suite 500
Washington, D.C. 20001

District of Columbia (877) 801-7974
Maryland (877) 330-6670
Virginia (877) 801-7974
West Virginia (877) 330-6670

RENEWAL INST - Page 4



Management of Infectious Waste by Small Quantity Generators

This document provides information concerning the management of infectious waste by those generating small quantities of this waste in Missouri. The document provides general information only. Specific questions should be addressed to the local Missouri Department of Natural Resources Regional Office or to the Solid Waste Management Program at (573) 751-5401.

Infectious waste in Missouri is regulated as a non-hazardous solid waste under the Missouri Solid Waste Management Law. Missouri law charges the local Missouri Department of Natural Resources and the Missouri Department of Health (MDOH) with the responsibility for regulation of infectious waste management. The MDOH is responsible for regulating the on-site management of infectious waste by Missouri hospitals and for defining wastes which are considered infectious when produced by small quantity generators. The local Department of Natural Resources is responsible for regulating all other aspects of infectious waste management, including permit requirements, transportation, packaging, etc.

It is important that anyone generating infectious waste be aware of the requirements for infectious waste management. Included in the requirements are the following major points:

- 1 All infectious waste must be treated before disposal in Missouri, except waste generated at an individual residence.
- 2 All sharps (needles, scalpels, broken glassware, etc.) must be packaged in a rigid, leak-proof and puncture-resistant container prior to transport and all treated and untreated sharps must be similarly packaged before disposal.
- 3 All treated waste must be certified as having been treated prior to disposal in a landfill in Missouri. The certification must be provided to both the hauler and the landfill.
- 4 The only requirement for infectious waste generated at an individual residence is that sharps be packaged in rigid, leakproof and puncture-resistant containers prior to disposal with regular household waste. Other requirements discussed in this bulletin (such as treatment, transport and certification) do not apply to infectious waste generated at an individual residence.

DEFINITIONS

Infectious waste is defined as "waste capable of producing an infectious disease because it contains pathogens of sufficient virulence and quantity so that exposure to the waste by a susceptible human host could result in an infectious disease." All infectious waste must be



treated before disposal in Missouri except when the waste is generated at an individual residence. Infectious waste generated at an individual residence must be properly packaged as described previously in this bulletin.

A small quantity generator (SQG) of infectious waste is defined as a generator of 100 kilograms (approximately 220 pounds) or less of infectious waste per month.

The Missouri Solid Waste Management Law required the MDOH to specify infectious waste that must be rendered innocuous regardless of quantity. The MDOH specified that small quantity generator infectious waste includes the following categories:

- A Sharps – Discarded sharps including hypodermic needles, syringes and scalpel blades. This definition includes broken glass or other sharp items that have come in contact with material defined as infectious;
- B Cultures and stocks of infectious agents – this category includes all cultures and stocks of infectious organisms as well as culture dishes and devices used to transfer, inoculate and mix cultures; and
- C Other wastes – Those wastes as designated by the medical authority responsible for the care of the patient (physician, podiatrist, dentist, veterinarian), which may be capable of producing an infectious disease.

Discarded sharps *must always* be handled as infectious waste and must always be properly packaged before transport and/or disposal. Cultures and stocks of infectious agents must also be handled as infectious waste unless generated by an individual residence. It is the responsibility of the health care professional, however, to determine whether any other items should be considered infectious waste when produced by a small quantity generator.

ON-SITE TREATMENT

Anyone generating infectious waste may choose to treat that waste on site to render it innocuous. Such on-site treatment of infectious waste does not require a permit or approval from the Department of Natural Resources, except that on-site incineration will require a permit from the department's Air Pollution Control Program or from a local air pollution control agency. Some treatment methods may result in the discharge of liquids and may be regulated by the department's Water Pollution Control Program or the local sanitary sewer district. Hospitals choosing to treat infectious waste on site must comply with the requirements of the MDOH. Methods for on-site treatment include incineration, steam sterilization (autoclave) and chemical treatment.

For chemical treatment of sharps, the MDOH recommends the use of one part common household chlorine bleach mixed with nine parts water. This solution should be poured into the container of sharps and allowed to remain for approximately 30 minutes. The solution must then be carefully poured off so that free liquid does not remain in the container. The solution may be disposed of in the sanitary sewer system. The sharps container must then be sealed prior to disposal.

OFF-SITE TREATMENT

Infectious Waste transported off the premises of the generator must be taken to a permitted infectious waste processing facility (for example, a transfer station, incinerator or steam sterilizing facility permitted to accept infectious waste), or to a hospital approved by both the Department of Natural Resources and the MDOH to accept the waste or out of Missouri.

In order for a hospital to be approved to accept infectious waste from SQG's, the hospital must submit a request for approval to both Department of Natural Resources and MDOH. Requirements for such requests are specified in 10 CSR 80-7.010 and 19 CSR 30-20.020. Hospitals may contact the Solid Waste Management Program and the MDOH-Bureau of Hospital Licensing for information about the approval process.

However, for the purposes of disposal, infectious waste generated by ambulance services in the process of caring for and delivering a patient to a hospital will be considered to be generated by the hospital to which the patient is delivered. Therefore, hospitals receiving such waste from ambulance services will not be required to obtain MDNR or MDOH approval for the acceptance of infectious waste from off-site.

