2026 AAVSB

ANNUAL MEETING & CONFERENCE

PROVIDENCE

09.23 - 09.26



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Schedules & Agendas

Meeting Information

2026 Schedule for the AAVSB Annual Meeting & Conference

Monday, September 21, 2026

7:00 am - 8:30 am	Breakfast for Committee Volunteers	Waterplace Ballroom
8:00 am - 5:00 pm	QSE® Exam Development Workshop (PAVE) (Day 1: closed session)	Blackstone
12:00 pm - 1:30 pm	Lunch for Committee Volunteers and the AAVSB Staff	Waterplace Ballroom

Tuesday, September 22, 2026

7:00 am - 8:30 am	Breakfast for Committee Volunteers	Waterplace Ballroom
8:00 am - 5:00 pm	QSE Exam Development Workshop (PAVE) (Day 2: closed session)	Blackstone
8:00 am - 5:00 pm	VTNE® Exam Development Workshop (Day 1: closed session)	Kent
12:00 pm - 1:30 pm	Lunch for Committee Volunteers and the AAVSB Staff	Waterplace Ballroom

Wednesday, September 23, 2026

7:00 am - 6:00 pm	Early Registration Opens	Narragansett Prefunction
7:00 am - 8:30 am	Breakfast for Committee Volunteers and the AAVSB Staff	Waterplace Ballroom
8:00 am - 9:00 am	PAVE Committee Meeting	Blackstone
8:00 am - 9:30 am	Finance Committee Meeting	South County
8:00 am - 9:30 am	Conference Committee Meeting	Providence I
8:00 am - 12:00 pm	RACE® Committee Meeting	Providence IV
8:00 am - 12:00 pm	VTNE Exam Development Workshop (Day 2: closed session)	Kent
9:00 am - 5:00 pm	QSE Exam Development Workshop (PAVE) (Day 3: closed session)	Blackstone
8:00 am - 5:00 pm	Regulatory Policy Committee Meeting	Bristol
10:00 am - 12:00 pm	AAVSB Board of Directors Meeting	South County

Wednesday schedule continued on the next page...

**Agenda as of August 2026 is subject to change*

Wednesday, September 23, 2026 (continued)

12:00 pm - 1:30 pm	Lunch for Committee Volunteers and the AAVSB Staff	Waterplace Ballroom
1:00 pm - 2:00 pm	VTNE Committee Meeting	Kent
1:00 pm - 3:00 pm	Bylaws Committee Meeting	Providence I
1:30 pm - 3:00 pm	Affiliate Members' Advisory Committee Meeting	South County
2:00 pm - 3:30 pm	VTNE Exam Development Workshop continues (closed session)	Kent
2:00 pm - 3:30 pm	Leadership Development Committee Meeting	Providence IV
3:30 pm - 5:00 pm	Nominating Committee Meeting	Providence I
3:30 pm - 6:00 pm	VTNE & NAVLE® Exams Deep Dives (optional session, open to attend)	Providence II & III
5:00 pm - 6:00 pm	Training Meeting for Voting Staff & Tellers	Providence I

Thursday, September 24, 2026

7:00 am - 6:00 pm	Registration Desk Open	Narragansett Prefunction
7:00 am - 8:30 am	Breakfast for Summit & Board Training Participants, Committee Volunteers, and the AAVSB Staff	Waterplace Ballroom
8:00 am - 5:00 pm	Affiliate Members' Summit (optional pre-conference session; registration required)	Providence II & III
8:00 am - 5:00 pm	Member Board Training (optional pre-conference session; registration required)	Providence I & IV
9:00 am - 4:00 pm	Leadership Development Committee Meeting	Blackstone
12:00 pm - 1:30 pm	Lunch for Summit & Board Training Participants, Committee Volunteers, and the AAVSB Staff	Waterplace Ballroom
5:30 pm - 6:30 pm	Volunteer Appreciation Reception (Volunteers Only)	Flemings Private Dining
6:30 pm - 8:30 pm	Dinner with Future Friends (Sign up at Registration Desk)	Local Restaurants

Friday, September 25, 2026

7:00 am - 4:00 pm	Registration Desk Open	Narragansett Prefunction
7:00 am - 8:00 am	Breakfast for Annual Meeting Participants, Committee Volunteers, and the AAVSB Staff	Waterplace Ballroom
8:00 am - 12:00 pm	Delegate Assembly	Narragansett Ballroom

*Agenda as of August 2026 is subject to change

Friday, September 25, 2026 (continued)

12:00 pm - 12:30 pm	Delegate Q&A for Individual Nominees	Narragansett Prefunction
12:00 pm - 1:30 pm	Lunch for Annual Meeting Participants, Committee Volunteers, and the AAVSB Staff	Waterplace Ballroom
1:30 pm - 2:30pm	Educational Session #1: Dr. Hannah Maxey	Narragansett Ballroom
2:30 pm - 3:30 pm	Educational Session #2: Dr. Stephen Goldsmith	Narragansett Ballroom
3:45 pm - 4:45 pm	Educational Session #3: Association Roundtable	Narragansett Ballroom
5:00 pm	Meeting Recess	Narragansett Ballroom

Saturday, September 26, 2026

7:00 am - 4:00 pm	Registration Desk Open	Narragansett Prefunction
7:00 am - 8:00 am	Breakfast for Annual Meeting Participants, Committee Volunteers, and the AAVSB Staff	Waterplace Ballroom
8:00 am - 12:00 pm	Delegate Assembly	Narragansett Ballroom
12:00 pm - 1:30 pm	Lunch for Annual Meeting Participants, Committee Volunteers, and the AAVSB Staff	Waterplace Ballroom
1:30 pm - 3:30 pm	Educational Session #4: Dale Atkinson	Narragansett Ballroom
3:45 pm - 4:45 pm	Educational Session #5: Frank Meyers	Narragansett Ballroom
4:45 - 5:00 pm	Closing Session	Narragansett Ballroom
5:00 pm	Meeting Adjournment	Narragansett Ballroom

*Agenda as of August 2026 is subject to change

Affiliate Members' Fall Summit

Thursday, September 24, 2026

7:00 am - 4:00 pm	Registration Desk Open	Narragansett Prefunction
7:00 am - 8:00 am	Breakfast for Summit & Board Training Participants, Committee Volunteers, and the AAVSB Staff	Waterplace Ballroom
8:00 am - 8:30 am	Good morning from the AAVSB Leadership, Welcome and Introductions	Providence II & III
8:30 am - 10:00 am	MDR Strategy Group: AI Workshop	Providence II & III
10:00 am - 10:30 am	Break	Providence Foyer
10:30 am - 12:00 pm	MDR Strategy Group: AI Workshop, continued	Providence II & III
12:00 pm - 1:00 pm	Lunch for Summit & Board Training Participants, Committee Volunteers, and the AAVSB Staff	Waterplace Ballroom
1:00 pm - 2:00 pm	Topic 2: Should Veterinary Technician Specialist be Regulated?	Providence II & III
2:00 pm - 2:30 pm	Topic 3: AVMA Accreditation Update	Providence II & III
2:30 pm - 3:30 pm	Topic 4: How to Better Handle Stakeholder Meetings and Townhalls	Providence Foyer
3:30 pm - 4:00 pm	Break	Providence II & III
4:00 pm - 5:00 pm	Topic 5: Expanding Licensure Data Collection: Member Board Input	Providence II & III
5:30 pm - 6:30 pm	Volunteer Appreciation Reception (Volunteers Only)	Flemings Private Dining

*Agenda as of August 2026 is subject to change

Member Board Training

Board Basics & Beyond

Thursday, September 24, 2026

7:00 am - 4:00 pm	Registration Desk Open	Narragansett Prefunction
7:00 am - 8:00 am	Breakfast for Summit & Board Training Participants, Committee Volunteers, and the AAVSB Staff	Waterplace Ballroom
8:00 am - 10:00 am	Welcome & Kick-Off	Providence I & IV
	The AAVSB: Connecting the Regulatory Community	
	Introductions	
	Objectives & Terminology	
10:00 am - 10:30 am	Break	Providence Foyer
10:30 am - 12:00 pm	Small Group Table Exercises	Providence I & IV
	AAVSB Practice Act Model (PAM)	
12:00 pm - 1:00 pm	Lunch for Summit & Board Training Participants, Committee Volunteers, and the AAVSB Staff	Waterplace Ballroom
1:00 pm - 3:30 pm	AAVSB Programs	
	Statutes, Rules, and Regulations	
	Small Group Table Exercises	
3:30 pm - 4:00 pm	Break	Providence Foyer
4:00 pm - 4:45 pm	Board Operations	Providence I & IV
4:45 pm - 4:55 pm	Final Questions & Open Discussion	
4:55 pm - 5:00 pm	Closing Remarks	
5:30 pm - 6:30 pm	Volunteer Appreciation Reception (Volunteers Only)	Flemings Private Dining

**Agenda as of August 2026 is subject to change*

Delegate Assembly & Educational Sessions

Day 1

Friday, September 25, 2026

7:00 am - 4:00 pm	Registration Desk Open	Narragansett Prefunction
7:00 am - 8:00 am	Breakfast for Annual Meeting Participants, Committee Volunteers, and the AAVSB Staff	Waterplace Ballroom
8:00 am - 9:15 am	Call to Order and Welcome *Timothy Kolb, DVM, AAVSB President and Presiding Officer*	Narragansett Ballroom
	Welcome to Rhode Island *Selvi Lampman, New England Representative*	
	Introduction of Special Guests and the AAVSB Board of Directors *Timothy Kolb, DVM, AAVSB President and Presiding Officer*	
	Presidential Address *Timothy Kolb, DVM, AAVSB President and Presiding Officer*	
	AAVSB Board of Directors' Report *Shelia Dodson, DVM, AAVSB President-Elect*	
	Chief Executive Officer's Update *James T. Penrod, CAE, FASLA, AAVSB Chief Executive Officer*	
	AAVSB Strategy Update *Chrissy Bagby, PMP, CAE, AAVSB Chief Strategy Officer*	
9:15 am - 9:30 am	**Delegate Assembly Begins**	
	Roll Call (Delegates and Alternate Delegates to be seated) *James T. Penrod, CAE, FASLA, AAVSB Chief Executive Officer*	
	Standing Conference Rules, 2026 AMC Agenda and Summary of the 2025 Annual Meeting & Conference *Timothy Kolb, DVM, AAVSB President and Presiding Officer*	
9:30 am - 10:00 am	Nominating Committee Report *Brittany Sharkey, Esq, AAVSB Nominating Committee Chair*	
	Call for Nominations from the Floor *Timothy Kolb, DVM, AAVSB President and Presiding Officer*	
	Treasurer's Report *Amy Haywood, LVT, AAVSB Treasurer & Finance Committee Chair*	
	Regulatory Policy Committee Report *Lesley Sawa, DVM, AAVSB Regulatory Policy Committee Chair*	

