

September 2021 Report

This report shares short summary highlights of tracked legislative bills and rules & regulations that have seen activity in September 2021, as well as available board and state VMA updates.



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1. Legislative Activity

Note: Filtered into sections by bill status, then listed by bill topic in alphabetical order.

There are 3 passed bills, 3 introduced bill, 0 cross overs, 0 hearings, and 0 dead bills.

1.1 Passed

▲ Pharmacy – General (1)

RI S0879 allows pharmacies to administer “medications approved by the department of health in consultation with the board of pharmacy for administration by a pharmacist except as provided by § 5-25-7”. [Rhode Island General Laws Title 5. Businesses and Professions § 5-25-7. Practice of veterinary medicine defined]

▲ Veterinary (1)

CA AB1282 authorizes veterinarians to operate community blood banks for animals, which source blood from animals volunteered by their owners. Establishes conditions for the phase-out of captive closed-colony canine blood banks, which source blood from dogs kept, housed, or maintained at a facility for the purpose of collecting their blood. Permits the importation of animal blood from out-of-state banks that comply with California standards. Provides implementation

requirements for the Veterinary Medical Board (VMB) and the California Department of Food and Agriculture (CDFA), as specified.

▲ **Veterinary Tech – Licensing (1)**

CA AB1535 abandons their state exam for veterinary and veterinary tech licensing in lieu of the national exam. They added more to this bill. This bill, beginning on and after January 1, 2023, requires a veterinary technician, veterinary assistant, and veterinary assistant controlled substances permit holders registered in the state to wear a name tag identification in any area of the veterinary premises that is accessible to members of the public. This bill requires the application fee to be \$350, and requires an application to be considered abandoned and the application fee forfeited if an applicant fails to complete their application within one year after it has been filed. The bill requires an applicant to notify the board of any changes in mailing or employment address that occurred after filing the application. This bill specifies that the owner or operator of a veterinary premise is required to submit a premises registration application to the board and would require the application to set forth the name of each owner or operator of the premises, including the type of corporate entity, if applicable, and the name of the premises, in addition to the name of the responsible licensee manager. The bill requires an operator or owner that is a veterinary corporation, as specified, or a corporation or other artificial legal entity to set forth in the application the names and titles of officers, directors, shareholders, and others, and to report any changes to the board within 30 days. The bill provides that the premises registration is nontransferable. The bill increases the initial and renewal fees for premises to \$500 and \$525, respectively. The previous fee was \$400.

1.2 Introduced

▲ **Animal Welfare (1)**

NY S07284 Prohibits the administration of psychoactive drugs to an animal in a zoo in order to allow another animal to procreate with such animal.

▲ COVID/Emergencies (1)

KY SJR1 Extends the [veterinary board order](#) until January 15, 2022. The order included conserving PPE, curbside, no rabies clinics.

▲ Vet- Dose Restrictions (1)

NY S07348 allows practitioners to issue a prescription for controlled substances that exceed the 30-day limit during emergencies. to maintain social distancing and mitigate public health risks during the COVID-19 pandemic.

1.3 Crossed Over

There are no cross overs.

1.4 Hearings

There are no hearings.

1.4 Dead

There are no dead bills.

2. Rules & Regulations Activity

Rules and Regulation changes that have taken effect.

Emergency Rulemaking

▲ California

Order Further Extending June 4, 2020, Order Waiving Restrictions on Telemedicine and Extending Time to Refill Prescription

The August 31 Order authorizes prescription refills up to 18 months for prescriptions that may not be refilled between September 1, 2021, and October 31, 2021, due to the one-year time limitation for refilling a prescription from the date the veterinarian last examined the animal patient and prescribed the drug.

▲ D.C.

DC is requiring all health care workers to have received their first shot of a vaccine by 09/30/21. This includes veterinarians, veterinary technicians, and euthanasia technicians.

▲ Georgia

Rule 700-7-0.3-.03. Emergency Rule on Continuing Veterinary Education

1) Due to the State of Emergency regarding COVID-19, Georgia licensed veterinarians may obtain all 30 hours of continuing education online in order to satisfy the requirements

(a) Of the thirty (30) hours required, two (2) per renewal period must be acquired in Georgia laws, rules and professionalism (LEAP).

(b) The LEAP requirement may only be satisfied via an in-person lecture or live interactive webinars that include measures to ensure active participation

throughout the course.