Packaging of Untreated Infectious Waste:

Untreated infectious waste and all discarded sharps must be packaged in rigid, leakproof and puncture-resistant containers prior to transport or disposal. Prior to transport, all infectious waste must be placed in rigid or semi-rigid, leakproof containers clearly marked with the universal biohazard symbol, must be labeled with the words "Infectious Waste" or "Biohazard Waste" and must be sealed. There is no requirement for color of the container. Neither plastic bags nor glass containers may be used as primary containers for transportation of the waste; if these types of containers are used, they must be placed within a container which fits the description of rigid or semi-rigid and leakproof. If glass is present, the primary container must protect the glass from breakage. Reusable containers must be constructed of either heavy wall plastic or non-corrosible metal and must be cleaned and sanitized before reuse.

Transportation of Untreated Infectious Waste:

If a SQG chooses to utilize an off-site processing facility for management of its infectious waste, three options for transportation exist. The generator may transport the properly packaged waste using its own employees and vehicles, provided the vehicles are closed and secure. If the SQG chooses not to transport its own waste, the waste must be transported by an infectious waste transporter licensed in Missouri for the transportation of infectious waste. In addition, untreated sharps may be transported for the treatment by the United States Postal Service, as long as the Postal Service requirements (39CFR111) are followed.

If the waste is transported off the premises of the generator, it must be taken to a permitted infectious waste processing facility, a hospital approved by both the Department of Natural Resources and MDOH to accept such waste, or out of the state.

Tracking Documents for Untreated Infectious Waste:

If a SQG transports its own infectious waste to an approved hospital, the generator must provide any records which may be required by the hospital receiving the waste. If the generator transports its own waste to a processing facility or if a licensed transporter is used, tracking documents must be prepared by the generator in accordance with 10 CSR 80-7.010. The transporter or the receiving facility may provide the forms, although they are not required to do so.

DISPOSAL

Section 260.203.2., RSMo, prohibits the placement of untreated infectious waste in a solid waste disposal area in Missouri, the only exception being infectious waste generated at an individual residence. Any person wishing to dispose of treated infectious waste other than that generated at an individual residence in Missouri, must certify to the hauler and to the landfill that the waste has been rendered innocuous and may legally be placed in a landfill.

Packaging of Sharps for Disposal:

Prior to disposal, all sharps must be packaged in rigid, leakproof and puncture-resistant containers. This requirement applies to all sharps, including those which have been treated and those which have not been in contact with infectious agents.

Suitable containers for such packaging include commercial sharps containers which are rigid, leakproof and puncture-resistant, as well as any other type of container which meets these requirements. Commonly found containers which may fulfill this purpose include metal containers which may be sealed (for example, coffee cans with the lid in place and sealed with heavy-duty tape) and commercial sharps containers designed for this purpose. A container should not be used for sharps which are to be treated if that container has a residue which may react adversely during the treatment technique. All containers should be thoroughly rinsed before use.

Certification of Treated Water:

Treated infectious waste which is to be placed in a landfill in Missouri must be certified as having been properly handled. The generator must supply this certification document to both the sanitary landfill and to the waste hauler.

Requirements for information to be included in the certification document are specified in 10 CSR 80-7.010. The certification document must include the following information, at a minimum:

- The name, mailing address, location (when different from mailing address), and phone number of the office or facility treating the waste;
- The printed name and signature of the person responsible for the treatment process;
- A brief description of the treated waste (e.g. sharps in metal containers);
- A brief description of the method of treatment; and
- A statement that the waste has been managed in accordance with the Missouri Solid Waste Management Law and rules and may legally be placed in a landfill.

The certification must be revised when changes in the operation result in a change in the information provided. Copies of the revised certification document must be provided to both the waste hauler and the landfill.

OTHER REQUIREMENTS

In addition to these state requirements, counties or municipalities may have additional requirements for management of infectious waste. Generators should contact their county and city health departments to learn of these requirements.

Original: May 1989

Revised: January 1996

For more information call or write:

Missouri Department of Natural Resources
Solid Waste Management Program

P.O. Box 176

Jefferson City, MO 65102-0176

1-800-361-4827 or (573) 751-5401 office

(573) 526-3902 fax

www.dnr.mo.gov/env/swmp Program Home Page

Treated Infectious Waste

Treatment Facility Name _____

Location _____

Mailing Address _____

Telephone _____

Treatment Waste Description

Sharps in metal containers

Sharps in heavy gauge plastic containers

Incinerator ash

Laboratory wastes in autoclave bags

Other (*please specify*) _____

Treatment Method

Steam sterilization

Incineration

Chemical Sterilization

Other (*please specify*) _____

Certification

I certify that the aforesaid infectious waste has been managed in accordance with the Missouri Solid Waste Management Law and respective rules; and that it may legally be placed in a sanitary landfill.