**Agenda as of August 2026 is subject to change*

Friday, September 25, 2026 (continued)

10:00 am - 10:15 am	Break *Free professional portrait sessions available*	Narragansett Prefunction
10:15 am - 11:15 am	Bylaws & Resolution Committee Report *Darren Wright, DVM, AAVSB Bylaws & Resolution Committee Chair*	Narragansett Ballroom
	Global Task Force Committee Report *Dr. Frank Richardson, AAVSB Global Task Force Chair*	
	Licensure Questions Working Group Report *Dr. Tim Kolb, AAVSB Licensure Questions Working Group Chair*	
	Delegate Assembly Recesses	
11:15 am - 12:00 pm	Dr. Lorna Breen Heroes' Foundation *Video*	
12:00 pm - 12:30 pm	Delegate Q&A for Individual Nominees	Narragansett Prefunction
12:00 pm - 1:30 pm	Lunch for Annual Meeting Participants, Committee Volunteers, and the AAVSB Staff *Free professional portrait sessions available*	Waterplace Ballroom
1:30 pm - 2:30 pm	Regulatory Boards as Champions for Informed Veterinary Workforce Policy: Standardized Data Collection *Hannah Maxey, Veritas Health Solutions*	Narragansett Ballroom
2:30 pm - 3:30 pm	Agriculture Sector Threats: Bioterrorism, Biological Warfare, Espionage, and Agrocrimes *Dr. Stephen Goldsmith, Program Analyst, FBI Counterterrorism Division*	Narragansett Ballroom
3:30 pm - 3:45 pm	Break *Free professional portrait sessions available*	Narragansett Prefunction
3:45 pm - 4:45 pm	Shared Perspectives, Shared Progress: Advancing Veterinary Technician Education, Credentialing, and Support *AAVSB, CVTEA, AVTE, CVMA, NAVTA*	Narragansett Ballroom
4:45 pm	**Meeting is Recessed**	
6:00 pm - 6:30 pm	Meet in the Lobby, Buses to Roger Williams Park Zoo	Hotel Lobby
6:40 pm	Friday Night Event: Roger Williams Park Zoo *Enjoy dinner and drinks at the zoo!*	Roger Williams Park Zoo

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2026 AAVSB ANNUAL MEETING & CONFERENCE PROVIDENCE 09.23 - 09.26

Delegate Assembly & Educational Sessions

Day 2

Saturday, September 26, 2026

7:00 am - 4:00 pm	Registration Desk Open	Narragansett Prefunction
7:00 am - 8:00 am	Breakfast for Annual Meeting Participants, Committee Volunteers, and the AAVSB Staff	Waterplace Ballroom
8:00 am - 9:00 am	Delegate Assembly Reconvenes *Timothy Kolb, DVM, AAVSB President and Presiding Officer*	Narragansett Ballroom
	Delegate Assembly Begins	
	Roll Call (Delegates and Alternate Delegates to be seated) *James T. Penrod, CAE, FASLA, AAVSB Chief Executive Officer*	
	Elections *Timothy Kolb, DVM, AAVSB President and Presiding Officer*	
9:00 am - 10:30 am	Proposed Bylaws Amendments - Discussion and Vote *Timothy Kolb, DVM, AAVSB President and Presiding Officer*	
10:30 am - 10:45 am	Break *Free professional portrait sessions available*	Narragansett Prefunction
10:45 am - 12:00 pm	Proposed Resolutions and Proclamations - Discussion and Vote *Timothy Kolb, DVM, AAVSB President and Presiding Officer*	Narragansett Ballroom
	Regulatory Policy - Discussion and Vote: *Timothy Kolb, DVM, AAVSB President and Presiding Officer* • Proposed Changes to the AAVSB Practice Act Model • Model Regulations: Appropriate Prescribing and Use of Controlled Substances • Model Regulations: Delegation of Tasks to Unlicensed Staff • Model Regulations: Scope of Practice for Veterinary Technicians	
	Delegate Assembly Concludes	
12:00 pm - 1:30 pm	Lunch for Annual Meeting Participants, Committee Volunteers, and the AAVSB Staff *Free professional portrait sessions available*	Waterplace Ballroom

**Agenda as of August 2026 is subject to change*

Saturday, September 26, 2026 (continued)

1:30 pm	2027 Annual Meeting & Conference Location Announcement	Narragansett Ballroom
1:30 pm - 3:30 pm	Top Legal Cases Impacting the Veterinary Profession *Dale Atkinson, JD, AAVSB Legal Counsel*	Narragansett Ballroom
3:30 pm - 3:45 pm	Break	Narragansett Prefunction
3:45 pm - 4:45 pm	AI-Powered Complaints Triage: Practical Tools and Governance for Veterinary Regulators *Frank Meyers, JD, Federation of State Medical Boards*	Narragansett Ballroom
4:45 pm - 5:00 pm	**Closing Session**	
	Recognition of Service for Outgoing Officers & Directors *Timothy Kolb, DVM, AAVSB President and Presiding Officer*	
	Installation of the 2026 - 2027 AAVSB Board of Directors *Frank Richardson, DVM, AAVSB Immediate Past President*	
	Presidential Address *Sheila Dodson, DVM, AAVSB President 2026 - 2027*	
4:15 pm - 5:00 pm	**AAVSB 2026 Annual Meeting & Conference Adjournment**	

**Agenda as of August 2026 is subject to change*

1.2 Attendees by Member Board

Meeting Information



Attendees by Member Board

Alabama State Board of Veterinary Medical Examiners

Board Members:

Thomas Fell, DVM*
Lisa Hethcox, LVT*

Alaska Board of Veterinary Examiners

Board Members:

Chair, Robert Gerlach, VMD (virtual)*
Denise Albert, DVM
Hal Geiger, PhD

Alberta Veterinary Medical Association

Affiliate Member:

Megan Bergman, DVM, Registrar*

Council Member:

Jami Frederick, DVM*

Arizona State Veterinary Medical Examining Board

Board Members:

Chair, Nicole Frost, CVT, CVPM, SPHR*
Robyn Jaynes, DVM
Darren Wright, DVM

Arkansas Veterinary Medical Examining Board

Affiliate Member:

Kara Maack, Licensing Program Manager*

Legal Counsel:

Amanda Andrews, JD

College of Veterinarians of Ontario

Affiliate Member:

Jan Robinson, Registrar

California Veterinary Medical Board

Affiliate Member:

Jessica Sieferman, Executive Director

Board Members:

Chair, Maria Solacito, DVM
Christina Bradbury, DVM
C. Mike Tomlinson, DVM, MBA
Steven Manyak, DVM
Anna Orlowski, JD*
Kristi Pawlowski, RVT
Marie Ussery, RVT
Richard Sullivan, DVM, Advisory Committee
Mark Nunez, DVM, Advisory Committee

Colorado State Board of Veterinary Medicine

Affiliate Member:

Karen Phelan, Program Director*

Board Member:

Chair, Carolyn Karrh, DVM*

Delaware Board of Veterinary Medicine

Affiliate Member:

Theresa Trotta, Senior Admin. Specialist (virtual)

Board Member:

Joanna Miller, LVT*

District of Columbia Board of Veterinary Medicine

Board Members:

Amy Haywood, LVT
Sophie Kindberg-Hanlon, BVetMed MRCVS (virtual)
Dan Teich, DVM*
Blair Zervos*

* designates – Delegate

Florida Board of Veterinary Medicine

Affiliate Member:
Ruthanne Christie, Executive Director
Board Member:
Rudd Nelson, DVM*

Georgia State Board of Veterinary Medicine

Board Member:
William Wright, DVM*

Hawaii Board of Veterinary Medicine

Board Member:
Aileen Wada*

Indiana Board of Veterinary Medicine

Affiliate Member:
Britney McMahan, JD, Board Director
Board Members:
Kelly Peelman, DVM*
Natalie Goodwin*
Board Staff:
Kyle Shipman, DVM, Chief Admin. Officer

Kansas Board of Veterinary Examiners

Affiliate Member:
Mark Olson, DVM
Board Members:
Amy Ekerberg, DVM
Susan Nelson, DVM*
Randall Norton, DVM
Stacy Rogers, DVM*

Kentucky Board of Veterinary Examiners

Affiliate Member:
Michelle Shane, Executive Director*
Board Members:
Dianne Dawes-Torre, DVM
Jen Quammen, DVM, MPH
Amy Staton, Ed.D, LVT*
Legal Counsel:
Carmine Iaccarino, Esq.