(c) Georgia licensees who do not practice in the State of Georgia are not required to meet the two (2) hour requirement in Georgia laws, rules and professionalism.

▲ Washington

At their September meeting, the Board voted to extend [emergency rules for prescribing Schedule II drugs during COVID-19](#), increasing the duration of time a practitioner has to deliver a signed prescription of a Schedule II substance to the pharmacy from seven days to fifteen days when a prescription is dispensed in an emergency.

Adopted Rules

▲ Iowa

Adopted 07/20/21, [Rulemaking related to removal of the pseudorabies advisory committee](#) (pg.446) became effective 09/15/21.

This rule removes references to the Pseudorabies Advisory Committee, which was repealed in the 2020 Iowa Acts, Senate File 2413, section 13.

Amend subrules 64.162(1) and 64.162(4) as follows: 64.162(1) Requirements for certification. To be certified, the veterinarian shall meet both of the following requirements:

1. Be an accredited veterinarian.
2. Attend and complete continuing education sessions as determined by the Iowa pseudorabies advisory committee and the department.

64.162(4) Compensation will be made to the veterinarian or veterinarians certified to initiate herd plans and herd agreements. Payment will be made from pseudorabies program funds, if available and authorized for these purposes. Fees

for payment shall be approved by the advisory committee and established by the department by order.

▲ Montana

On August 17th the board amended ARM 24.156.140 exactly as proposed, and repealed ARM 24.156.1414 exactly as proposed (pg. 456 of Register issue)

24.156.1410 AUDIT AND CE REPORTING REQUIREMENTS (1) Each licensee shall affirm an understanding of their recurring duty to comply with CE requirements as a part of license renewal.

(2) The department may randomly audit up to 50 percent of renewed licensees.

(3) All CE must be documented to show proof of completion. The licensee is responsible for maintaining CE records for one year following the renewal cycle reporting period and for making the records available upon request. Documentation must include the following information:

(a) licensee name;

(b) course title and description of content;

(c) presenter or sponsor;

(d) course date(s); and

(e) number of CE hours earned.

(4) Licensees found to be in noncompliance with CE requirements may be

subject to administrative suspension. Licensees may not apply CE hours used to complete delinquent CE requirements for the next reporting period.

▲ North Carolina

CHAPTER 46 – BOARD OF PHARMACY 21

NCAC 46 .2801 COMPOUNDING

(a) A pharmacy may dispense a compounded drug preparation to a patient only pursuant to a prescription that is valid and complies with all requirements of the law, including 21 NCAC 46 .1801. In advance of dispensing the compounded drug preparation, a pharmacy shall prepare the compounded drug preparation only:

(1) upon the pharmacy's receipt of a valid prescription order for an individual patient; or

(2) in anticipation of a prescription order based on an established history of receiving prescription orders for the compounded drug preparation. Any compounded drug preparation prepared in anticipation of a prescription order shall not be dispensed until the pharmacy receives a valid prescription order for an individual patient.

(b) Compounded drug preparations shall not be offered to other entities for resale.

(c) A pharmacy may supply compounded drug products to practitioners authorized by law to prescribe drugs for those practitioners to administer to those practitioners' patients. Such compounding for office use shall comply with applicable federal law.

(d) The preparation, labeling, and dispensing of non-sterile compounded drug preparations shall comply with the standards established by United States Pharmacopeia chapter, including all United States Pharmacopeia chapters and standards incorporated into chapter by reference and including all subsequent amendments and editions of the same, governing both the non-sterile compounded drug preparations and the physical and environmental conditions under which non-sterile compounded drug preparations are prepared, labeled, and dispensed.

(e) The preparation, labeling, and dispensing of sterile compounded preparatic shall comply with standards established by United States Pharmacopeia chapter, including all United States Pharmacopeia chapters and standards incorporated into chapter by reference and including all subsequent amendments and editions

into chapter by reference and including all subsequent amendments and editions of the same, governing both the sterile compounded products and the physical and environmental conditions under which sterile compounded products are prepared, labeled, and dispensed.

(f) A pharmacy that prepares, labels, or dispenses sterile compounded preparations shall maintain a reference library in the pharmacy including the current United States Pharmacopeia standards and references on the compatibility, stability, storage, handling, and preparation of compounded drugs. These references may be either hard copy or electronically accessible.