Treatment Facility Manager, Officer, or Agent (*please print*)

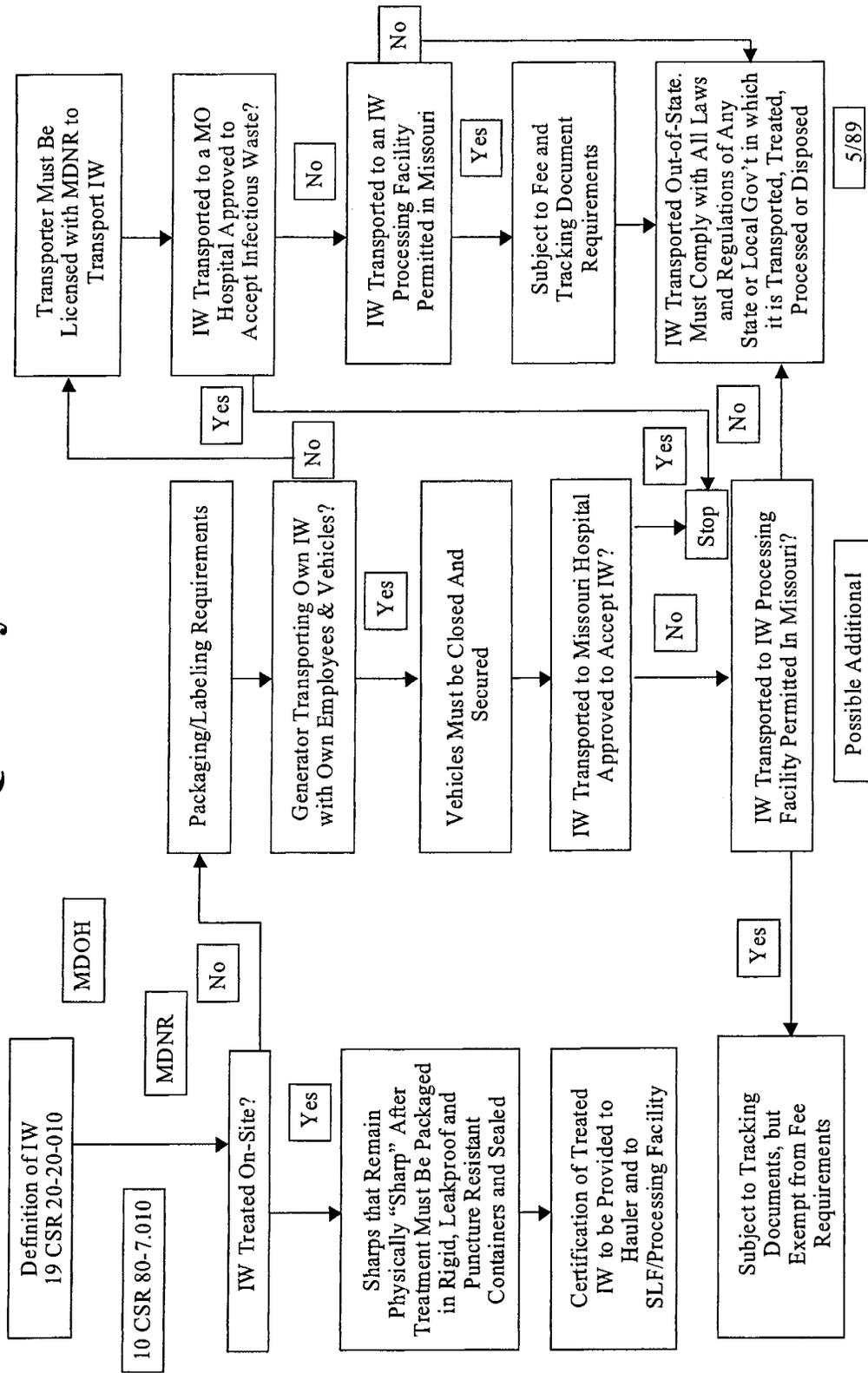
Signature

Date

NOTICE: This form was designed by the Missouri State Medical Association, the Missouri Dental Association, the Missouri Association of Osteopathic Physicians and Surgeons, the Missouri Hospital Association, and the Missouri Veterinary Medical Association to comply with Section 260.203 RSMo. (Supp. 1988) of the Missouri Solid Waste Management Law. It may not be in complete compliance with all local solid waste treatment requirements.

MANAGEMENT OF INFECTIOUS WASTE

Small Quantity Generators



SUBCHAPTER J—ACCREDITATION OF VETERINARIANS AND SUSPENSION OR REVOCATION OF SUCH ACCREDITATION

PART 160—DEFINITION OF TERMS

AUTHORITY: 7 U.S.C. 8301-8317; 15 U.S.C. 1828; 7 CFR 2.22, 2.80, and 371.4.

§ 160.1 Definitions.

For the purposes of this subchapter the following words, phrases, names and terms shall be construed, respectively, to mean:

Accredited veterinarian.¹ A veterinarian approved by the Administrator in accordance with the provisions of part 161 of this subchapter to perform functions specified in subchapters B, C, and D of this chapter.

Administrator. The Administrator of the Animal and Plant Health Inspection Service or any individual authorized to act for the Administrator.

Animal, animals. All animals except humans, including but not limited to cattle, sheep, goats, other ruminants, swine, horses, asses, mules, zebras, birds, and poultry.

Animal and Plant Health Inspection Service. The Animal and Plant Health Inspection Service, United States Department of Agriculture.

APHIS. The Animal and Plant Health Inspection Service.

Approved digital signature. Digital signatures approved by the Administrator for electronic transmission, for example, via a computer. To be approved, a digital signature must be able to verify the identity of the accredited veterinarian signing the document and indicate if the integrity of the data in the signed document was compromised.