Louisiana Board of Veterinary Medicine

Affiliate Member:
Jared Granier, MBA, Executive Director*

Maryland State Board of Veterinary Medical Examiners

Affiliate Member:
Nathaniel Boan, Executive Director*
Board Member:
Patricia Quimby, CAWA*
Legal Counsel:
Cynthia Spirt, JD

Minnesota Board of Veterinary Medicine

Board Members:
Chair, Mahlon Bauman*
John Howe, DVM, CertAqV
Raye Taylor, DVM*

Mississippi Board of Veterinary Medicine

Affiliate Member:
Nancy Christiansen, Executive Director (virtual)
Board Members:
Chair, Bob Filgo, DVM*
Kevin Smith, DVM*

Missouri Veterinary Medical Board

Board Members:
Chair, Michael Pfander, DVM*
Mason Bell, DVM*

Montana Board of Veterinary Medicine

Board Member:
Jeanne Rankin, DVM*
Garrett Ryerson, DVM*

Nebraska Board of Veterinary Medicine and Surgery

Affiliate Member:
Vonda Apking, BSBA, MPA, Program Manager*

* designates – Delegate

Nevada State Board of Veterinary Medical Examiners

Affiliate Member:

Jennifer Pedigo, EMBA, Executive Director*

Board Member:

Michael Knehr, DVM (virtual)*

New Hampshire Board of Veterinary Medicine

Board Member:

Selvi Lampman, DVM*

New Jersey State Board of Veterinary Medical Examiners

Board Members:

Chair, Barbara Lopez, JD
David Croman, VMD*
Mark Logan, VMD*

New York State Board for Veterinary Medicine

Affiliate Member:

Stephen Boese, MSW, Executive Secretary*

Board Members:

Ashley Harris, DVM, DABVP*
Mark Chmielewicz, DVM

North Carolina Veterinary Medical Board

Affiliate Member:

Keith West, Executive Director
Melissa Bowman, Deputy Director

Board Members:

Allen Cannedy, DVM
Edward Faulkner, DVM
Andrea Gentry-Apple, DVM*
Azure Holland, DVM
Ronald Komich, DVM
Robin Lazaro, RVT
Michael Martin, DVM, MPVM, ACPV*
Sydney MacDonald, Student Liaison

North Dakota Board of Veterinary Medical Examiners

Board Member:

Bailey Zacher, LVT*

Nova Scotia Veterinary Medical Association

Affiliate Member:

Jane Corkum, DVM, Registrar
Angie Runnalls, DVM, Deputy Registrar

Council Members:

Chair, Jennifer McKay, DVM*
Melissa Burgoyne, DVM*
Penelope Richards, DVM

Ohio Veterinary Medical Licensing Board

Affiliate Member:

Jacob Bell, MPA, Executive Director

Board Members:

Chair, Susan Skorupski, DVM*
Andrea Miller, DVM*

Legal Counsel:

George Martin, Esq

Oklahoma State Board of Veterinary Medical Examiners

Affiliate Member:

Cathy Kirkpatrick, Executive Director

Board Members:

Rebekah Hartfield, DVM*
Suzanne Caruso, DVM*
Holly Lunsford, DVM

Legal Counsel:

Sandra LaVenue, JD

Oregon Veterinary Medical Examining Board

Affiliate Member:

Peter Burns, Executive Director*

Board Member:

Chair, Max Rinaldi, DVM*

* designates – Delegate

Pennsylvania State Board of Veterinary Medicine

Board Members:

Anjilla Cooley, DVM*
Apryle Horbal, VMD*
Valerie Kehoe, BA, CVT

Prince Edward Island Veterinary Medical Association

Affiliate Member:

Jessie MacQuarrie, DVM, Registrar*

Council Member:

President, Tasha Clark, DVM*

Puerto Rico Board of Veterinary Medical Examiners

Board Member:

Jose Trujillo, DVM*

Saskatchewan Veterinary Medical Association

Council Staff:

Tara Holland, RVT (RVT Rep to the Council)

South Carolina Board of Veterinary Medical Examiners

Affiliate Member:

Amy Holleman, CPM

Board Members:

Chair, Christine White, DVM*
Kendall Bak, LVT, VTS(ECC)
George Bryant, DVM*
Tracie Quick, DVM, MBA, Review Committee

South Dakota Board of Veterinary Medical Examiners

Affiliate Member:

Mendel Miller, DVM* (virtual)

Tennessee Board of Veterinary Medical Examiners

Affiliate Member:

Lyndsey Boone, Director I

Texas Board of Veterinary Medical Examiners

Affiliate Member:

Brittany Sharkey, Esq., Executive Director*

Board Member:

Sandra Lynn Criner, DVM*

Legal Counsel:

Kelly Phelps, JD

Utah Veterinary Physician Licensing Board

Board Members:

Chair, Tonya Hardy, DVM, MBA
Jason Gibson, DVM*
Neil Moss, DVM*

Virgin Islands Board of Veterinary Medicine

Board Member:

Chair, Laura Palminteri, VMD*

Virginia Board of Veterinary Medicine

Affiliate Member:

Kelli Moss, Executive Director*

Board Member:

Patricia Seeger, LVT, M.Ed*

Washington State Veterinary Board of Governors

Affiliate Member:

Poppy Budrow, Program Manager

Board Members:

Chair, Katherine Bibi, DVM, DACVIM (Neuro)*
Maci Paden, DVM
Aja Senestraro, DVM

* designates – Delegate

West Virginia Board of Veterinary Medicine

Affiliate Member:

Trish Holstein, Executive Director*

Brandi Legg, Assistant Director

Board Staff:

Haley Sword, Secretary

Wisconsin Veterinary Examining Board

Affiliate Member:

Melissa Mace, Executive Director*

Board Member:

Chair, Alan Holter, DVM*

Wyoming Board of Veterinary Medicine

Affiliate Member:

Kylie Dorr, Executive Director

Board Member:

Sara Oedekoven, DVM*

Legal Counsel:

Alex Wendlandt

* designates – Delegate

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List of All Attendees

Meeting Information

All Annual Meeting Attendees

Lauren Abbott
Program Manager, CE
American Association of Veterinary State Boards
AAVSB RACE Committee
labbott@aavsb.org

Denise Albert, DVM
AAVSB Finance Committee
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Amanda Andrews, JD
Arkansas Veterinary Medical Examining Board
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Vonda Apking, BSBA, MPA*
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Chrissy Bagby, CAE, PMP
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Kendall Bak, LVT, VTS(ECC)
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Mahlon Bauman*
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Board Chair
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AAVSB VTNE Committee
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Mason Bell, DVM*
Missouri Veterinary Medical Board
Board Member
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Jacob Bell, MPA
AAVSB Conference Committee
AAVSB Nominating Committee
Ohio Veterinary Medical Licensing Board
Executive Director
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Melissa Benowitz, CMP
Meeting Planner
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Channing Benson, ICE-CCP, AAiP
Program Manager, Exams
American Association of Veterinary State Boards
AAVSB Leadership Development Committee
AAVSB PAVE Committee
AAVSB VTNE Committee
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Mary Berg, BS, LATG, RVT, VTS (Dentistry), FVTE
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Maryland State Board of Veterinary
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Stephen Boese, MSW*
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Kat Bryant, MM
Member Data & Technology Associate
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George Bryant, DVM*
South Carolina Board of Veterinary
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Melissa Burgoyne, DVM*
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Peter Burns*
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Allen Cannedy, DVM
North Carolina Veterinary Medical Board
Board Member
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* designates - Delegate

Suzanne Caruso, DVM*
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Standing Conference Rules

Meeting Information



1.4

General

- Attendees are reminded to be respectful of speakers and other attendees. Silence cell phones and refrain from using electronic devices during sessions for those in person. People wishing to carry on conversations are asked to move outside the General Session room. Those attending virtually should mute themselves on the video-conferencing platform unless they wish to speak.
- Elections will take place during Saturday's Business Session. No campaigning is allowed in the meeting room for the Delegate Assembly at any time.

Delegate Assembly

- The rules contained in Robert's Rules of Order, Newly Revised, 12th Edition shall govern the Delegate Assembly in all cases to which they are applicable and in which they are not inconsistent with the Bylaws of the AAVSB or these Standing Conference Rules.
- All reports, discussions, and debates shall be addressed to the Presiding Officer.
- The Presiding Officer is authorized to declare a recess as determined necessary.

Delegates

- All Delegates and Alternate Delegates will receive proper identification at registration. Proper identification is required for voting and participation.
- In-person Delegates will sit in a designated section in the front of the room when instructed by the Presiding Officer. Virtual Delegates who have shared their proper identification will log onto the video-conferencing platform at the time of the meeting and type in their first and last name, and location.
- If the in-person Delegate is unavailable, the Delegate or Alternate Delegate must notify a staff member at the registration table, and the identified Alternate Delegate will sit in the designated section, debate, and vote for the remainder of that day.
- Only Delegates are eligible to make and second motions, speak on motions, and vote on matters put forth to the Delegate Assembly.
- An in-person Delegate wishing to make a motion shall rise and, when recognized by the Presiding Officer, shall give his or her name and Member Board affiliation before presenting the motion. A virtual Delegate will need to type their first and last name and their Member Board affiliation in the chat feature of the video-conferencing platform and wait to be acknowledged by the Presiding Officer before unmuting themselves and speaking. All motions must be made on behalf of the Member Board.

Rules of Debate

- Speakers will be limited to 3 minutes each and may not speak more than once to the same motion unless recognized by the Presiding Officer. No person may speak more than once until all others wishing to speak to said motion have had an opportunity to speak at least once. At any time, debate may be further limited or extended by a two-thirds vote of the Delegates.
- The privilege of debate on the floor is limited to the Delegates. Others may speak at the discretion of the Presiding Officer or with permission of the Delegate Assembly.
- At the discretion of the Presiding Officer or by a vote of the assembly, time for debate may be reasonably limited to maintain the scheduled agenda.

Voting

- Delegates must follow the voting instructions provided. Delegates will vote using the electronic voting software on their personal device, such as cell phone, tablet, or laptop. At the prerogative of the Presiding Officer, standing or voice votes may be used on matters not subject to confidentiality.
- Candidates seeking election to a position identified in the Bylaws must receive a majority vote of the quorum. If more than one candidate is running for an open position and a candidate is not elected on the second ballot or later ballot, the candidate receiving the least number of votes shall be dropped until a candidate receives a majority of votes cast.