(g) In a pharmacy where compounded drug preparations are prepared, labeled, or dispensed, the pharmacist-manager or the pharmacist-manager's designated pharmacist shall be knowledgeable in the specialized functions of preparing, labeling, and dispensing compounded drug preparations. If the pharmacist-manager chooses to designate another pharmacist for this purpose, the pharmacist-manager shall notify the Board of the pharmacy's permit application and within 15 days of any change in the designation. Notwithstanding the pharmacist-manager's designation of another pharmacist as knowledgeable in the specialized functions of preparing, labeling, and dispensing compounded drug preparations, the pharmacist-manager shall be responsible for ensuring the pharmacy's compliance with all statutes, rules, and standards that govern such activities.

(h) In addition to complying with all recordkeeping and labeling requirements specified or referred to by United States Pharmacopeia chapters or, a pharmacy that prepares, labels, or dispenses compounded drug preparations shall create and maintain a record-keeping system that enables the pharmacy immediately upon request to identify every compounded drug preparation prepared, labeled, or dispensed in the past three years. This recordkeeping system may be created and maintained electronically in compliance with 21 NCAC 46 .2508.

(i) The pharmacist-manager of a pharmacy that prepares, labels, or dispenses compounded drug preparations shall comply with all quality assurance requirements and standards of United States Pharmacopeia chapters and.

(j) Between January 1 and March 31 of each year, any pharmacy permitted by the Board that has prepared, labeled, or dispensed any compounded drug (for any patient or other person, either within or outside North Carolina) during the immediately preceding calendar year shall update all information regarding its services in the National Association of Boards of Pharmacy's eProfile Connect system at <https://dashboard.nabp.pharmacy>.

(k) In addition to the requirements of this Section, the compounding of radiopharmaceutical drug products shall comply with Section .2700 of this Chapter.

(l) United States Pharmacopeia chapters or may be inspected at the offices of the Board during its normal hours of operation. Copies also may be obtained from the U.S. Pharmacopeial Convention (www.usp.org), as a free download as of the effective date of the last amendment to this Rule.

History Note: Authority G.S. 90-85.6; 90-85.21A; 90-85.26; 90-85.32; Eff. October 1, 1990; Amended Eff. January 1, 2015; April 1, 2003; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 3, 2017; Amended Eff. August 1, 2021.

▲ Ohio

Effective 09/13/21

4741-1-23 Approval of Euthanasia Agents and Euthanasia Technician Certification Course Curriculum.

No agent or employee of an animal shelter or county dog warden shall perform euthanasia by means of lethal injection on an animal by use of any substance other

than combination drugs that contain pentobarbital and at least one non-controlled substance active ingredient, in a manufactured dosage form, whose only indication is for euthanizing animals.

[See full text](#)

▲ Virginia

Effective 09/30/21

[Disposition of Routine Inspection Violations](#) The Board of Veterinary Medicine (Board) conducts routine inspections of veterinary establishments every three years. The guidance document, [76-21.2:1 Veterinary Establishment Inspection Report](#) provides a checklist of the laws and regulations with which veterinary establishments must comply. For each violation found during an inspection, a point value is assigned. Point values are available on the veterinary establishment inspection report form.

Following an inspection in which one or more violations of the laws or regulations are cited, a veterinary establishment is required to submit a written response to the Board pursuant to 18VAC150-20-140(18) within 14 calendar days of the inspection unless an extension is granted by the Board. A response must detail the action(s) taken to correct each deficiency and may be submitted via mail, email or fax. Failure to provide a written response may subject a veterinarian-in-charge to disciplinary action.

▲ Oklahoma

Published as Adopted 09/01/21, Effective 09/11/21

35:15-11-2. Importation of domestic companion animals

All companion animals domestically imported into Oklahoma shall be admitted.

(1) When accompanied by an official Certificate of Veterinary Inspection (CVI):

17. When accompanied by an official certificate of veterinary inspection (CVI),

(2) If there is an approved vaccine for the species, the animal has been officially vaccinated against rabies, when over three (3) months of age, within twelve (12) months prior to the date of entry with an approved rabies vaccine or within three (3) years with the use of a three (3) year vaccine if the primary vaccination and subsequent boosters are documented on the CVI; and

(3) When an additional permit has been obtained from the Oklahoma Department of Agriculture, Food, and Forestry within thirty (30) days prior to the entry of a companion animal that originates from an area under quarantine for rabies or has been exposed to rabies within six (6) months prior to entry.