Examine, examination. Physical study of an individual animal that enables an accredited veterinarian to determine if any abnormality in physical condition

or bodily function is suggestive of clinical signs of communicable disease.

Inspect, inspection. Visual study of the physical appearance, physical condition, and behavior of animals (singly or in groups) that enables an accredited veterinarian to determine whether any abnormality in physical condition or bodily function is evident.

Issue. The distribution, including electronic transmission, of an official animal health document that has been signed.

Official certificate, form, record, report, tag, band, or other identification. Means any certificate, form, record, report, tag, band, or other identification, prescribed by statute or by regulations issued by the Administrator, for use by an accredited veterinarian performing official functions under this subchapter.

Regular health maintenance program. An arrangement between an accredited veterinarian and a livestock producer whereby the veterinarian inspects every animal on the premises of the producer at least once every 30 days.

Sign, (Signed). For an accredited veterinarian to put his or her signature in his or her own hand, or by means of an approved digital signature, on a certificate, form, record, or report. No certificate, form, record, or report is signed if:

(1) Someone other than the accredited veterinarian has signed it on behalf of or in the name of the accredited veterinarian, regardless of the authority granted them by the accredited veterinarian; or

(2) If any mechanical device, other than an approved digital signature, has been used to affix the signature.

State. Any State, the District of Columbia, Puerto Rico, Guam, the Northern Mariana Islands, the Virgin Islands of the United States, and any other territory or possession of the United States.

State Animal Health Official. The State animal health official who is responsible for the livestock and poultry disease control and eradication programs of a State.

¹The provisions of subchapters B, C, and D of this chapter authorize Federal and State veterinarians and accredited veterinarians to perform specified functions. Full-time Federal (including military) and State employed veterinarians are authorized to perform such functions, pursuant to delegation of authority by the Administrator or cooperative agreements without specific accreditation under the provisions of this subchapter.

Veterinarian-in-Charge. The veterinary official of APHIS who is assigned by the Administrator to supervise and perform the official work of APHIS in a State or group of States.

[57 FR 54912, Nov. 23, 1992, as amended at 59 FR 40797, Aug. 10, 1994; 60 FR 39842, Aug. 4, 1995; 62 FR 25445, May 9, 1997]

PART 161—REQUIREMENTS AND STANDARDS FOR ACCREDITED VETERINARIANS AND SUSPENSION OR REVOCATION OF SUCH ACCREDITATION

Sec.

161.1 Statement of purpose; performance of accredited duties in different States.

161.2 Requirements and application procedures for accreditation.

161.3 Standards for accredited veterinarian duties.

161.4 Suspension or revocation of veterinary accreditation; criminal and civil penalties.

AUTHORITY: 7 U.S.C. 8301-8317; 15 U.S.C. 1828; 7 CFR 2.22, 2.80, and 371.4.

SOURCE: 57 FR 54912, Nov. 23, 1992, unless otherwise noted.

§ 161.1 Statement of purpose; performance of accredited duties in different States.

(a) This subchapter concerns a program administered by APHIS to accredit veterinarians and thereby authorize them to perform, on behalf of APHIS, certain activities specified in this chapter. This program is intended to ensure that an adequate number of qualified veterinarians are available in the United States to perform such activities.

(b) If an accredited veterinarian wishes to perform accredited duties in a State other than the State for which the veterinarian has completed an orientation in accordance with § 161.2(a)(4), the accredited veterinarian shall so inform the Veterinarian-in-Charge of the new State. The Veterinarian-in-Charge of the new State may require the accredited veterinarian to complete, prior to performing any accredited duties in the new State, an orientation in animal health procedures and issues relevant to the new State. The Veterinarian-in-Charge shall review the content of each such

orientation and shall approve its use after determining that it includes adequate information about animal health agencies, regulatory requirements, administrative procedures, and animal disease problems in the new State, to prepare an accredited veterinarian from another State to perform accredited duties in the new State. The Veterinarian-in-Charge shall also give the State Animal Health Official of the new State an opportunity to review the contents of the orientation, and invite him or her to participate in developing orientation materials and conducting the orientation.

(c) An accredited veterinarian may not perform accredited duties in a State in which the accredited veterinarian is not licensed or legally able to practice veterinary medicine.

§ 161.2 Requirements and application procedures for accreditation.

(a) *Initial accreditation.* A veterinarian may apply for accreditation by completing an application for accreditation on Form 1-36A, "Application for Veterinary Accreditation," including certification that the applicant is able to perform the tasks listed in paragraph (d) of this section, and submitting it to the Veterinarian-in-Charge in the State where he or she wishes to perform accredited duties.

(1) Completed Forms 1-36A received by a Veterinarian-in-Charge shall be reviewed by the State Animal Health Official for the State in which the veterinarian wishes to perform accredited duties. Within 14 days after receiving an application, a State Animal Health Official shall either endorse the application or send a written statement to the Administrator explaining why it was not endorsed; but if the State Animal Health Official fails to take one of these actions within 14 days, the Veterinarian-in-Charge shall proceed to review the application. The Administrator will review the application and the written statement, if any, and determine whether the applicant meets the requirements for accreditation contained in this part.