Executive Session of the Delegate Assembly

- Attendance in an executive session of the Delegate Assembly is limited to members of Member Boards, Affiliate Members, and any other individuals at the discretion of the Presiding Officer. Attendees of any executive session, whether in person or virtual, agree to maintain in confidence and not disclose the subject matter or discussions of the executive session. Attendees with questions about reporting back executive session matters to their Member Boards should seek direction from the AAVSB CEO or the AAVSB Counsel.

2025 Meeting Summary

Meeting Information



1.5

Introduction

This document is a full historical summary of the 2025 AAVSB Annual Meeting & Conference, held at The Westin Cincinnati, Cincinnati, Ohio, from September 16 to September 20, 2025. This document will include a summary and key outcome of each business session, the Friday Evening Event, and educational sessions.

Preconference Sessions

Thursday, September 18, 2025

Executive Directors' & Registrars' Summit

The September 2025 Executive Directors and Registrars session brought Member Board leaders together for a collaborative forum focused on the changing landscape of veterinary regulation. The session opened with a discussion about examinations in Spanish, asking whether jurisdictions would face challenges or limitations accepting exam results taken in Spanish for licensure. Slides provided by staff framed this as an emerging access and workforce question, noting interest from candidates and Puerto Rico, current practice of providing the VTNE in English and French. Additionally, AVTE survey results suggesting a Spanish-language VTNE option may have a marginal near-term impact but could be strategically important as student demographics shift. Staff were asked to create and distribute a more comprehensive Spanish inquiry survey to Member Boards.



The session then turned to accreditation and education trends, especially recent Council on Education changes. Presenters reviewed revisions to COE standards that replaced DEI and bias language with terms such as nondiscrimination, belonging, unlawful discrimination, and expanded opportunity, while emphasizing fairness, student support, clarity, consistency, and enforceability across programs. The discussion also addressed distance education, including COE's response to U.S. Department of Education scope concerns, new policies effective April 1, 2025, expectations that pre-clinical education be 85% in person, and the requirement that clinical rotations be delivered in person. The presentation slides also highlighted the growing number of veterinary colleges in the accreditation pipeline, raising practical questions for boards about faculty licensing, staffing, educational models, and how regulatory boards should prepare for changes in the supply and preparation of future licensees.

Across the broader Summit materials, the ED/Registrar conversations have centered on practical regulatory alignment, shared problem-solving, and identifying where AAVSB can better support Member Boards. Topics included the Member Board Profile Survey, model document review and voting, legislative issues and compacts, a standardized or uniform license transfer process, the VIVA Data Exchange Program, and follow-up ideas from prior Summits. Open discussions included animal cruelty, spectrum of care, access challenges, multidisciplinary veterinary regulation, and the evolving relationship between regulatory boards, VMAs, educational institutions, and other allied organizations.

Member Board Training

Dale Atkinson led a full day of Board training for Board Members, staff, and legal counsel.



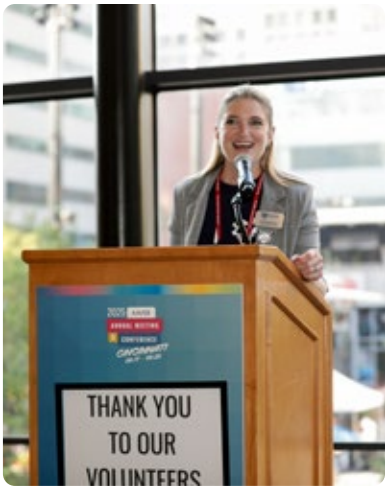
NAVLE® and VTNE® Deep Dive Dinner

AAVSB Exams Program Manager, Channing Benson, and the PSI Psychometrician for AAVSB exams, Charlie Bonfert, MS, ICE-CCP, led an interactive presentation on the VTNE. Charlie reviewed how items are developed and written, the scoring process, and the importance of the job analysis in creating an exam that is fair, valid, and reliable. The presentation concluded with questions and feedback from the AAVSB Member Board members present.

The International Council for Veterinary Assessment (ICVA®) Chief Executive Officer Dr. Heather Case, DVM, MPH, DACVPM, CAE, and Chief Assessment Officer Dr. Kent Hecker, BSc, Msc, PhD, presented an informational session on the North American Veterinary Licensing Examination (NAVLE). Dr. Case and Dr. Hecker highlighted the equating process used in scoring, statistics regarding repeated non-passing exam attempts, and the diligence of the ICVA in ensuring exam reliance as a licensing exam designed for soon-to-be and recent graduates. The presentation concluded with questions and feedback from the AAVSB Member Board members present.

Volunteer Appreciation Reception

The Leadership Development Committee celebrated the success and hard work of all the AAVSB Volunteers with drinks, hors d'oeuvres, and awards. The AAVSB Volunteers who were terming off their committees were recognized. Dr. Frank Richardson, AAVSB President, thanked all of the volunteers.







Annual Delegate Assembly Session

Friday, September 19, 2025



INFORMATION PRESENTED

Call to Order and Welcome

Dr. Frank Richardson, AAVSB President, called the 2025 AAVSB Annual Meeting & Conference to order and welcomed all attendees.

Dr. Richardson invited Dr. Susan Skorupski, Board Member with the Ohio Veterinary Medical Licensing Board, to welcome all attendees to Ohio.

He then introduced the following special guests from allied organizations and asked that they stand to be recognized:

- Dr. Janet Donlin, Chief Executive Officer, Dr. Gail Golab, Associate Executive Vice President and Chief Veterinary Officer, Dr. Kent McClure, Assistant Executive Vice President, and Dr. Jennifer Quammen, President-Elect, of the American Veterinary Medical Association.
- Tricia Gorham, President, of the Association of Veterinary Technician Educators
- Michelle Chen, Director of the National Examining Board, of the Canadian Veterinary Medical Association
- Dr. Heather Case, Chief Executive Officer, and Dr. Kent Hecker, Chief Assessment Officer, of the International Council for Veterinary Assessment, and Dr. Helen Tuzio, 2025-2026 Chair, of the ICVA Board of Directors and the AAVSB Representative to the ICVA
- Beckie Mossor, President, of the National Association of Veterinary Technicians in America

He also welcomed the following international guests:

- Dr. Claudio Gallottini, of the Italian Federation of Veterinary Boards
- Ms. Lizzie Lockett, Chief Executive Officer, of the Royal College of Veterinary Surgeons
- Mr. Iain McLachlan, Chief Executive Officer, of the Veterinary Council of New Zealand

Dr. Richardson then recognized the following special guests to stand:

- Dr. Gary Norwood from Wyoming, the AAVSB Representative to the AVMA's ECFVG.
- Ms. Tara Holland, RVT from Saskatchewan, the AAVSB Appointee to NAVTA's Committee of Veterinary Technician Specialties (CVTS).
- Miranda Carrisosa, a DVM candidate at Michigan State, and AJ Lopez, a DVM candidate at Louisiana State University, SAVMA Representatives to the Association.

Dr. Richardson then called the 2024-2025 AAVSB Board of Directors to stand to be recognized.

- Dr. Timothy Kolb, President-Elect

- Dr. Kim Gemeinhardt, Immediate Past President
- Ms. Amy Haywood, Treasurer
- Directors:
  - Dr. Mark Chmielewicz
  - Dr. Sheila Dodson
  - Dr. Holly Lunsford
  - Dr. Mark Nunez
  - Dr. Greg Parks
  - Ms. Jennifer Pedigo

President's Address

Dr. Richardson then gave his Presidential Address, highlighting the opportunity for 63 regulatory bodies to come together, learn from one another, and work together as one body to advance veterinary regulation in North America. Dr. Richardson reported on the past year, reflecting on navigating the waters of veterinary regulation with the help of the AAVSB Strategic Plan (developed by the Board of Directors with input from Member Boards), the service and work of the AAVSB Committees, and the AAVSB CEO and staff.

Board of Directors' Report

Dr. Richardson then welcomed President-Elect, Dr. Timothy Kolb, to give the AAVSB's Board of Directors' Report. Dr. Kolb reported on the major accomplishments over the past year to include discussions on supporting the Colorado Board of Veterinary Medicine in ensuring public protection for the new profession established by the people of Colorado, the release of a white paper on artificial intelligence considerations in the regulation of veterinary medicine, and exploring options to make the PAVE program more accessible.

Chief Executive Officer's Report

The AAVSB Chief Executive Officer, Jim Penrod, then presented the Chief Executive Officer's Report.

Mr. Penrod emphasized the importance of Board and council members consistently adopting a "regulator" mindset, prioritizing public protection over their professional or personal perspectives.



Mr. Penrod highlighted that while the Board of Directors had differing opinions on the creation of the Veterinary Professional Associate position in Colorado, they chose to remember their duties as regulators to ensure that there is a process to ensure the public is protected when the first VPA is allowed to perform veterinary medicine. He also reinforced the role of the AAVSB in providing foresight, guidance, and model resources to help regulators prepare for evolving challenges. Education, collaboration, and shared tools—such as training programs, new Knowledge Center and the VIVA licensure database—are positioned as critical supports for effective regulation. Overall, the message centered on equipping regulators to navigate change, upholding public trust, and learning from one another.

The AAVSB Strategy Update

Mr. Penrod introduced Ms. Chrissy Bagby, Chief Strategy Officer of the AAVSB.

Ms. Bagby walked through key strategic developments in 2025, highlighting the progress in member services, licensure data, programs and services, and global outreach. She spoke about advanced member support through expanded outreach to students and boards, launching a new secure Member Board Knowledge Center, and increased engagement via events, webinars, and summits. Technology initiatives emphasized growth and accuracy in the VIVA database and expansion of the VIVA Data Exchange Program to move toward a comprehensive, on-demand licensure system. In Licensing & Testing, key milestones included new VTNE policies, enhanced exam security, expanded student outreach, and development of a new VTNE Knowledge Assessment tool. Continuing education, mobility services, and VAULT offerings all saw strong growth, with operational improvements to manage increased demand. Finally, the Association has been continuing to understand its current global reach and has seen growing interest from international regulators, reinforcing 2025 as a year of growth, alignment, and innovation.