35:15-11-3. Requirements regarding vesicular stomatitis

Any livestock (equine, bovine, porcine, caprine, ovine, or cervidae) entering Oklahoma from a county where vesicular stomatitis has been diagnosed within the last thirty (30) days or a county that contains a premise quarantined for vesicular stomatitis shall be accompanied by a certificate of veterinary inspection dated within five (5) days of entry containing the following statement: "All animals identified on this certificate of veterinary inspection have been examined and found to be free from signs of vesicular stomatitis and have not originated from a premise which is under quarantine for vesicular stomatitis."

▲ Oregon

Permanent as of 09/01/21

Division 5 – General – OAR 875-005-0005

- The purpose for this rule change was to clarify several existing definitions and renumber the rules in this section.
- This included amending the definition for Principal, Facility Owner, Licensee Portal, Satellite Unit, and Facility Registration.
- The change also clarifies definitions of a Veterinary Medical Facility to include a "Fixed Location Facility," a "Mobile Facility," and a "House Call Facility."

Division 15 – Minimum Standards for Veterinary Medical Facilities and Veterinary Practice – OAR 875-015-0030

- This change amends the current rule to correspond with the recent rule revision to OAR 875-010-0011 requiring documented consent for surgery, diagnostics, tests or recommended treatments.
- Requires that whenever a client either approves or declines an exam, diagnostics, tests or recommended treatments it shall be documented in the medical record.

Division 15 – Minimum Standards for Veterinary Medical Facilities and Veterinary Practice – OAR 875-015-0040

- This rule change clarified that the “Pharmacy” self-inspection checklist is part of the Facility Registration.
- The revision also clearly notes that the Managing Veterinarian is responsible for ensuring that all agents, licensees, and employees of the facility are in compliance with the rule that addresses Minimum Standards for Veterinary Drugs.

Division 40 – Certified Euthanasia Technicians – OAR 875-040-0000

VMEB 6-2021, amend filed 08/24/2021, effective 09/01/2021

- The purpose for the rule was to clarify that it applies to all domestic animals.
- The revision also added Butorphanol as a drug that can be administered by a CET to a patient as part of the euthanasia process.

Division 40 – Certified Euthanasia Technicians – OAR 875-040-0010

VMEB 6-2021, amend filed 08/24/2021, effective 09/01/2021

- This change ensures that procedures for CET applicants are consistent with procedures for all other OVMEB licensees. In addition, a CET Internship requirement ensures that euthanasia technicians receive hands-on training and demonstrate proficiency in performing euthanasia of domestic and animals prior to full licensure.
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3. Board Watch

United States

▲ Minnesota

Time Extension of Valid Veterinarian-Client-Patient Relationship (VCPR)

The Board of Veterinary Medicine recognizes that the continuing pandemic has created unprecedented appointment scheduling challenges for small animal pet owners. In many practices, offering routine appointments within the requisite twelve months for a valid VCPR has become impossible. On September 8, 2021, the Board members chose to re-establish the temporary extension of the time frame for a VCPR to 18 months. Veterinarians are expected to use professional judgment in deciding which services can be reasonably and safely provided remotely or postponed without having seen the animal in the preceding 12 months. For example, a prescription refill of a medication for an ongoing illness might be safe if an examination must be postponed. The Board will decide when to end this temporary VCPR extension based on the course of the pandemic.

Continuing Education

Credits for recent, pre-recorded Continuing Education that is RACE-approved or provided by a pre-approved entity will continue to be classified as interactive for 2023 renewals. This includes webinars and archived lectures from CE programs that are accessible at a later date. This temporary reclassification applies to programs presented or recorded beginning January 1, 2019, through February 28, 2023.

▲ New Hampshire

New Hampshire Board of Veterinary Medicine – Important Notice

The Office of Professional Licensure and Certification (OPLC) has released a Request for Proposal (RFP) looking for interested New Hampshire licensed Veterinarians, who will serve as a specialist in their profession for investigations that are opened by the Board of the Veterinary Medicine. All proposals must be received by September 30, 2021 at 4:00 pm. The RFP can be located at <https://www.oplc.nh.gov/whats-new>.

