

CHAPTER 9100
BOARD OF VETERINARY MEDICINE
VETERINARIANS' LICENSURE AND PRACTICE

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9100.0100 DEFINITIONS.

Subpart 1. **Scope.** The definitions in this part apply to this chapter.

Subp. 1a. **Board.** "Board" means the Board of Veterinary Medicine.

Subp. 1b. **Biologic.** "Biologic" means a drug, derived from naturally occurring organisms, manufactured to maintain and improve already existing physiological traits in an animal.

Subp. 1c. **Continuing education or approved continuing education program.**

A. "Continuing education" means educational and training activities designed to contribute to the development and enhancement of skills and obligations associated with the professional practice of veterinary medicine.

B. "Approved continuing education program" means an educational or training activity that meets the requirements of the Board of Veterinary Medicine Continuing Education Advisory Committee for the granting of continuing education credits to the recipients of the program.

Subp. 1d. [Repealed, 20 SR 860]

Subp. 1e. **Controlled substance.** "Controlled substance" means a drug, substance, or immediate precursor in schedules I to V of Minnesota Statutes, section 152.02, or schedules I to V of the federal Controlled Substances Act.

Subp. 2. **Equipment.** "Equipment" means instruments, tools, clothing, vehicles, and other equipment used in the practice of veterinary medicine.

Subp. 3. **Housing facility.** "Housing facility" means a structure, cage, building, or other facility used for housing animals under veterinary care.

Subp. 3a. **Humane treatment.** "Humane treatment" means care and treatment that prevents acts of omission or commission, including deprivation of necessary food, water, and shelter, that causes or permits unnecessary or unjustifiable pain, suffering, or death of an animal.

Subp. 3b. **Licensure renewal period.** "Licensure renewal period" is a two-year period beginning on March 1 and ending on the last day of February two years later.

Subp. 4. **Premises.** "Premises" means property, including land and buildings on the land, used in the practice of veterinary medicine.

Subp. 4a. **Prescription drug.** "Prescription drug" means a drug whose label is required by federal law to bear the statement: "Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian," or a human drug or over-the-counter animal drug prescribed for use in any manner different from the manufacturer's label instructions.

Subp. 4b. **Sponsor or approved sponsor.**

A. "Sponsor" means a person or entity who organizes a continuing education activity.

B. "Approved sponsor" means an entity or person who has been approved by the board to present continuing education programs.

Subp. 4c. **Sterile surgery.** "Sterile surgery" means an invasive procedure in which aseptic technique is practiced in patient preparation, instrumentation, and surgical attire.

Subp. 5. **Veterinarian.** "Veterinarian" means a person or professional veterinary corporation engaged in the practice of veterinary medicine.

Subp. 6. **Veterinarian-client-patient relationship.** "Veterinarian-client-patient relationship" means a relationship that meets the conditions established in Minnesota Statutes, section 156.16, subdivision 12.

Subp. 7. **Veterinary facility or emergency veterinary facility.**

A. "Veterinary facility" means a building, shelter, structure, or mobile unit in which licensed veterinarians routinely engage in the practice of veterinary medicine.

B. "Emergency veterinary facility" means a facility equipped and staffed to provide acute veterinary care during night, weekend, and holiday hours when most local daytime veterinary practices are closed.

Statutory Authority: *MS s 156.01; 156.081; 214.06; 214.12*

History: *17 SR 2106; 20 SR 860*

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9100.0200 PREMISES.

Subpart 1. **Biologics and other drugs.** Biologics and other drugs must be stored so as to prevent contamination and deterioration according to the packaging and storage requirements of the United States Pharmacopeia & the National Formulary, 1990 edition, published by the United States Pharmacopeial Convention, Inc., Rockville, Maryland. That publication is incorporated by reference, subject to frequent change, and available for inspection and copying through the Minitex interlibrary loan system.

Subp. 2. **Cages.** Separate compartments must be provided for each hospitalized animal, except that neonate and juvenile litter mates or animals from the same owner may be caged together when appropriate. Cages must be cleaned and sanitized before their use by newly arrived animals. Excreta, spilled feed, and water must be removed from cages as often as necessary to prevent contamination of the animals, to reduce hazards to the health of the animals, and to eliminate odors. Cage size must be sufficient to allow an animal to stand, sit, lie down, and turn around comfortably.