DELEGATE ASSEMBLY ROLL CALL

Dr. Richardson, then opened the formal Delegate Assembly and recognized the following people:

- **Tellers:**
  - Ms. Ruthanne Christie
  - Ms. Tara Holland
  - Ms. Jessica Sieferman
- **Parliamentarian:** Ms. Liz Guthridge, PRP
- **Timekeeper:** Mr. Dale Atkinson, Esq., the AAVSB Legal Counsel

Mr. Penrod then called the Delegate roll call. The following jurisdictions responded:

Alabama	Indiana	New Hampshire	Puerto Rico
Alaska	Illinois	New Jersey	Saskatchewan
Alberta	Kansas	New York	South Carolina
Arizona	Kentucky	North Carolina	Texas
Arkansas	Louisiana	North Dakota	Utah
California	Manitoba	Nova Scotia	Virgin Islands
Colorado	Maryland	Ohio	Viginia
District of Columbia	Minnesota	Oklahoma	Washington (absent for voting on Saturday noted)
Florida	Mississippi	Ontario	West Virginia
Georgia	Missouri	Oregon	Wisconsin
Hawaii	Montana	Pennsylvania	Wyoming
Idaho	Nevada	Prince Edward Island	

Mr. Penrod announced that 46 delegates were represented. Dr. Richardson then indicated that 24 votes would be needed for a majority vote and 32 votes would be needed for two-thirds.

Dr. Richardson asked for any objections to accepting the Standing Rules. There being no objections, the Standing Rules were accepted.

Dr. Richardson asked for any objections to accepting the 2025 Annual Meeting & Conference Agenda. There being no objections, the Agenda was accepted.

BUSINESS REPORTS

The following business reports were presented to the delegates:

Nominating Committee Report



Dr. Amy Staton, Chair of the Nominating Committee, recognized additional Committee member, Ms. Brittany Sharkey. The Nominating Committee Report included the duties of the Nominating Committee. Dr. Staton presented the 2025 Slate of Candidates as follows:

President-Elect (2 nominees for 1 open position):

- Dr. Sheila Dodson
- Dr. Mark Nunez

Directors (5 nominees for 3 open positions):

- Dr. Christina Bradbury, from California
- Ms. Robin Lazaro, from North Carolina
- Dr. Michael Pfander, from Missouri
- Ms. Ashli Selke, from Indiana
- Ms. Jessica Sewell, from Georgia

Nominating Committee (0 nominees for 1 position)

AAVSB Representative to the ICVA Veterinarian position (3 nominees for 1 position):

- Dr. Thomas Fell Jr., from Alabama
- Dr. Steven Manyak, from California
- Dr. Karl Solverson, from Wisconsin

Dr. Staton provided educational resources about the Director role for the members and delegates.

Dr. Richardson opened the floor to nominations. No additional nominations were received for the positions of President-Elect or Director.

The following nominations for the Nominating Committee were received from the floor and were

eligible:

- Mr. Jacob Bell, MPA

Nominations were closed.

Bylaws and Resolutions Report

Dr. Richardson then recognized the Chair of the Bylaws and Resolutions committee, Dr. Darren Wright, and invited him to give the Bylaws and Resolutions report.

Dr. Wright introduced the members of the Committee and asked that they stand to be recognized: Mr. Joe Allen, Dr. Jeff Heins, Dr. John Lawrence, Dr. Liz Saul, and Dr. Matt Verbsky.

The Committee received three proposed Bylaws amendments and four proposed Resolutions.

Proposed Bylaws Amendment #1

Proposed Bylaws *Amendment #1* included comprehensive updates to Articles II, III, IV, V, VII, VIII, X, and a new article titled "Transparency" to the Bylaws document.

The Bylaws and Resolution Committee's recommendation is **DO NOT SUPPORT**.

The Board of Directors' recommendation is **DO NOT SUPPORT**.

The delegate from Kentucky addressed the Delegate Assembly indicating intent to propose a motion to divide the proposed amendment into seven separate motions before delegates vote on the motion the following day. Dr. Richardson reported that the AAVSB staff would coordinate to have the intended separated motions shared with the Delegate Assembly via the conference mobile application.

Proposed Bylaws Amendment #2

Proposed Bylaws *Amendment #2* modifies Article VII, Board of Directors and Officers, to increase the minimum number of affiliate members from one to three and decrease the minimum number of licensed veterinarians from six to three.

The affected sentence reads as follows: "Notwithstanding any other provisions of these Bylaws, the Board of Directors shall be comprised of at least six three (3) Licensed Veterinarians and one three (3) Affiliate Member.

The Bylaws and Resolution Committee's recommendation is **DO NOT SUPPORT**.

The Board of Directors' recommendation is **DO NOT SUPPORT**.

Proposed Bylaws Amendment #3

Proposed Bylaws *Amendment #3* modifies Article X, Committees, and includes comprehensive updates to the article to provide consistency within the committee's functions.

The Board of Directors recommendation is **SUPPORT** of this proposed amendment.

Proposed Resolution 2025-1

Resolution 2025-1 was submitted by the Kentucky Board of Veterinary Examiners. The therefore statements read as follows:

NOW THEREFORE BE IT RESOLVED that the AAVSB shall not expand membership beyond North America;

THEREFORE BE IT FURTHER RESOLVED that the AAVSB shall instead prioritize strengthening its capacity to meet the needs of its existing Member Board jurisdictions with the current programs and services offerings and shall report to the Member Board jurisdictions a strategy for making these improvements with definitive deadlines and means to measure such improvement;

THEREFORE BE IT FURTHER RESOLVED that the AAVSB shall prioritize the Association's support of its Canadian members on par with U.S. jurisdictions;

THEREFORE BE IT FURTHER RESOLVED that the AAVSB shall establish a formal study group or task force to evaluate the feasibility, benefits, and challenges of expanding the scope of membership to international jurisdictions, with specific attention to regulatory compatibility, resource allocation, member support systems, and long-term strategic impact;

THEREFORE BE IT FURTHER RESOLVED that any formal study group or task force shall be composed of a majority of seated board members on Member Board jurisdictions or executive directors or registrars from Member Boards, and from a representative selection across the U.S. and Canada; and

THEREFORE BE IT FINALLY RESOLVED that any future consideration of global membership shall be guided by the findings of such a study, reported to the Member Board jurisdictions, and be implemented only after the AAVSB has demonstrably fulfilled its existing commitments to current Members and in accordance with the existing association bylaws.

The Bylaws and Resolution Committee's recommendation is **DO NOT PASS** Resolution 2025-1.

The Board of Directors' recommendation is **DO NOT PASS** Resolution 2025-1.

Proposed Resolution 2025-2

Resolution 2025-2 was submitted by the Kentucky Board of Veterinary Examiners. The therefore statements read as follows:

NOW THEREFORE BE IT RESOLVED, that the AAVSB shall not endorse the creation of the Veterinary Professional Associate position;

THEREFORE BE IT FURTHER RESOLVED that the AAVSB shall refrain from endorsing the VPA position unless and until: (a) a nationally accredited educational and credentialing framework has been established; (b) sufficient regulatory infrastructure has been developed to oversee the role among the AAVSB's Member Board jurisdictions should those jurisdictions determine there is need for such position; and (c) broad consensus among Member Board jurisdictions supports the role as necessary,

effective, and protective of public and animal interests;

THEREFORE BE IT FURTHER RESOLVED that the AAVSB shall focus its efforts on strengthening and harmonizing recognition and utilization of existing credentialed veterinary technicians (CVTs, LVTs, and RVTs), particularly in jurisdictions where such roles are not yet formally recognized;

THEREFORE BE IT FURTHER RESOLVED that nothing in this resolution shall mean nor be construed to mean that the AAVSB is not empowered to assist the stakeholders in Colorado in their implementation of a VPA and that the AAVSB shall, in fact, provide 2 customary resources and aid to that jurisdiction consistent with the purpose and mission of the AAVSB;

THEREFORE BE IT FURTHER RESOLVED that any model documents centered on the VPA shall adhere to the AAVSB's Policies & Procedures: Model Document Creation, Review, and Voting by Member Boards;

THEREFORE BE IT FURTHER RESOLVED that this resolution shall be published on the AAVSB website and in tandem published with any approved Model Document

THEREFORE BE IT FURTHER RESOLVED that the AAVSB shall annually publish current numbers of veterinarians, CVTs/LVTs/RVTs, and VPAs licensed in each Member Board jurisdiction on a consolidated webpage for public access to help build public confidence regarding the availability of care resources in Member Board jurisdictions;

THEREFORE BE IT FURTHER RESOLVED that the AAVSB shall first work with its Members—and not outside interest groups—regarding the VPA and VPA-related issues within the will of the majority of those Member Board jurisdictions; and

THEREFORE BE IT FINALLY RESOLVED that the AAVSB shall adopt a cautious, evidence- based, and professionally collaborative approach when considering any expansion or restructuring of veterinary roles, ensuring the continued protection of the public, the profession, and animal welfare guided by the will of its Member Board jurisdictions.

The Bylaws and Resolution Committee recommendation is **DO NOT PASS** Resolution 2025-2.

The Board of Directors recommendation is **DO NOT PASS** Resolution 2025-2.