(2) The Administrator is hereby authorized to accredit a veterinarian when he or she determines that:

(i) The veterinarian is a graduate with a Doctorate of Veterinary Medicine or an equivalent degree (any degree that qualifies the holder to be licensed by a State to practice veterinary medicine) from a college of veterinary medicine;

(ii) The veterinarian is licensed or legally able to practice veterinary medicine in the State in which the veterinarian wishes to perform accredited duties. APHIS will confirm licensing status of the applicant by contacting the State board of veterinary medical examiners or any similar State organization that maintains records of veterinarians licensed in a State; and,

(iii) The veterinarian has completed an orientation program approved by the Veterinarian-in-Charge for the State in which the veterinarian wishes to practice, and upon completion of the orientation, has signed a written statement listing the date and place of orientation, the subjects covered in the orientation, and any written materials provided to the veterinarian at the orientation. The Veterinarian-in-Charge shall also give the State Animal Health Official an opportunity to review the contents of the orientation, and invite him or her to participate in developing orientation materials and conducting the orientation. The orientation program shall include the following topics:

(A) Federal animal health laws, regulations, and rules;

(B) Interstate movement requirements for animals;

(C) Import and export requirements for animals;

(D) USDA animal disease eradication and control programs;

(E) Laboratory support in confirming disease diagnoses;

(F) Ethical/Professional responsibilities of an accredited veterinarian; and,

(G) Animal health procedures, issues, and information resources relevant to the State in which the veterinarian wishes to perform accredited duties.

(b) *Reaccreditation.* A veterinarian whose accreditation has been revoked may apply for reaccreditation when the revocation has been in effect for not less than two years by completing an application for reaccreditation on Form 1-36A, "Application for Veteri-

nary Accreditation", and submitting it to the Veterinarian-in-Charge of the State or area where he or she wishes to perform accredited work.

(1) Completed Forms 1-36A received by a Veterinarian-in-Charge shall be reviewed by the State Animal Health Official for the State in which the veterinarian wishes to perform accredited duties. Within 14 days after receiving an application, a State Animal Health Official shall either endorse the application or send a written statement to the Administrator explaining why it was not endorsed; but if the State Animal Health Official fails to take one of these actions within 14 days, the Veterinarian-in-Charge shall proceed to review the application. The Administrator will review the application and the written statement, if any, and determine whether the applicant meets the requirements for reaccreditation contained in this part.

(2) The Administrator is hereby authorized to reaccredit a veterinarian when he or she determines that:

(i) The veterinarian is licensed or legally able to practice veterinary medicine in the State in which the veterinarian wishes to perform accredited duties;

(ii) The veterinarian has completed a reaccreditation orientation program approved by the Veterinarian-in-Charge for the State in which the veterinarian wishes to practice, and upon completion of the orientation, has signed a written statement listing the date and place of orientation, the subjects covered in the orientation, and any written materials provided to the veterinarian at the orientation. The Veterinarian-in-Charge shall also give the State Animal Health Official an opportunity to review the contents of the reaccreditation orientation, and invite him or her to participate in developing orientation materials and conducting the orientation. The orientation program shall include topics addressing the subject areas which led to loss of accreditation for the applicant, and subject areas which have changed since the applicant lost accreditation; and,

(iii) The professional integrity and reputation of the applicant support a conclusion that the applicant will

faithfully fulfill the duties of an accredited veterinarian in the future. In making this conclusion, the Administrator shall review all available information about the applicant, including recommendations of the State Animal Health Official, and shall consider:

(A) Criminal conviction records adversely reflecting on the honesty or integrity of the applicant with regard to the performance or nonperformance of veterinary medical duties;

(B) Official records of the applicant's actions participating in Federal, State, or local veterinary programs;

(C) Judicial determinations in civil litigation adversely reflecting on the integrity of the applicant; and

(D) Any other evidence reflecting on the professional integrity and reputation of the applicant.

(c) *Reinstatement after suspension.* A veterinarian whose accreditation has been suspended for less than 6 months (other than a summary suspension that is changed to a revocation as a result of an adjudicatory proceeding) will be automatically reinstated as an accredited veterinarian upon completion of the suspension. A veterinarian whose accreditation has been suspended for 6 months or more must complete a re-accreditation orientation program in accordance with paragraph (b)(2)(ii) of this section before accreditation will be reinstated.

(d) *Tasks which applicants for accredited status must be able to perform.* Applicants for accredited status must be able to:

(1) Perform physical examinations of individual animals, and visually inspect herds or flocks, to determine whether the animals are free from any clinical signs suggestive of communicable disease;

(2) Recognize the common breeds of livestock so as to be able to record breed information on official documents;

(3) Recognize brucellosis tattoos and calfhood vaccination tags, and determine the state of origin of eartags, to properly identify animals in interstate commerce;

(4) Estimate the age of livestock using a dental formula;

(5) Apply an eartag, tattoo, backtag, and legband;

(6) Certify the disease status of a poultry flock with regard to disease caused by *Salmonella enteritidis*, chlamydiosis and exotic Newcastle disease, by evaluating records of the flock's participation in and testing by Federal and State poultry health programs;

(7) Properly complete certificates for domestic and international movement of animals;

(8) Apply and remove official seals;

(9) Perform a necropsy on livestock;

(10) Recognize clinical signs and lesions of exotic animal diseases;

(11) Plan a disease control strategy for a livestock unit;

(12) Vaccinate for brucellosis and fill out the vaccination certificate;

(13) Draw and ship blood for testing;

(14) Perform a caudal fold test for tuberculosis;

(15) Develop appropriate cleaning and disinfection plans to control communicable livestock disease spread; and

(16) Explain basic principles for control of diseases for which APHIS or APHIS-State cooperative programs exist, such as brucellosis, pseudorabies, and tuberculosis.