Subp. 3. **Communicable or contagious diseases.** Animals affected with any clinical evidence of infectious, contagious, or communicable diseases must be separated from all other animals so as to minimize the spread of disease, and the animals must not be permitted to commingle with other animals on the premises.

Subp. 4. **Equipment.** Equipment must be maintained in a clean and sanitary condition at all times.

Subp. 5. **Food and water.** Food and water for animals must be kept free from contamination, and all receptacles for food and water must be kept in a clean and sanitary condition. Animals must be provided with food of sufficient quantity and quality to allow normal growth or the maintenance of body weight. Clean, potable water sufficient to satisfy the animal's needs must be provided.

Subp. 6. **Pest control.** An effective program for the control of insects and other vermin on the premises must be established and maintained.

Subp. 7. **Sanitation.** The premises must be kept clean and in good repair to facilitate acceptable sanitary practices and must be kept free of accumulations of refuse.

Subp. 8. **Storage.** All supplies, including food and bedding, must be stored in facilities that adequately protect the supplies against infestation, contamination, or deterioration. Refrigeration must be provided for all supplies that are of a perishable nature, including foods, drugs, and biologics.

Subp. 9. **Waste disposal.** Covered, vermin-proof waste containers impermeable by water must be used for the removal and disposal of animal and food wastes, bedding, dead animals, debris, and other waste. Disposal facilities must be so operated to prevent a nuisance condition, to minimize insect and other vermin infestation, odor, and disease hazards.

Subp. 10. **Water and electric power.** Reliable electric power and potable water adequate for the practice of veterinary medicine must be made available at all times on the premises.

Statutory Authority: *MS s 156.01; 156.081; 214.06*

History: *17 SR 2106*

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9100.0300 HOUSING FACILITIES.

Subpart 1. **Cleaning and disinfecting.** Housing facilities must be cleaned and disinfected as often as it is necessary to maintain a clean and sanitary condition at all times.

Subp. 2. **Drainage.** A suitable method must be provided to rapidly eliminate excess water from indoor housing facilities. Drains must be so constructed and maintained in good repair to avoid foul odors from them. If closed drainage systems are used, they must be equipped with traps and so installed as to prevent any backup of sewage and other waste materials onto the floors of the facilities.

Subp. 3. **Heating.** Indoor housing facilities for animals must be sufficiently heated when necessary to protect the animals from cold and to provide for their health and comfort. The ambient temperature must not be allowed to fall below 50 degrees Fahrenheit for animals not acclimated to lower temperatures.

Subp. 4. **Interior surfaces.** The surfaces of indoor housing facilities with which animals come into contact must be so constructed and maintained that they are substantially impervious to moisture and may be readily sanitized.

Subp. 5. **Lighting.** Indoor housing facilities for animals must have ample light, by natural or artificial means, or both, of sufficient intensity and uniform distribution to permit routine inspection and cleaning.

Subp. 6. **Outdoor housing facilities.** Outdoor housing facilities must provide adequate shelter to properly protect animals from sun, rain, snow, and other weather elements and must provide adequate bedding, water, and food.

Subp. 7. **Structural strength.** Housing facilities for animals must be structurally sound and kept in good repair. The facilities must be designed and built so as to protect the animals from injury, to contain the animals, and to restrict the entrance of other animals.

Subp. 8. **Ventilation.** Indoor housing facilities for animals must be adequately ventilated to prevent the collection of offensive odors and to provide for the health and comfort of animals at all times. The facilities must be provided with fresh air either by means of windows, vents, or air conditioning and must be ventilated so as to minimize drafts, odors, and moisture condensation. Auxiliary ventilation, such as exhaust fans and vents or air conditioning, must be provided when the ambient temperature is 85 degrees Fahrenheit or higher.

Statutory Authority: *MS s 156.01; 156.081; 214.06*

History: *17 SR 2106*

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9100.0400 Subpart 1. [Repealed, L 2025 1Sp3 art 3 s 125]

Subp. 2. [Repealed, 24 SR 1849]

Subp. 3. [Repealed, L 2025 1Sp3 art 3 s 125]

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9100.0500 [Repealed, L 2025 1Sp3 art 3 s 125]

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9100.0600 [Repealed, L 2025 1Sp3 art 3 s 125]

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9100.0700 UNPROFESSIONAL CONDUCT.