Proposed Resolution 2025-3

Resolution 2025-3 was submitted by the Kentucky Board of Veterinary Examiners. The therefore statements read as follows:

NOW THEREFORE BE IT RESOLVED that the practice of veterinary medicine is deemed to occur where the patient is located, and thus, the practitioner must hold a valid license in the jurisdiction where the veterinarian is practicing veterinary medicine;

THEREFORE BE IT FURTHER RESOLVED that, for the safety and well-being of animal patients,

there must be enforceable requirements for access to in-person veterinary care, including initial examinations, follow-up visits, and situations where a diagnosis cannot be reliably made virtually;

THEREFORE BE IT FURTHER RESOLVED that the AAVSB shall provide legislative and other support to Member Boards that are working to clarify or codify the in-person requirement for establishing a VCPR in their jurisdictions' statutes and regulations governing the practice of veterinary medicine;

THEREFORE BE IT FURTHER RESOLVED that the AAVSB shall also offer support to Member Boards that oppose legislative efforts to authorize the establishment of a VCPR solely through virtual means;

THEREFORE BE IT FURTHER RESOLVED that any documents, model regulations, or policy guidance developed by the AAVSB shall include this resolution, affirming that Member Boards do not support the establishment of a VCPR solely by virtual means; and

THEREFORE BE IT FINALLY RESOLVED that the AAVSB shall collaborate with Member Boards to develop and disseminate educational materials for veterinarians and clients, emphasizing the importance of in-person examinations in establishing a VCPR and the limitations of telemedicine in veterinary practice.

The Bylaws and Resolution Committee's recommendation is **DO NOT PASS** Resolution 2025-3.

The Board of Directors' recommendation is **DO NOT PASS** Resolution 2025-3.

Proposed Resolution 2025-4

Resolution 2025-4 was submitted by the AAVSB Board of Directors. The therefore statements read as follows:

THEREFORE BE IT RESOLVED that the American Association of Veterinary State Boards (AAVSB) supports and recommends that its Member Boards are populated with veterinary technicians in addition to veterinarians and public members, and

THEREFORE BE IT FURTHER RESOLVED that the American Association of Veterinary State Boards (AAVSB) work with its Member Boards to promote the composition of Member Boards to include veterinary technicians in addition to veterinarians and public members, and

THEREFORE BE IT FURTHER RESOLVED that the intent of this Resolution 2025-04 be promoted through the AAVSB programs and services, including the AAVSB Practice Act Model.

The Bylaws Committee's recommendation is **NO RECOMMENDATION** on Resolution 2025-4.

Regulatory Policy Committee Report on Proposed Changes

Dr. Venit addressed the assembly to report on the Regulatory Policy Committee's proposed changes to the PAM Sections 104, 401, 501, the proposed removal of section 502, and the proposed revisions to the Medical Recordkeeping Model Regulations.



Treasurer's Report

Ms. Amy Haywood presented the Treasurer's Report. She reported the duties of the Finance Committee and an update on the financial position of the Association, including a breakdown of income and expenses.

GLOBAL FEEDBACK SESSION

Mr. Penrod reported on the global impact and reach of RACE and VAULT services. Conference members discussed the importance of understanding shared regulatory issues across jurisdictions to enhance awareness and improve decision-making. They explored the potential benefits of stronger connections with global peers, including opportunities for collaboration, resource sharing, and alignment of best practices. The group also considered how shared services or increased communication could support greater efficiency and consistency in regulatory approaches. Additionally, members discussed challenges stemming from international influences, such as cross-border professional mobility and participation in global events. A Global Task Force will be assembled to further research the impact of global needs and services. The task force will report back to the membership at the 2026 Annual Meeting.

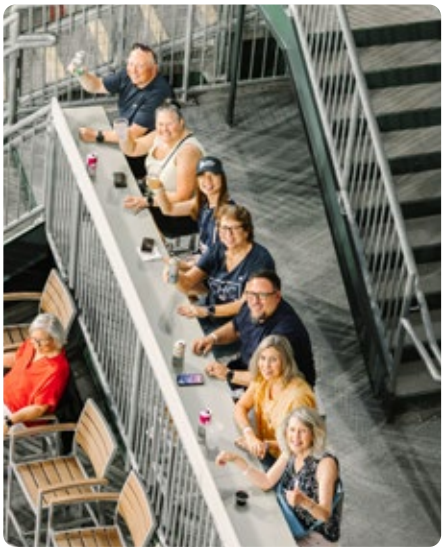
Dr. Richardson then recessed the Delegate Assembly.

Recess

Friday Evening Event

The Friday evening event was held at the Great American Ball Park. Attendees and their guests enjoyed the Cincinnati Reds vs the Chicago Cubs baseball game, food, and a post-game fireworks display.







Annual Delegate Assembly

Saturday, September 20, 2025

RECONVENE

Dr. Richardson reconvened the Delegate Assembly by asking the delegates to be seated. Mr. Penrod called the roll again and confirmed 45 delegates were present.

Dr. Richardson announced 23 votes would be needed for a majority vote and 30 votes would be needed for a two-thirds majority vote.

Before voting began, the delegate for Oregon joined virtually. Dr. Richardson announced that 46 Voting Delegates were present, the majority votes would require 24 affirmative votes, and 31 affirmative votes would be needed for a two-thirds majority vote.

VOTING AND RESULTS

For the elections of the positions, Dr. Richardson provided detailed instructions for voting and presented a test question to ensure the electronic voting devices were in working order and the directions were understood.



Dr. Richardson indicated that elections would be conducted via electronic means and standing votes would be used for the remaining votes on proposed bylaws amendments and resolutions. A point of order was raised by the Kentucky delegate noting that the Standing Conference Rules indicate that voting will take place using electronic software. The delegate motioned to conduct the proposed bylaws amendments votes and proclamation votes electronically, and should the motion fail, to have the rationale for using standing votes on bylaws and resolutions explained. The assembly voted on the voting method and the motion to conduct all votes electronically passed.

Dr. Richardson explained that when there was one nominee for a position, if there were no objections, the candidate would be elected by acclamation. Otherwise, nominees would need to receive a majority vote.

Voting was then opened.

Election Results

- Dr. Sheila Dodson, DVM, CVA, President-Elect (by majority vote)
- Dr. Christina Bradbury, DVM, MS, DACVIM, Director (by majority vote)
- Dr. Michael Pfander, DVM, Director (by majority vote)
- Ms. Robin Lazaro, RVT, VTS (ECC), Director (by majority vote)
- Mr. Jacob Bell, MPA, Nominating Committee (by acclamation)
- Dr. Karl Solverson, DVM, AAVSB Representative (Veterinarian) to the ICVA (by majority vote)

Proposed Bylaws Amendments

Amendment 1: Kentucky Proposed Amendments to Numerous Articles plus a proposed Additional Article.

- The Kentucky Delegate motioned to divide its own proposed comprehensive amendments into seven (7) separate motions resulting in an Article-by-Article debate and vote. This motion was seconded by the Delegate from Nevada. During the debate on this motion, the Oklahoma Delegate raised a point of order, questioning whether it was appropriate to divide a comprehensive amendment package into multiple debates and votes. The Oklahoma Delegate noted that the advance notice to the membership identified Amendment 1 as one package, not for Article-by-Article consideration.
- The Oklahoma Delegate inquired and, based on a parliamentary ruling, moved to refer the Kentucky Amendment 1 package back to the Bylaws and Resolutions Committee for review and consideration because the Committee was already conducting a comprehensive review of the bylaws. That motion was seconded by the Delegate from Georgia. Under parliamentary procedure, this motion to refer back to the Committee superseded debate and consideration of Amendment 1. The Oklahoma motion passed by a majority vote.
- Subsequently, the Kentucky Delegate moved to direct the Bylaws and Resolutions Committee to consider the Kentucky Amendment 1 in its comprehensive review, including meeting with Kentucky representatives for discussion and clarification. That motion was seconded by the Delegate from North Carolina. This Kentucky motion passed by a majority vote.

Amendment 2: Composition of the AAVSB Board of Directors – **did not pass**

Amendment 3: Comprehensive Updates to Committees – **passed**

Resolutions

2025-1: A Resolution Opposing the AAVSB Proposal to Expand Membership to Jurisdictions Around the Globe – **passed**

2025-2: A Resolution Opposing the AAVSB Endorsement of the Veterinary Professional Associate (VPA) – **passed**

2025-3: A Resolution on the Veterinarian-Client-Patient Relationship (VCPR) – **passed**

2025-4: Veterinary Technician Representative: Member Board Composition – **passed**

Proclamations

2025-1: Thanking the Ohio Veterinary Medical Licensing Board for Hosting

2025-2: Acknowledging leadership and contributions made by Dr. Kim Gemeinhardt over the last 13 years, and sincere appreciation for her commitment to the AAVSB, veterinary regulation, and volunteerism

Practice Act Model and Model Regulations

Proposed changes to the Practice Act Model **passed** by majority vote.

Proposed changes to the Medical Regulations Medical Record keeping document **passed** by majority vote.

Due to time constraints, the Vet Tech Regulation Task Force Report was not presented in person, and delegates were directed to review the report in their program packet.

Educational Sessions

Friday, September 19, 2025

Balancing Accountability and Empathy: Supporting Mental Health in Veterinary Regulation
Marie K. Holowaychuk, DVM, Dipl. ACVECC, Founder and CEO, Reviving Veterinary Medicine

Crisis Ready: Master Your Message
Annie Scranton & Mike Sorrentino, Pace PR

Saturday, September 20, 2025

Considerations for the Use of AI in Veterinary Medicine
Beth Venit, VMD, MPH, DACVPM, AAVSB Chief Veterinary Officer

Top Legal Cases Impacting the Veterinary Profession
Dale Atkinson, JD, AAVSB Legal Counsel

National and State Update on the Highly Pathogenic Avian Influenza Outbreak
Michael Martin, DVM, MPVM, ACPV, NC State Veterinarian, Director of Veterinary Division, NCDA&CS

Closing Session

For the closing session, Dr. Richardson invited Dr. Gemeinhardt to the stage, thanking her for her 13 years of service as a volunteer to the Association and presented her a gift with appreciation as she finished her term as the AAVSB Immediate Past President.

Dr. Gemeinhardt addressed the attendees and conducted the installation of the Board of Directors.