(Approved by the Office of Management and Budget under control number 0579-0032)

[57 FR 54912, Nov. 23, 1992, as amended at 61 FR 56891, Nov. 5, 1996]

§ 161.3 Standards for accredited veterinarian duties.

An accredited veterinarian shall perform the functions of an accredited veterinarian only in a State in which the accredited veterinarian is licensed or legally able to practice veterinary medicine. An accredited veterinarian shall perform the functions of an accredited veterinarian and carry out all responsibilities under applicable Federal programs and cooperative programs subject to direction provided by the Veterinarian-in-Charge and in accordance with any regulations and instructions issued to the accredited veterinarian by the Veterinarian-in-Charge, and shall observe the following specific standards:

(a) An accredited veterinarian shall not issue a certificate, form, record or report which reflects the results of any

inspection, test, vaccination or treatment performed by him or her with respect to any animal, other than those in regular health maintenance programs, unless he or she has personally inspected that animal within 10 days prior to issuance. Inspections under this paragraph must be conducted in a location that allows the accredited veterinarian sufficient space to observe the animal in such a manner as to detect abnormalities related to areas such as, but not limited to, locomotion, body excretion, respiration, and skin conditions. An accredited veterinarian shall examine such an animal showing abnormalities, in order to determine whether or not there is clinical evidence compatible with the presence or absence of a communicable disease.

(1) Following the first two inspections of a herd or flock as part of a regular health maintenance program, an accredited veterinarian shall not issue a certificate, form, record or report which reflects the results of any inspection, test, vaccination or treatment performed by him or her with respect to any animal in that program, unless he or she has personally inspected that animal within 10 days prior to issuance.

(2) Following the third and subsequent inspections of a herd or flock in a regular health maintenance program, an accredited veterinarian shall not issue a certificate, form, record or report which reflects the results of any inspection, test, vaccination or treatment performed by him or her with respect to any animal in that program, unless he or she has personally inspected that animal within 30 days prior to issuance.

(b) An accredited veterinarian shall not issue, or allow to be used, any certificate, form, record or report, until, and unless, it has been accurately and fully completed, clearly identifying the animals to which it applies, and showing the dates and results of any inspection, test, vaccination, or treatment the accredited veterinarian has conducted, except as provided in paragraph (c) of this section, and the dates of issuance and expiration of the document. Certificates, forms, records, and reports shall be valid for 30 days fol-

lowing the date of inspection of the animal identified on the document, except that origin health certificates may be valid for a longer period of time as provided in §91.3(a) of this chapter. The accredited veterinarian must distribute copies of certificates, forms, records, and reports according to instructions issued to him or her by the Veterinarian-in-Charge.

(c) An accredited veterinarian shall not issue any certificate, form, record, or report which reflects the results of any inspection, test, vaccination, or treatment performed by another accredited veterinarian, unless:

(1) The signing accredited veterinarian has exercised reasonable care, that is, a standard of care that a reasonably prudent person would use under the circumstances in the course of performing professional duties, to determine that the certificate, form, or report is accurate;

(2) The certificate, form, or report indicates that the inspection, test, vaccination, or treatment was performed by the other accredited veterinarian; identifies the other accredited veterinarian by name; and includes the date and the place where such inspection, test, or vaccination was performed; and,

(3) For a certificate, form, or report indicating results of a laboratory test, the signing accredited veterinarian shall keep a copy of the certificate, form, or report and shall attach to it either a copy of the test results issued by the laboratory, or a written record (including date and participants' names) of a conversation between the signing accredited veterinarian and the laboratory confirming the test results.

(d) An accredited veterinarian shall perform official tests, inspections, treatments, and vaccinations and shall submit specimens to designated laboratories in accordance with Federal and State regulations and instructions issued to the accredited veterinarian by the Veterinarian-in-Charge.

(e) An accredited veterinarian shall identify or be physically present to supervise the identification of reactor animals by tagging or such other method as may be prescribed in instructions issued to him or her by the Veterinarian-in-Charge or by a State Animal

Health Official through the Veterinarian-in-Charge.

(f) An accredited veterinarian shall immediately report to the Veterinarian-in-Charge and the State Animal Health Official all diagnosed or suspected cases of a communicable animal disease for which a APHIS has a control or eradication program in 9 CFR chapter I, and all diagnosed or suspected cases of any animal disease not known to exist in the United States as provided by § 71.3(b) of this chapter.

(g) While performing accredited work, an accredited veterinarian shall take such measures of sanitation as are necessary to prevent the spread of communicable diseases of animals by the accredited veterinarian.

(h) An accredited veterinarian shall keep himself or herself currently informed on Federal and State regulations that are provided to him or her by the Veterinarian-in-Charge, or by a State official through the Veterinarian-in-Charge, governing the movement of animals, and on procedures applicable to disease control and eradication programs, including emergency programs.