Subpart 1. **Prohibited acts.** The following acts by a licensed veterinarian are unprofessional conduct and constitute grounds for disciplinary action against the licensee:

- A. failure to meet the minimum standards of practice in part 9100.0800;
- B. engaging in conduct likely to deceive, defraud, or harm the public or demonstrating a willful or careless disregard for the health, welfare, or safety of a patient, in which case, proof of actual injury need not be established;
- C. engaging in veterinary practice that is professionally incompetent in that it may create unnecessary danger to a patient's life, health, or safety;
- D. claiming to have performed or charging for an act or treatment that was, in fact, not performed or given;
- E. asserting or implying in a public manner material claims of professional superiority in the practice of veterinary medicine that cannot be substantiated;
- F. practicing veterinary medicine under a false or assumed name or impersonating another practitioner of a like, similar, or different name;
- G. practicing under an expired, terminated, or suspended veterinary license;
- H. failing, within 30 days, to provide information in response to a written request made by the board pursuant to an investigation by or on behalf of the board;
- I. promoting, aiding, abetting, or permitting the practice of veterinary medicine by an unlicensed person;
- J. prescribing or dispensing, delivering, or ordering delivered a controlled substance without first having established a veterinarian-client-patient relationship by having personally examined the individual animal, herd, or a representative segment or a consignment lot and determining that treatment with the controlled substance is therapeutically indicated. Use of euthanizing drugs in recognized animal shelters or government animal control facilities is exempt from this requirement;
- K. using, misusing, or selling, other than for medical treatment of animal patients, any of the controlled drugs listed in Minnesota Statutes, chapter 152, or the federal Controlled Substances Act;
- L. violating or failing to comply with a state or federal law or regulation relating to the storing, labeling, prescribing, or dispensing of controlled substances;
- M. prescribing, providing, obtaining, ordering, administering, dispensing, giving, or delivering controlled drugs to or for an animal solely for training, show, or racing purposes and not for a medically sound reason;

N. performing surgery to conceal genetic or congenital defects, in any species, with the knowledge that the surgery has been requested to deceive a third party;

O. promoting, selling, prescribing, or using a product for which the ingredient formula is unknown to the veterinarian;

P. refusing the board or its agent the right to inspect a veterinary facility at reasonable hours, pursuant to an investigation by or on behalf of the board;

Q. performing or prescribing unnecessary or unauthorized treatment;

R. representing conflicting interests unless full disclosure of the veterinarian's dual relationship is made and consented to by all parties of the transaction;

S. failing to report to law enforcement or humane officers inhumane treatment to animals, including staged animal fights or training for fights, of which the veterinarian has direct knowledge;

T. fraudulently issuing or using a certificate of veterinary inspection, test chart, vaccination report, or other official form used in the practice of veterinary medicine to prevent the dissemination of animal disease, transportation of diseased animals, or the sale of inedible products of animal origin for human consumption;

U. issuing a certificate of veterinary inspection for an animal unless the veterinarian performs the inspection and the appropriate tests as required to the best of their knowledge;

V. surreptitiously obtaining, through theft, unauthorized copying, duplicating, or other means, client lists, mailing lists, medical records, or computer records that are the property of another veterinarian, veterinary partnership, or professional veterinary corporation;

W. a licensed veterinarian whose United States Department of Agriculture accreditation has been removed by federal authority may be subject to disciplinary action by the board upon proof of the acts or omissions constituting the grounds for removal of accreditation; and

X. failure to report to the board any disciplinary action taken against his or her veterinary license in another jurisdiction.

Statutory Authority: *MS s 156.01; 156.081; 214.06*

History: *17 SR 2106*

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9100.0800 MINIMUM STANDARDS OF PRACTICE.

Subpart 1. **General standard.** The delivery of veterinary care must be provided in a competent and humane manner consistent with prevailing standards of practice for the species of animal and the professed area of expertise of the veterinarian. For a veterinarian to exercise properly the rights granted by the veterinary license, a veterinarian-client-patient relationship must exist.

Subp. 2. **Pharmaceutical services.** The provision of pharmaceutical services is governed by items A to C.