Immediate Past President – Dr. Frank Richardson

President – Dr. Timothy Kolb

President-Elect – Dr. Shelia Dodson

Treasurer – Ms. Amy Haywood

Directors:

- Dr. Christina Bradbury
- Dr. Mark Chmielewicz
- Dr. Holly Lunsford
- Ms. Jennifer Pedigo
- Dr. Michael Pfander
- Ms. Robin Lazaro



Secretary – Mr. Jim Penrod

INCOMING PRESIDENT'S ADDRESS

In his first address as President of the AAVSB, Dr. Kolb asked attendees to "Start with Why" and remind themselves why they do the work that they do. Dr. Kolb shared his reasons with attendees, starting with the story of taking his childhood pet, Pepper, to the vet. Dr. Kolb continued, recalling the wonderful veterinary technicians he has worked with over the years, and the friendships made through student outreach.

Attendees watched a video announcing that the 2026 AAVSB Annual Meeting and Conference will be held September 24 through September 26, 2026, in Providence, Rhode Island, USA.

Dr. Kolb adjourned the AAVSB Annual Meeting.



2.1

Letter from President, Tim Kolb

Delegate Assembly

“This is the true joy in life, the being used for a purpose recognized by yourself as a mighty one; the being a force of nature instead of a feverish, selfish little clod of ailments and grievances complaining that the world will not devote itself to making you happy.

I am of the opinion that my life belongs to the whole community, and as long as I live it is my privilege to do for it whatever I can.

I want to be thoroughly used up when I die, for the harder I work the more I live. I rejoice in life for its own sake. Life is no ‘brief candle’ for me. It is a sort of splendid torch which I have got hold of for the moment, and I want to make it burn as brightly as possible before handing it on to future generations.”

George Bernard Shaw

This quote hung on the wall in my office for many years. I’d glance at it nearly every day that I was at my practice; sometimes I’d read it and pause to reflect, especially when experiencing challenges or difficulties. *What was my purpose? Where do I find “true joy” in life?*

From where I stand now, after serving on the AAVSB Board of Directors for the past 10 years, Shaw’s reflection on “the true joy in life” has a broader and deeper meaning. I am amazed by the dedication and passion of all of you who comprise our Member Boards and councils. Associations like the AAVSB are unique since we depend on volunteers to provide oversight and much of our work. I am equally amazed and appreciative of all those working for the AAVSB, past and present, who serve us and support veterinary regulation. Please accept my heartfelt thank you for **“being used for a purpose recognized as a mighty one.”**

Some of you may know that I’m a history buff. As I’ve been celebrating the semi-quincentennial, I have revisited our understanding of those events, the leaders and their debates, as well as their sacrifices and commitment to an envisioned future. As we come together for this annual conference I’m mindful of what took place a mere 50 miles to the north, at Boston, Lexington and Concord. I also see parallels and lessons between our Delegate Assembly and the delegates to the Continental Congresses.



Image courtesy of the Architect of the Capitol

(Fun Fact: 1776 Act of Renunciation. Rhode Island was the first colony to renounce allegiance to King George III and declare its independence on May 4, 1776.)

We have traveled from all corners of North America to conduct the business of this Association. Some of us know one another but many of us are strangers to each other. We come from a variety of jurisdictions, small and large, with a range of perspectives. There might be some with preconceived opinions or those looking for sectional debates. Like those delegates to the Continental Congress, we have important work to do. Thankfully, we are not being asked to pledge each other "our Lives, our Fortunes, and our sacred Honor."







I do ask that you come to our Business Sessions prepared. Please read the materials provided in this Annual Meeting Book. Bring an open mind and a willingness to listen. On Friday, delegates and alternates should plan to attend the 12-12:30 session to meet the individual nominees.

I sincerely appreciate the many hours and diligent efforts of our Bylaws committee. They have demonstrated excellence and probity during the past two years as they've conducted the comprehensive review of our entire Bylaws. I am also grateful and honored to serve with your Board of Directors. They exemplify integrity, thoughtfulness and wisdom; they bring experience and varied perspectives to every discussion; the group decision-making process to reach consensus and the best interests of your Association are at the heart of every decision and recommendation we make.

Let's have a great meeting and enjoy our time together!

Tim Kolb, DVM
President, AAVSB

2.2



Nominating Committee Report

Delegate Assembly

AAVSB Nominating Committee Report for 2026

This report provides nominee and voting information to the Delegates and Alternate Delegates of the 2026 AAVSB Annual Meeting & Conference and to the Members and Executive Directors and Registrars of the AAVSB's Member Boards in preparation for this year's meeting.

NOMINATING COMMITTEE

The members of the Nominating Committee include:

Brittany Sharkey, Esq., Executive Director (Texas)

Jacob Bell, MPA, Executive Director (Ohio)

Kim Gemeinhardt, DVM, Associate Member (NC)

Each year, the Nominating Committee is responsible for reviewing the qualifications of the nominees, verifying qualifications, and submitting a ballot to the Member Boards. The ballot contains the nominees who are eligible and whose information is verified as accurate.

NOMINEE INFORMATION

With this report, the information on the nominees includes a cover page, bio, and a statement from the sponsor on the rationale for the nomination.

To learn more about the nominees, separate online video interviews have been conducted. Please watch for email announcements on the availability to view these videos. *Please note, there will be no candidate speeches or other election-type activities at the Annual Meeting.*

This year:

- One nominee for the President Elect position.
- Two nominees for the Treasurer position.
- Multiple nominees for the three open Director positions, one of which will need to be an Affiliate Member per the Bylaws and Board of Directors composition.
- Two nominees for the Nominating Committee position.
- One nominee for the one AAVSB Representative to the ICVA (Licensed Veterinarian) position.

PROCEDURES

At the Annual Meeting, the Nominating Committee report will be given on Friday, September 25 during the morning session. After the report, any nominations from the floor will be accepted per eligibility requirements for all open positions. Voting will occur on the morning of Saturday, September 26.

2026 BALLOT

Below is the ballot for this year as of June 5, 2026.

AAVSB Board of Directors

• President-Elect (one open position):	Holly Lunsford, DVM, Oklahoma
• Treasurer (one open positions):	Amy Haywood, LVT, MA, District of Columbia Mark Logan, VMD, New Jersey
• Directors (three open positions): ◦ One Affiliate Member ◦ Two Directors At-Large	Jennifer Pedigo, EMBA, Executive Director (Affiliate Member), Nevada Mark Chmielewicz, DVM, New York Robyn Jaynes, DVM, Arizona Daniel Teich, DVM, District of Columbia

Nominating Committee

• Member (one open position):	Britney McMahan, JD, MA, Executive Director (Affiliate Member) Indiana Kristi Pawlowski, RVT, BS, California

AAVSB Representative to the ICVA

• Licensed Veterinarian (one open position):	Steven Manyak, DVM from California

Please see the following pages for information on each nominee.

Should you have any questions or need additional information, please contact any of the following.

- Brittany Sharkey, JD, Chair of the Nominating Committee, **Brittany.Sharkey@Veterinary.Texas.Gov**
- Nancy Grittman, MBA, AAVSB Chief Risk Management Officer and Committee Staff for the Nominating Committee, at **ngrittman@aavsb.org 1.816.301.7192**

AAVSB
AMERICAN ASSOCIATION OF VETERINARY STATE BOARDS

2026 PRESIDENT-ELECT NOMINEE



HOLLY LUNSFORD, DVM

GENERAL INFORMATION

Education: Oklahoma State University
Doctor of Veterinary Medicine

Employment: Owner and Practitioner, Lawtonka Animal Chiropractic & Veterinary Hospital

License: Oklahoma

MEMBER BOARD SERVICE

OKLAHOMA STATE VETERINARY BOARD

Dates Appointed to Board

- 2022 – Present

Board Service

- 2025 - Present: Secretary/Treasurer/Probable Cause Committee
- 2024-2025: Vice President

AAVSB SERVICE

- 2024 – Present: Director
  - Board Liaison: Bylaws & Resolution Committee (2025-2026), Student Outreach Task Force (2024-2025)

Oklahoma State Board of
Veterinary Medical Examiners

2920 N. Lincoln Blvd., Suite C
Oklahoma City, OK 73105
Main (405) 522-8831 Fax (405) 522-8034

April 6, 2026

American Association of Veterinary State Boards (AAVSB)
12101 W 110th Street, Suite 300
Overland Park, KS 66210

Dear Nominating Committee Members,

The Oklahoma Board of Veterinary Medical Examiners wholeheartedly recommends Dr. Holly Lunsford for the position of President-Elect on the Board of Directors. We believe Dr. Lunsford has represented both the Oklahoma Board and the veterinary profession with distinction, and we respectfully request your thoughtful consideration of her nomination.

Dr. Lunsford, of Elgin, Oklahoma, was appointed to the Oklahoma Board of Veterinary Medical Examiners by Governor Kevin Stitt in 2022 to serve a five-year term. During her tenure, she has earned the respect of fellow Board members and staff through her exceptional attention to detail, dedication to due process, and unwavering commitment to the highest moral and ethical standards. She has consistently demonstrated integrity and professionalism, never seeking to use her position for personal advancement.

Dr. Lunsford currently serves as Secretary/Treasurer of the Board, one of the most critical roles within the organization. In this capacity, she reviews every complaint submitted to the Board and provides thoughtful medical recommendations, ensuring each matter is handled with diligence, fairness, and expertise.

Service in a regulatory capacity requires significant sacrifice, effort, and dedication. Board members are entrusted with protecting the interests of both the public and the animals of Oklahoma by upholding standards of professional veterinary practice. Dr. Lunsford has carried out these responsibilities in an exemplary manner, and we are confident she will continue to do so. We further believe she will be a valuable and effective contributor to the American Association of Veterinary State Boards Board of Directors.

Thank you for your time and consideration.

Respectfully,

Cathy Kirkpatrick
Executive Director

DR. HOLLY LUNSFORD

580-704-8861 (cell)	580-529-7387 (work)	hlunsford.hl@gmail.com

I am currently seeking another 2-year term to the AAVSB Board of Directors. I have 19 years' experience as a rural, mixed animal, private practice veterinarian from southwest Oklahoma with an extra certification in animal chiropractic. I have a strong desire to represent the veterinary profession ethically and morally through due process. My aim is to also represent and protect citizens and patients from unprofessional practice of veterinary medicine.

