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# Rules of Department of Economic Development

## Division 270—Missouri Veterinary Medical Board Chapter 4—Minimum Standards

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**Title 4—DEPARTMENT OF  
ECONOMIC DEVELOPMENT  
Division 270—Missouri Veterinary  
Medical Board  
Chapter 4—Minimum Standards**

**4 CSR 270-4.010 Complaints**  
(Rescinded July 8, 1993)

*AUTHORITY: section 340.140.9, RSMo 1986. Original rule filed June 14, 1983, effective Oct. 13, 1983. Rescinded: Filed Nov. 4, 1992, effective July 8, 1993.*

**4 CSR 270-4.011 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. A reception area and office, or a combination of the two (2).

3. An examination room separate from other areas of the facility and of sufficient size to accommodate the doctor, assistant, patient and client.

4. A designated surgery room(s) not accessible to the general public.

5. Facility permit conspicuously displayed.

6. 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. 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 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.

*AUTHORITY: sections 340.210, RSMo Supp. 1993, 340.224 and 340.264, RSMo Supp. 1992.\* Original rule filed Nov. 4, 1992, effective July 8, 1993. Amended: Filed April 14, 1994, effective Sept. 30, 1994.*

*\*Original authority: 340.210, RSMo 1992, amended 1993 and 340.224 and 340.264, RSMo 1992.*

**4 CSR 270-4.020 Investigations**

(Rescinded July 8, 1993)

*AUTHORITY: section 340.140.9, RSMo 1986. Original rule filed June 14, 1983, effective Oct. 13, 1983. Rescinded: Filed Nov. 4, 1992, effective July 8, 1993.*

**4 CSR 270-4.021 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.\* Original rule filed Nov. 4, 1992, effective July 8, 1993.*

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

**4 CSR 270-4.030 Violations**

(Rescinded July 8, 1993)

*AUTHORITY: section 340.140.9, RSMo 1986. Original rule filed June 14, 1983, effective Oct. 13, 1983. Rescinded: Filed Nov. 4, 1992, effective July 8, 1993.*

**4 CSR 270-4.031 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. 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.\* 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.*

*\*Original authority: 340.200, RSMo 1992, amended 1999 and 340.210, RSMo 1992, amended 1993, 1995, 1999.*

**4 CSR 270-4.040 Action by the Board**

(Rescinded July 8, 1993)

*AUTHORITY: section 340.140.9, RSMo 1986. Original rule filed June 14, 1983, effective Oct. 13, 1983. Rescinded: Filed Nov. 4, 1992, effective July 8, 1993.*

**4 CSR 270-4.041 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(24), 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 and radiographs shall be maintained for a minimum of five (5) years after the last

visit. 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 or magnetic tape 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 Supp. 1992.\* Original rule filed Nov. 4, 1992, effective July 8, 1993.*

*\*Original authority: 340.210 RSMo 1992, amended 1993; 340.264, RSMo 1992; and 340.284, RSMo 1992.*

**4 CSR 270-4.042 Minimum Standards for Continuing Education for Veterinarians**

*PURPOSE: This rule defines the minimum standards for continuing education for veterinarians. In August, 1999 Senate Bill 424 became effective which revised Chapter 340.*

(1) Pursuant to 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.

(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 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 self-study 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 cer-

tification 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;

(F) The American Animal Hospital Association;

(G) American veterinary schools accredited by the American Veterinary Medical Association;

(H) Any state veterinary academy;

(I) American Association of Veterinary State Boards (AAVSB) or its successor—Registry of Approved Continuing Education (RACE); and

(J) Any national, regional and speciality veterinary organizations; 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) Any licensee seeking renewal of a license or certificate without having fully complied with these continuing education requirements who wishes to seek a waiver of the requirements shall file with the board a renewal application, a statement setting forth the facts concerning the noncompliance, a request for waiver of the continuing education requirements on the basis of such facts 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, the board shall waive part or all of the requirements for the renewal period for which the licensee has applied. 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 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 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. The required hours must have been obtained within three (3) years prior to renewal.

*AUTHORITY: sections 340.210, 340.258 and 340.268, RSMo 2000.\* Original rule filed April 13, 2001, effective Oct. 30, 2001. Amended: Filed April 1, 2003, effective Sept. 30, 2003.*

*\*Original authority: 340.210, RSMo 1992, amended 1993, 1995, 1999; 340.258, RSMo 1992, amended 1999; and 340.268, RSMo 1992.*

**4 CSR 270-4.050 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 attending a formal meeting.

(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.

*AUTHORITY: sections 340.210, 340.258 and 340.324, RSMo 2000. Original rule filed Nov. 4, 1992, effective July 8, 1993. Amended: Filed April 13, 2001, effective Oct. 30, 2001.*

*\*Original authority: 340.210, RSMo 1992, amended 1993, 1995, 1999; 340.258, RSMo 1992, amended 1999; and 340.324, RSMo 1992, amended 1999.*

**4 CSR 270-4.060 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.



MISSOURI STATE VETERINARY MEDICAL BOARD  
 REQUIRED LEVELS OF SUPERVISION

	ANESTHESIA MONITORING*	INDUCTION	EUTHANASIA	SURGERY	DIAGNOSIS	PRESCRIBING		TREATMENT		ADMINISTER RABIES	BIOLOGICS OTHERS	ROUTINE DENTAL PROPHY-LAXIS
						CON-TROLLED	NOT CON-TROLLED	@ FACILITY	NOT @ FACILITY			
TEMPORARY LICENSEE	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 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;

D = Not Legal





*AUTHORITY: section 340.210, 340.222 and 340.326, RSMo 2000.\* 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.*

*\*Original authority: 340.210, RSMo 1992, amended 1993, 1995, 1999; 340.222, RSMo 1992, amended 1999; 340.326, RSMo 1992.*