A. No prescription drug may be prescribed, dispensed, or administered without the establishment of a veterinarian-client-patient relationship.

B. A veterinarian is responsible for assuring that a prescription drug or biologic prescribed for use is properly administered, or for providing instructions to clients on the administration of drugs when the veterinarian will not be providing direct supervision.

C. Drugs and biologics must be stored, prescribed, and dispensed in compliance with Minnesota Statutes 1990, section 151.35, and the United States Pharmacopeia & the National Formulary, which is incorporated by reference in part 9100.0200, subpart 1.

Subp. 3. **Sterile surgical services.** When sterile surgical services are being provided, or when prevailing standards dictate sterile surgery, those services are governed by items A to D.

A. The surgery room must be clean, orderly, properly maintained, capable of being adequately disinfected, well-lighted, and provided with effective emergency lighting.

B. The floors, table tops, and counter tops of the surgery room must be of a material suitable for regular disinfection and cleaning.

C. Instruments, equipment, and packs for aseptic surgery must be:

- (1) adequate for the type of surgical service provided; and
- (2) sterilized by a method sufficient to kill spores.

D. Proper illumination for viewing radiographs must be available.

Subp. 4. **Record keeping.** Record keeping is governed by items A to F.

A. A veterinarian performing treatment or surgery on an animal or group of animals, whether in the veterinarian's custody at an animal treatment facility or remaining on the owner's or caretaker's premises, shall prepare a written record or computer record concerning the animals containing, at a minimum, the following information:

- (1) name, address, and telephone number of owner;
- (2) identity of the animals, including age, sex, and breed;
- (3) dates of examination, treatment, and surgery;
- (4) brief history of the condition of each animal, herd, or flock;
- (5) examination findings;
- (6) laboratory and radiographic reports;
- (7) tentative diagnosis;
- (8) treatment plan; and
- (9) medication and treatment, including amount and frequency.

B. Individual records must be maintained on each patient, except that records on food, fiber, milk animals, birds, and horses may be maintained on a per-client basis.

C. Medical records and radiographs are the physical property of the hospital or the proprietor of the practice that prepared them. Records must be maintained for a minimum of three years after the last visit. Radiographs must be maintained for a minimum of three years.

D. Medical records, or an accurate summary of them, must be released to the animal owner or the owner's authorized agent, including the board, within two weeks of a written request. A reasonable charge for copying or preparation of a summary may be made, except in the case of a board investigation, in which case no charges are authorized.

E. A radiograph must be permanently identified. It must be released on the written request of another veterinarian who has the written authorization of the owner of the animal to whom it pertains. The radiograph must be returned within a reasonable time to the practice which originally prepared the radiograph.

F. Contents of medical records must be kept private and not released to third parties unless authorized by the client or required by law.

Subp. 5. **Emergency service.** The provision of emergency service is governed by items A to E.

A. The staffing for an emergency veterinary facility must include a licensed veterinarian on the premises at all times during the posted hours of operation.

B. Advertisements for emergency veterinary facilities must clearly state:

- (1) the hours the facility will provide emergency service;
- (2) a licensed veterinarian is on the premises during the posted emergency hours; and
- (3) the address and telephone number of the facility.

C. "Veterinarian on call" means a veterinarian is not present at a veterinary facility, but is able to respond within a reasonable time to requests for emergency veterinary services. The facility's services are not to be considered or advertised as an emergency clinic or hospital.

D. If continuing care of the patient is required following emergency service, the animal owner or caretaker must be provided with a legible copy of the medical record to be transferred to the next attending veterinarian, or a copy must be transmitted directly to the attending veterinarian. The information included in the medical record must consist of at least 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 must obtain a signed release when transferred;

- (5) surgical summary;
- (6) tentative diagnosis and prognosis; and
- (7) follow-up instructions.

E. An emergency facility must have the equipment necessary to perform standard emergency medical procedures and must have the capability to render timely and adequate diagnostic radiologic services, laboratory services, and diagnostic cardiac monitoring on the premises.

Subp. 6. **Mobile veterinary practice.** Mobile veterinary practice is governed by items A to E.