▲ New Mexico

Animal Care And Facility Fund

At the special meeting held on August 20, 2021, the Board, by formal motion, moved to approve the award recommendations of the Sheltering Committee. Click on the [link](#) to access the list of recipients and award amounts.

Canada

▲ Ontario (Moved from Canada-specific bifurcation)

Telemedicine

Public Policy – Telemedicine College Council reviewed its professional practice standard on telemedicine. This standard is reviewed frequently due to ongoing changes in the use of technology in veterinary medicine. In March 2020, the College relaxed its rules related to prescribing via telemedicine alone to enable veterinarians to prescribe non-controlled drugs and substances within a veterinarian-client-patient relationship but without performing an in-person examination. Jurisdiction is also an important consideration. A veterinarian licensed in Ontario remains accountable to the College regardless of where or how they are practicing veterinary medicine. Further, the College expects that a veterinarian who is not licensed in Ontario will comply with the licensing requirements in the jurisdiction in which they hold licensure and provide care in accordance with the standard of care of that jurisdiction. If the College becomes aware of concerns about care provided to an Ontario animal via telemedicine by a non-member, the College may share that information with the regulatory authority that has jurisdiction over the non-member so that appropriate action can be taken by that regulatory authority. The Council also looked at its standard on prescribing a drug in connection with its telemedicine standard. Following discussion, Council approved changes for public consultation which would permit a veterinarian to obtain recent and sufficient knowledge of an animal through a virtual examination in order to prescribe a non-controlled drug to a new patient or for a new condition with an existing patient where there is an immediate, short-term need under certain conditions, as laid out in the standard on prescribing. It is important to note that the additional requirement to be readily available in-person to manage any adverse reactions to a drug, when prescribing a drug, has not been altered. The revised drafts of the telemedicine and prescribing standards will be circulated for public consultation later this summer.

5. Understand that they may prescribe a drug when practicing virtually when they already possess recent and sufficient knowledge of an existing patient, obtained by a history and inquiry and either a previous in-person physical examination of the animal(s) or medically appropriate and timely visits to premises where the animal(s) is kept to reach at least a general or preliminary diagnosis.

6. Understand that they may obtain recent and sufficient knowledge through a virtual examination to prescribe a non-controlled drug to a new patient or for a new condition for an existing patient where there is an immediate, short-term need when they meet certain conditions, as outlined in the *Professional Practice Standard: Prescribing a Drug*.

▲ South Carolina (2)

REGULATION 120-1 AND 120-9

The committee reviewed Regulations 120-9(A) and (B) and was presented with the compiled amended regulations and provided the clarification language from SC DHEC Bureau of Drug Control. Following the committee's final recommendations, the applicable amended regulations to the Bureau to ensure compliance with their rules and regulations will be submitted. The committee identified the need for additional definitions to be added to the Regulations: "Emergency Patient" and "Radiography". The committee identified several items for further research.

Clarification was requested regarding the allowance of veterinary aides, as defined in SC Code of Law 40-69-20(19), referring to themselves as veterinary technicians. It was suggested the matter be brought to the Board for discussion.

Following additional research and definition development, the committee agreed to an additional meeting to finalized the proposed amendments prior to the next scheduled Board meeting. The amendments will be compiled and distributes to the committee for review at the next meeting.

An overview of the updated regulations amendments which included additional definitions added to SC Regulation 120-1 was presented. The proposal for the definitions and update to the emergency patient care sections for licensed veterinary technicians and unlicensed veterinary aides was reviewed. **Following discussion, definitions for "Emergency Patient" and "Radiography" were approved by the committee.** Regulation items which resulted in a split vote at the July 28, 2021 committee meeting were reviewed and determinations made. There

were concerns over the restrictions for licensed veterinary technicians and unlicensed veterinary assistances to provide vaccinations due to the requirement of a VCPR being established prior to care. A member cited the Board's adoption of the AVMA Code of Ethics which requires the establishment of VCPR prior to care of a patient. Any changes to the adoption of the AVMA Code of Ethics has to be done by the Board and is not within the committees abilities.

▲ **West Virginia (1)**

The Board discussed legislative matters for telehealth practitioners and decided to wait for more information and answers before continuing to work on a new rule. They also proposed discussing proposed legislation for RVT education requirements at the next meeting.

4. VMA Updates

Note: There are no Canadian VMA updates to share in September 2021. Please view updates from U.S. VMAs below.