(i) An accredited veterinarian shall not use or dispense in any manner, any pharmaceutical, chemical, vaccine or serum, or other biological product authorized for use under any Federal regulation or cooperative disease eradication program, in contravention of applicable Federal or State statutes, regulations, and policies.

(j) An accredited veterinarian shall be responsible for the security and proper use of all official certificates, forms, records, and reports; tags, bands, or other identification devices; and approved digital signature capabilities used in his or her work as an accredited veterinarian and shall take reasonable care to prevent the misuse thereof. An accredited veterinarian shall immediately report to the Veterinarian-in-Charge the loss, theft, or deliberate or accidental misuse of any such certificate, form, record, or report; tag, band, or other identification device; or approved digital signature capability.

(k) An accredited veterinarian may issue an origin health certificate for export use pursuant to part 91 of this

chapter without including test results from a laboratory, if the Veterinarian-in-Charge has determined that such action is necessary to save time in order to meet an exportation schedule and agrees to add the test results to the certificate at a later time. In such cases, the accredited veterinarian shall state on a removable attachment to the certificate that such test results are to be added by the Veterinarian-in-Charge.

[57 FR 54912, Nov. 23, 1992; 58 FR 8820, Feb. 17, 1993; 60 FR 39842, Aug. 4, 1995; 60 FR 55443, Nov. 1, 1995; 62 FR 25445, May 9, 1997; 67 FR 11561, Mar. 15, 2002]

§ 161.4 Suspension or revocation of veterinary accreditation; criminal and civil penalties.

(a) The Administrator is authorized to suspend for a given period of time, or to revoke, the accreditation of a veterinarian when he or she determines that the accredited veterinarian has not complied with the "Standards for Accredited Veterinarian Duties" as set forth in § 161.3 of this part, or, in lieu thereof, to issue a written notice of warning to the accredited veterinarian when the Administrator determines a notice of warning will be adequate to attain compliance with the Standards.

(b) Accreditation shall be automatically terminated when an accredited veterinarian is not licensed or legally able to practice veterinary medicine in at least one State.

(c) Accreditation shall be automatically revoked when an accredited veterinarian is convicted of a crime in either State or Federal court, if such conviction is based on the performance or nonperformance of any act required of the veterinarian in his or her capacity as an accredited veterinarian.

(d) Any accredited veterinarian who knowingly issues or signs a false, incorrect, or mislabeled animal health or inspection certificate, blood sample, official brucellosis vaccination certificate, or official tuberculin test certificate in accordance with this chapter, shall be subject to such civil penalties and such criminal liabilities as are provided by 7 U.S.C. 8313, 18 U.S.C. 1001, or other applicable Federal statutes. Such action may be in addition to, or in lieu

of, suspension or revocation of accredited veterinarian status in accordance with this section.

[57 FR 54912, Nov. 23, 1992, as amended at 68 FR 6346, Feb. 7, 2003]

PART 162—RULES OF PRACTICE GOVERNING REVOCATION OR SUSPENSION OF VETERINARIANS' ACCREDITATION

Subpart A—General

Sec.

162.1 Scope and applicability of rules of practice.

Subpart B—Supplemental Rules of Practice

162.10 Summary suspension of accreditation of veterinarians.

162.11 Notification.

162.12 Informal conference.

162.13 Formal complaint.

AUTHORITY: 7 U.S.C. 8301-8317; 15 U.S.C. 1828; 7 CFR 2.22, 2.80, and 371.4.

SOURCE: 57 FR 54915, Nov. 23, 1992, unless otherwise noted.

Subpart A—General

§ 162.1 Scope and applicability of rules of practice.

The Uniform Rules of Practice for the Department of Agriculture promulgated in subpart H of part 1, subtitle A, title 7, Code of Federal Regulations, are the Rules of Practice applicable to adjudicatory, administrative proceedings for the revocation or suspension of accreditation of veterinarians (9 CFR parts 160 and 161). In addition, the Supplemental Rules of Practice set forth in subpart B of this part shall be applicable to such proceedings.

Subpart B—Supplemental Rules of Practice

§ 162.10 Summary suspension of accreditation of veterinarians.

In any situation where the Administrator has reason to believe that any veterinarian accredited under the provisions of 9 CFR parts 160 and 161 of this subchapter has not complied with the "Standards for Accredited Veterinarian Duties" set forth in § 161.3 of this subchapter, and deems such action

necessary in order to prevent the introduction into the United States or the spread from one State to another of a contagious, infectious, or communicable disease of animals, or to insure that animals intended or offered for export to foreign countries are free from disease, the Administrator may suspend the accreditation of such veterinarian pending final determination in the proceeding, effective upon oral or written notification, whichever is earlier. In the event of oral notification, a written confirmation thereof shall be given to such veterinarian pursuant to § 1.147(b) of the Uniform Rules of Practice (7 CFR 1.147(b)) as promptly as circumstances permit. Such suspension shall have no relevance with respect to the final determination in the proceeding.

§ 162.11 Notification.