A. Mobile veterinary practice is that form of clinical veterinary practice that may be transported or moved from one location to another for delivery of service. Mobile veterinary practice may be general service, limited service, or outcall service. For purposes of this item:

(1) "general mobile veterinary practice" means providing a wide range of medical or surgical services in a movable trailer or mobile home type of vehicle modified to function as, and comparably equipped to, a fixed veterinary practice facility;

(2) "limited service mobile veterinary practices" means practices restricted to the delivery of animal health protection through vaccination or minor diagnostic testing and treatment; and

(3) "outcall service" is a mobile extension of a fixed location general service veterinary practice, located within the same practice area, but physically removed from the practice premises. Depending on the types of animals being treated, an outcall service provides vaccinations, physical examinations, treatments, diagnostic screenings, and surgery.

B. Mobile veterinary practices that are not extensions of a fixed veterinary facility must have an affiliation with a general service veterinary facility in the same region for the provisions of long-term hospitalization, surgery, or radiology if not available in the mobile unit. Clients must be informed, in writing, of this affiliation.

C. In all types of mobile veterinary practice, patient care must be consistent with prevailing standards of practice and a veterinarian-client-patient relationship must exist.

D. Mobile units must be maintained in a clean and sanitary fashion. Vehicles must contain equipment necessary for the veterinarian to perform physical examinations, surgical procedures, and medical treatments consistent with the type of veterinary services being rendered and the standards of practice for those services.

E. Representatives of the board, upon receipt of written complaint, may inspect mobile veterinary units for sanitation and cleanliness and may direct action to ensure adequate sanitation and cleanliness.

Subp. 7. **Supervision.** Supervision is governed by items A to C.

A. A licensed veterinarian is professionally and legally responsible for any practice of veterinary medicine by the veterinarian's unlicensed employees. An employee's practice of veterinary

medicine without a license constitutes grounds for the board to take action against the licensed veterinarian and the unlicensed individual. A veterinarian must have examined the animal patient prior to the delegation of an animal health care task to a nonlicensed employee. The examination must be conducted at a time consistent with prevailing standards of practice relative to the delegated animal health care task.

B. A veterinarian shall not authorize a nonlicensed employee to perform the following functions:

- (1) surgery;
- (2) diagnosis and prognosis; and
- (3) prescribing of drugs, medicines, and appliances.

C. A veterinarian shall ensure that the activities of a supervised individual are within the scope of the orders, assignment, or prescriptions of the veterinarian and within the capabilities of the individual. Supervision by a veterinarian must involve the degree of close physical proximity necessary for the supervising veterinarian to observe and monitor the performance of a supervised individual. The supervising veterinarian must be on the client's premises or present in the veterinary facility while the supervised individual is performing health care services. This does not prohibit the performance of generalized nursing tasks, ordered by the attending veterinarian, to be performed by an unlicensed employee on inpatient animals during the hours when a veterinarian is not routinely on the premises. Nor does it prohibit, under emergency conditions, wherein an animal is placed in a life-threatening condition and requires immediate treatment to sustain life or prevent further injury, an unlicensed employee from rendering lifesaving aid and treatment to an animal in the absence of a veterinarian.

Subp. 8. **Humane care.** A licensed veterinarian shall treat animals entrusted to the veterinarian by a client consistent with prevailing professional standards of humane treatment and care.

Subp. 9. **Informed consent.** A client shall be informed by the veterinarian, prior to treatment, of the treatment choices and reasonable medical or surgical alternatives including an estimated cost of the alternatives for consideration by the client.

Subp. 10. **Advertising.** Print or electronic media advertisements offering professional veterinary services must include the corporation's, partnership's, and/or individual veterinarian's name and business address.

Subp. 11. **Specialist practitioners.**

A. A veterinarian may claim to be a specialist only if the veterinarian is certified as a specialist in a discipline for which there is a specialty board approved by the American Veterinary Medical Association (AVMA). A veterinarian may not use the term "specialist" for an area of practice for which there is no AVMA-recognized certification. A diplomate of the American Board of Veterinary Practitioners can claim only a specialty for the class of animals in which the diplomate specializes.

B. "Specialty" or "specialists" may not be used in the name of a veterinary hospital unless all veterinary staff are board-certified specialists.

Statutory Authority: *MS s 156.01; 156.081; 214.06*

History: *17 SR 2106*

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9100.0900 CONSULTING.

No person may be called into this state as a consultant unless licensed as a veterinarian in another state and acting under the direct supervision of the Minnesota licensee. "Direct supervision" means that the licensee is on the premises.