▲ **Iowa (1)**

Notice of Amendments to the IVMA Articles of Incorporation & By-Law

The Iowa Veterinary Medical Association is a corporation governed by Articles of Incorporation and By-Laws. The By-Laws can be amended by a majority vote of the members of the Corporation present and voting at any Annual Meeting. The amendments to the By-Laws have been reviewed by IVMA legal counsel and approved by the Executive Board. A vote will take place at the Annual Meeting of the Corporation at lunch on Thursday, September 30 at the IVMA Annual Meeting

in Ames to ratify the amendments. [Click here](#) to view the summary of amendments. If you have questions or concerns, please contact the IVM office.

▲ **Minnesota (1)**

The MVMA and MAVT introduced a veterinary technician licensure proposal in the last Minnesota legislative session. We have included information about this proposal in our newsletter as well as holding a number of [informational webinars](#). At this stage, we want to better understand if veterinary professionals have questions or concerns about this legislation that we should consider prior to the 2022 legislative session. We would appreciate it if you could take a couple of minutes to complete this brief survey for us. At the end of the survey, you will find a link to more information about the licensed veterinary technician initiative, you can also find this information at www.mvma.org/veterinary-technician-licensure.

▲ **New York (1)**

New York State Veterinary Medical Society: HERO Act and Curbside

HERO Act requires action

On September 6, 2021, Governor Kathy Hochul announced the designation of COVID-19 as an airborne infectious disease under the HERO Act. This designation requires all employers to implement workplace safety plans.

You can read more details on the [NY Department of Labor Site](#).

Some members asked if the new HERO Act requirements mean that you need to return to curbside check-in for all clients.

The HERO Act is to protect employees. While you might decide that curbside is the best way for your hospital to keep employees safe, the regulations provide a range of other options.

The HERO Act requires you to have a plan in place that meets the minimum standards set by the emergency regulations **Chapter XI 12 NYCRR**

- **840.1 Airborne Infectious Disease Exposure Prevention Standard.**

This sets the following standard for everyone, vaccinated or unvaccinated:

“B.ii. Face Coverings:

The employer shall require that employees wear appropriate face coverings when physical distancing cannot be maintained and in accordance with applicable guidance from State Department of Health or the Centers for Disease Control and Prevention, as applicable.

B.iii. Physical Distancing

Physical distancing shall be used, when possible, to keep employees at least six feet apart from other individuals or as recommended by State Department of Health or the Centers for Disease Control and Prevention, as applicable during a disease outbreak.”

NY State has issued a template plan for retail operations, and suggested options for when *“where prolonged close contact with other individuals is likely”*. The list of possible options includes *“restricting entry, limiting occupancy, physical barriers and curbside pickup”*. So it is up to you to decide how best to meet the HERO Act safety standards, although we will notify you if we hear anything to the contrary.

Note:

The HERO Act does not distinguish between vaccinated and unvaccinated employees. You need to meet the minimum standard for all employees.

Quick way to be a HERO

1. Download the **NYSVMS sample template plan**, or use the **Department of Labor template**
2. Take note that there are **very few sections for you to complete**– and our template gives you suggestions about how to complete them.
3. If you use our suggestions- it shouldn't take long to complete the template
4. Make sure all your employees know about the plan by holding a team meeting and provide them with a copy. Also make sure that it is displayed in a prominent place.

More details...

▲ **Pennsylvania (1)**

Recently, veterinary professionals were sent a letter from the Bureau of Professional and Occupational Affairs (BPOA) regarding the waiver lifting limitations on CE ending on September 30, 2021. We understand the confusion surrounding this matter and wanted to provide clarification from the BPOA. On August 26, PAVMA received the following statement.

*Veterinary Medicine was one of several boards permitting licensees to renew their license utilizing Continuing Education obtained through either in-person courses or distance learning at a ratio of up to 100% at their next renewal following January 1, 2021. **Veterinary Medicine renewed November 30, 2020 and will renew again November 30, 2022 – so licensees will be permitted to obtain up to 100% of their Continuing Education online for that renewal, as it is the first renewal after January 1, 2021, regardless of whether they are completed before or after September 30, 2021.***

Licensees would revert to the statutory restriction (no more than 25% done online) for the 2024 renewal.

5. Pharmacy Board Updates

Nothing to report in September 2021

CONTACT US

Need help?

You can get help by emailing
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