The Veterinarian-in-Charge shall notify an accredited veterinarian when there is reason to believe that the accredited veterinarian has not complied with the "Standards for Accredited Veterinarian Duties" as contained in § 161.3 of this subchapter. The notification shall be in writing, with a copy to the State Animal Health Official, and shall include a statement of the basis for the belief that the accredited veterinarian has failed to comply with the Standards and shall notify the accredited veterinarian if the Veterinarian-in-Charge has arranged to hold an informal conference to discuss the matter.

§ 162.12 Informal conference.

(a) The Veterinarian-in-Charge, in consultation with the State Animal Health Official and the accredited veterinarian, shall designate the time and place for the holding of an informal conference to review the matter, unless the Veterinarian-in-Charge determines that an informal conference is inappropriate. An informal conference is inappropriate only if the Veterinarian-in-Charge decides to dismiss the case based on available facts, or if civil or criminal charges based on the actions or inactions believed to be in violation of the "Standards for Accredited Veterinarian Duties" contained in § 161.3 of this subchapter are pending against the

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accredited veterinarian. An informal conference shall include the Veterinarian-in-Charge or his or her representative, the accredited veterinarian, and any other persons the Veterinarian-in-Charge requests to attend due to their involvement in or knowledge of the possible violation. The State Animal Health Official will be invited to attend each informal conference held regarding activities in his or her State.

(b) Prior to, during, or at the conclusion of the informal conference, the Veterinarian-in-Charge may issue a written warning to the accredited veterinarian without further procedure after determining that a warning with appropriate instructions will be adequate to attain compliance with the Standards.

(c) If prior to, during, or at the conclusion of, the informal conference, the accredited veterinarian consents, in writing, to the issuance of an order revoking or suspending his or her accreditation for a specified period of time, in lieu of further procedure, the Veterinarian-in-Charge may issue such a consent order without further procedure.

(d) If prior to, during, or after the informal conference, but prior to the

issuance of a formal complaint, the accredited veterinarian is found not to have violated the regulations, the Veterinarian-in-Charge will issue a letter dismissing the case, and provide a copy of the letter to the accredited veterinarian and to the State Animal Health Official. Prior to, during, or after the informal conference, the Veterinarian-in-Charge may issue a letter identifying actions of the accredited veterinarian that were minor violations of the Standards, instructing the accredited veterinarian in proper procedures, and admonishing the accredited veterinarian to use greater care in performing these procedures in the future.

[57 FR 54915, Nov. 23, 1992; 57 FR 60086, Dec. 18, 1992]

§ 162.13 Formal complaint.

If a consent order has not been issued, or if, after an informal conference, the Veterinarian-in-Charge has not issued a letter of dismissal or letter of warning to the accredited veterinarian, a formal complaint may be issued by the Administrator in accordance with § 1.135 of the Uniform Rules of Practice (7 CFR 1.135).

Missouri Department of Agriculture

Animal & Livestock Diseases

Reportable Communicable Diseases

The following are reportable diseases that must be reported to state (573) 751-3377 or federal (573) 636-3116 officials within 24 hours of suspicion or diagnosis:

Aquaculture (Fish)

- Infectious salmon anemia
- Spring viremia of carp

Avian (Poultry, chickens, turkeys & birds)

- Avian infectious encephalomyelitis
- Avian influenza (High pathogenic, H5, H7)
- Infectious laryngotracheitis
- Newcastle disease (VVND)

Bovine (Cattle & bison)

- Anthrax
- Bluetongue
- Bovine babesiosis (Texas fever, piroplasmosis)
- Bovine spongiform encephalopathy (BSE)
- Brucellosis
- Contagious bovine pleuropneumonia
- Foot-and-mouth disease
- Heartwater
- Pseudorabies
- Rift valley fever
- Rinderpest (cattle plague)
- Screwworm
- Tuberculosis
- Vesicular stomatitis

Canine (Dogs) - Feline (Cats)

- Rabies

Caprine (Goat) - Ovine (Sheep)

- Brucellosis caused by *Brucella melitensis* and *B. ovis*
- Foot-and-mouth disease
- Goat and sheep pox
- Heartwater
- Peste des petits ruminants (kata)
- Rift Valley fever
- Scrapie
- Screwworm
- Tuberculosis
- Vesicular stomatitis

Equine (Horses)

- African Horse sickness
- Babesiosis (piroplasmiasis)
- Contagious equine metritis
- Dourine (equine trypanosomiasis)
- Eastern equine encephalomyelitis
- Equine infectious anemia (EIA)
- Equine piroplasmiasis
- Equine rhinopneumonitis
- Equine viral arteritis
- Glanders
- Venezuelan equine encephalomyelitis
- Vesicular Stomatitis
- Western equine encephalomyelitis

All Species

- Anthrax
- Brucellosis
- Rabies
- Tuberculosis
- Vesicular stomatitis

Porcine (Swine, pigs & feral swine)

- African swine fever
- Brucellosis
- Classical swine fever (Hog cholera)
- Foot-and-mouth disease
- Pseudorabies
- Swine vesicular disease
- Vesicular stomatitis

Cervidae (Elk & deer)

- Chronic Wasting Disease (CWD)
- Foot-and-mouth disease
- Tuberculosis

Communicable Diseases

The following must be reported to the Missouri Department of Health at (573) 751-6113 within 24 hours of suspicion or diagnosis:

- Rabies

For further information, contact the Division of Animal Health at (573) 751-3377, or e-mail us at Animal.Health@mda.mo.gov.