Statutory Authority: *MS s 156.01; 156.081; 214.06*

History: *17 SR 2106*

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9100.1000 CONTINUING EDUCATION.

Subpart 1. **Continuing education required.** Commencing with license renewal for 1997, no license renewal may be issued to a veterinarian, pursuant to Minnesota Statutes, section 156.07, until the veterinarian has certified to the board that the veterinarian has completed at least 40 hours of approved continuing education during the previous two years. Thereafter, each veterinarian possessing a license to practice veterinary medicine shall certify compliance at the time of each subsequent biennial license renewal. Licensees with odd-numbered licenses renewed in 1997 are required to have completed 20 credit hours and thereafter 40 credit hours for subsequent biennial license renewal periods. Licensees with even-numbered licenses are required to have completed 40 credit hours at time of 1998 renewal.

Subp. 2. **Purpose.** The primary purpose of continuing veterinary education is to assure the consumer of an optimal quality of veterinary care by requiring veterinarians to attend educational or training programs designed to advance their professional skills, knowledge, and obligations.

Subp. 3. Approved continuing education programs.

A. Courses, seminars, wet labs, and lectures sponsored by accredited colleges of veterinary medicine; the AVMA and CVMA; state, regional, and local VMAs; AVMA recognized specialty boards; academic or specialty groups; international veterinary organizations; the Minnesota Academy of Veterinary Practice; the U.S. Animal Health Association; training programs of the U.S.D.A. and Minnesota Board of Animal Health; and the AAHA are automatically approved and do not require advance approval on an individual program basis.

B. Sponsors of programs not automatically approved in item A must apply to the board for course approval at least 90 days prior to the anticipated presentation date.

Applications for approval of a continuing education program must be submitted on a form provided by the board containing the following information:

- (1) the name and address of the organization sponsoring the course for which approval is requested;
- (2) a detailed description of the course content, including a time schedule for the course;
- (3) the name and credentials of each person making a presentation;
- (4) the mechanism of monitoring and certifying attendance;
- (5) the dates and location, including the name and address of the facility at which the course will be conducted; and
- (6) the tuition fee.

C. Program approval criteria:

(1) The criteria in units (a) to (d) must be used to determine approval of a continuing education program.

(a) The educational activities must have significant intellectual or practical content dealing primarily with information on skills directly related to the practice of veterinary medicine, to the professional responsibility or ethical and legal obligations of the participants, or to practice management concepts.

(b) Presenters must be qualified by practical or academic experience to teach the subject covered.

(c) The program must be conducted in a suitable setting conducive to the learning process.

(d) Except for limitations due to space availability or instructor/pupil ratio or academic or experience prerequisites, courses must be open to all licensed veterinarians.

(2) Licensees, within 30 days of attending a nonpreapproved course, may apply to the board for credit by completing and submitting an individual continuing education course approval form. The board is the final determinator of credit to be allowed.

(3) Courses not directly related to the practice of veterinary medicine, such as estate planning, investments, and marketing of ancillary products, must not be approved for continuing education credit.

(4) Providers, in advertisements for approved programs, must use the following phrase: "This program has been approved by the Minnesota Board of Veterinary Medicine for (insert appropriate number) continuing education credit hours."

(5) Providers must maintain records of attendance for a minimum of three years and must verify individual attendance to the board upon request.

Subp. 4. Continuing education advisory committee.

A. A six-member continuing education advisory committee is established to assist and advise the board in continuing education matters. Two members of the committee must be designated by the Minnesota Academy of Veterinary Practice; two must be members of the board; one member must be designated by the College of Veterinary Medicine, University of Minnesota; and one member must be designated by the Minnesota Veterinary Medical Association. The executive director of the board shall serve as secretary of the committee.

B. Responsibilities of the continuing education advisory committee include:

(1) reviewing proposed continuing education programs for approval and recommending the number of continuing education credit hours that will be awarded;

(2) reviewing individual licensee requests for continuing education credit approval and recommending the number of credit hours to be awarded;

(3) reviewing the validity of individual requests for a waiver of continuing education requirements; and

(4) assisting and advising the board staff in administering the continuing education program.

C. All recommendations of the continuing education advisory committee must be approved by the board.

Subp. 5. Requirements for relicensure. Each licensee must obtain 40 hours of approved continuing education credit in the two years immediately preceding the biennial license renewal deadline.

A. Thirty of the 40 required hours of continuing education credit must be obtained from interactive sources, such as lectures, seminars, wet labs, interactive television, or as a presenter of a continuing education topic or author of a referred journal article or contributing author for a recognized textbook.

B. For self study, such as journal reading, audio/visual tape instruction, or other noninteractive study, three hours of study must be awarded one hour of continuing education credit. Not more than ten hours of continuing education credit from noninteractive sources must be accepted toward the 40-hour continuing education credit requirement for licensure renewal.

C. Not more than ten hours of continuing education credit must be accepted for courses, seminars, or training sessions focused on practice management.

Subp. 6. Credit determination.

A. Ten hours of continuing education credit must be granted for authoring a scientific paper or book chapter published in a scholarly journal or book.

B. Up to ten hours of continuing education credit must be granted on a one-time basis for a paper or exhibit presented before a professional veterinary or allied health audience. Two hours of credit must be given for each hour of presentation, to a maximum of ten credit hours.

C. One hour of continuing education credit must be given for each period of not less than 50 minutes of attendance at an approved continuing education program. Credit for attendance at combined scientific, business, and social conventions must be given only for the actual number of hours spent participating in continuing education programs.

Subp. 7. Extension and waivers of continuing education requirements.

A. For good cause, a licensee may apply to the board for a six-month extension of the deadline for obtaining the required number of continuing education credits. No more than two consecutive extensions may be granted. Extensions may be granted for unforeseen hardships such as illness, family emergency, and military call-up.

B. Waiver of continuing education requirements must be granted to licensees enrolled in a graduate or residency program leading to an advanced degree or certification in a specialty or academic field related to veterinary medicine.

C. Waiver of continuing education requirements must be granted to licensees who are members in current good standing of academies and specialty boards that have continuing education requirements equal to or higher than board requirements.

D. Waiver of continuing education requirements must be granted to licensees who practice and maintain licensure in another United States or Canadian jurisdiction that has continuing education requirements equal to or higher than board requirements.

E. Continuing education requirements are waived for the time period immediately preceding the first license renewal date.

Subp. 8. Certification procedure.

A. The board, at the time of license renewal, must furnish each licensee a form upon which the licensee must certify fulfillment of the required number of continuing education hours for the two-year period preceding the license renewal date or that they qualify for waiver of requirements as specified in items B to E.

B. Licensees are responsible for maintaining documentation of continuing education attendance for a minimum of four years. The board may, at its discretion, require licensees to furnish additional evidence as is necessary to verify compliance with board continuing education requirements. Upon board request, whether as part of a routine audit or as part of an individual complaint investigation, a licensee must furnish, within 30 days, proof to the board of satisfactorily meeting the required number of continuing education hours established by the board or of qualifying for a waiver.

(1) Proof in the form of attendance certificates, diplomas, canceled checks, or class rosters accompanied with a course program, or other documentation acceptable to the board must be submitted.

(2) The board is the final determining authority as to the acceptability of specific continuing education documentation or waiver qualification.

C. The following acts are unprofessional conduct and are subject to disciplinary action under Minnesota Statutes, section 156.081, subdivision 2, clause (11):

(1) failure to meet minimum continuing education credit hour requirements for biennial license renewal;

(2) failure to submit adequate proof of continuing education attendance within 30 days of a board request; and

(3) falsification of attendance documentation.

D. Excess continuing education credit hours may not be banked or carried forward into the next license renewal cycle.

E. For disciplinary purposes, the board may direct a licensee to take additional continuing education, in specific disciplines, over and above the general continuing education requirements for relicensure.

Subp. 9. **Reinstatement of expired license.** A person wishing to reinstate an expired license under Minnesota Statutes, section 156.071, shall furnish proof that the person meets continuing education requirements of their current state of residency and that those requirements are equal to Minnesota requirements, or otherwise provide documentation to the board of having met Minnesota continuing education requirements for each year the license was expired, up to five years maximum, or provide proof of enrollment in a qualified graduate or residency program during the period the license was expired.

Statutory Authority: *MS s 214.12*

History: *20 SR 860*

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