EDUCATION

Oklahoma State University, College of Veterinary Medicine, Stillwater, OK
August 2003 – May 2007

Doctor of Veterinary Medicine

Parker University, Dallas, TX
March 2013 – August 2013

Animal Chiropractic Program
Animal Veterinary Chiropractic Association Certified (AVCA)

Chi University
May 2026 – December 2026
Currently enrolled in Canine Rehabilitation Certification

WORK EXPERIENCE

Lawtonka Animal Chiropractic & Veterinary Hospital
September 2017 – present

Owner; Private, Rural, Full Service Mixed Animal Chiropractic and Veterinary Hospital

Midtown Animal Hospital
January 2016 – September 2017

Associate DVM; Private, Small Animal only Practice

Chamber's Veterinary Clinic
June 2007 – November 2015

Associate DVM; Private, Rural Mixed Animal practice that was predominantly geared towards food animal production.

OKLAHOMA STATE BOARD OF VETERINARY MEDICAL EXAMINERS:

2022 – Present: 1st of 2 - 5yr Terms

2022-2024: Board Member
2024-2025: Vice President
2025-Present: Secretary/Probable Cause Committee

AAVSB ROLES SERVED:

2024-Present: Board of Directors

2024-2025: Student Outreach Task Force BOD Liaison

2025-Present: Bylaws and Resolution Committee BOD Liaison

2026-Present: Licensure Questions Working Group BOD Liaison

OTHER AFFILIATIONS:

2018-Present: AVCA Test Examiner
2013-Present: AVCA Member
2007-Present: AVMA Member
2007-Present: OkVMA Member

AAVSB
AMERICAN ASSOCIATION OF VETERINARY STATE BOARDS

2026 TREASURER NOMINEE



AMY HAYWOOD, LVT, MA

GENERAL INFORMATION

Education: Purdue University
Associate of Science in Veterinary Technology
Catholic University of America
Master of Arts in English Literature
McGill University
Bachelor of Arts in English Literature

Employment: Practice Consultant, American Animal Hospital Association (AAHA)

Licenses: District of Columbia, Virginia

MEMBER BOARD SERVICE

DISTRICT OF COLUMBIA BOARD OF VETERINARY MEDICINE

Dates Appointed to Board

- 2014 – Present (currently serving an extended term)

AAVSB SERVICE

- 2024 – Present: Treasurer
- 2019 – Present: Director
  - Board Liaison: Finance Committee (Treasurer/2024-2026), PAVE for Veterinary Technicians (Ad-hoc) Committee (2021-2024) dissolved; Conference Committee (2023), Regulatory Policy Task Force (2019-2021)
- 2017 – 2019: VTNE Committee Member

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA
Health Systems & Preparedness Administration

April 15, 2026

As the Chair of the District of Columbia Board of Veterinary Medicine, I am proud to re-nominate Amy Haywood, LVT, MA to the position of Treasurer. Ms. Haywood has served with distinction as a Director and now current Treasurer of the organization.

Ms. Haywood was the first veterinary technician on the Washington, DC board and has served three terms in her post. She has been instrumental in writing veterinary regulations for licensure of veterinary technicians in DC, serving as the chair of the drafting committee, leading to active veterinary technician licensure in our jurisdiction.

Amy values the role of veterinary technicians within the veterinary field and has worked to elevate their standing with regards to the profession as a whole, believing that all jurisdictions with boards actively license veterinary technicians.

Ms. Haywood has a BA in English from McGill University and an MA in Irish Literature from Catholic University. After a fifteen-year career in academic copy-editing, she obtained her LVT in 2004. After credentialing, she performed technician roles at several hospitals and co-managed Atlas Veterinary Hospital in Washington, DC. She was responsible for overseeing the veterinary nursing staff and managing a six-figure inventory. Post clinical practice, Ms. Haywood moved to the American Animal Hospital Association as a Practice Consultant.

The dedication that Ms. Haywood brings to the veterinary profession and veterinary technicians within her career and the AAVSB demonstrates her commitment to the AAVSB's mission and veterinary technicians.

I have had the pleasure of serving with Ms. Haywood on the District of Columbia Board of Veterinary Medicine and collaborating with her in a professional, clinical setting. Her knowledge of veterinary medicine, veterinary regulation, and the position that veterinary technicians play in both would be an invaluable asset to the Board of Directors.

On behalf of the District of Columbia Board of Veterinary Medicine, please accept my re-nomination of Ms. Amy Haywood, LVT, to the position of Treasurer.



Dan Teich, DVM
Chair
Board of Veterinary Medicine
District of Columbia

Amy Haywood, LVT

I came to the veterinary profession later in life after having owned my own academic copy-editing firm for 15 years. Since joining the veterinary profession, I have understood the true role and importance of the licensed veterinary technician in the care of patients.

I currently work as a practice consultant for the American Animal Hospital Association (AAHA). I take great pride in supporting AAHA members by advising them on best practices in their hospitals.

I have also worked in clinical practice, most recently serving as the technician and inventory manager leading a team of 30 technicians and managing a six-figure inventory budget. I led the clinic through five annual pharmacy inspections without any infractions incurred. I worked with the clinic owners to develop an ever-evolving business model, plan and execute medical protocols and marketing strategies.

I was honored to be the first LVT appointed to the Washington, DC Board of Veterinary Medicine. My tenure on the DC Board has just been extended to a fourth term. In this position, I chaired the committee to draft technician licensing regulations for the District of Columbia. The regulations have been adopted and we hope they will go into use in the next 6 months. This will bring technician licensure the District for the first time.

During my two terms on the AAVSB Board of Directors, I have taken an active role in strategic planning. I partnered with other Directors and staff to address emerging topics in our profession such telemedicine, eligibility for the VTNE, and the mid-level practitioner. Before being elected to the AAVSB Board, I served on the VTNE committee for 18 months. I was fulfilled by my work on that committee; writing the national licensing exam that helps to shape my profession.

I am proud to be part of AAVSB and its mission to elevate the veterinary profession.

Employment History
American Animal Hospital Association (AAHA), 6/2021–present
AtlasVet, Washington, DC, 2/2013–5/2021
Montclair Veterinary Hospital, Oakland, CA, 8/2010–5/2012
Campus Veterinary Clinic, Berkeley, CA, 10/2009–8/2010
Pet Care Veterinary Hospital, Virginia Beach, VA 9/2004–8/2009 (part-time while pursing my LVT education, then full-time after graduation)

Education
A.S., Veterinary Technology, Purdue University, 2008
M.A., English Literature, Catholic University of America, 1996
B.A., English Literature, McGill University, 1988

Contact Information
Amy Haywood
106 Tennessee Avenue, NE, #2, Washington, DC 20002
757-343-3451
amy.haywood@aaha.org

AAVSB
AMERICAN ASSOCIATION OF VETERINARY STATE BOARDS

2026 TREASURER NOMINEE



MARK LOGAN, VMD

GENERAL INFORMATION

Education: University of Pennsylvania
Veterinariae Medicinae Doctoris
Bucknell University
Bachelor of Science, Biology

Employment: Consulting Veterinarian, Wetlands Institute
Accounting Assistant, Keating J Weinberger, CPA

Licenses: New Jersey, Pennsylvania

MEMBER BOARD SERVICE

NEW JERSEY STATE BOARD OF VETERINARY MEDICAL EXAMINERS

Dates Appointed to Board

- 2002 – Present (currently serving an extended term)

Board Service

- 2005 – Present: President

AAVSB SERVICE

- 2026: Conference Committee Member
- 2022-2025: Finance Committee Member
- 2019-2022: Director
  - Board Liaison: Bylaws & Resolution Committee (2019-2021), VTNE Committee (2021-2022)
- 2018-2019: Finance Committee Member
- 2015-2017: Nominating Committee Member; Chair (2016-2017)

State of New Jersey
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
OFFICE OF THE DIRECTOR
PO BOX 45027
NEWARK, NJ 07101

MIKIE SHERRILL
Governor

DR. DALE G. CALDWELL
Lt. Governor

JENNIFER DAVENPORT
Attorney General

JEREMY E. HOLLANDER
Acting Director

May 22, 2026

ATTN: American Association of Veterinary State Boards (AAVSB)
Nominating Committee
12101 W. 110th St. Suite 300
Overland Park, KS 66210

RE: Letter of Recommendation for Dr. Mark Logan for AAVSB Treasurer

Dear Members of the Nominating Committee,

It is my distinct privilege to write this letter of enthusiastic support for Dr. Mark Logan's application to serve as the Treasurer of the American Association of Veterinary State Boards (AAVSB). As the Deputy Director of Operations for the Professional and Occupational Boards, I oversee the regulatory administration of our state's licensing boards. In this role, I have had the unique opportunity to observe Dr. Logan's exceptional leadership, operational acumen, and unwavering commitment to public protection.

For two decades, Dr. Logan has served as the Chair of the New Jersey State Board of Veterinary Medical Examiners. To serve as a board chair for twenty years is a remarkable achievement in public service; to do so with the level of distinction, integrity, and operational excellence that he maintains is truly extraordinary. He stands out as one of our most capable, effective, and longest-serving board chairs across all of our state boards.

The role of an effective board chair requires a rare combination of strategic vision and meticulous attention to detail—traits that are foundational to the office of Treasurer. Throughout his tenure, Dr. Logan has demonstrated an expert command of administrative processes, regulatory oversight, and organizational governance. Under his stewardship, the Veterinary Board has consistently navigated complex regulatory environments, maintained structural efficiency, and upheld the highest standards of fiscal accountability.

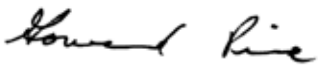
Beyond his impressive longevity, Dr. Logan possesses the exact temperament and expertise required to oversee the financial health of a national organization like the AAVSB. He is a collaborative leader who understands how to manage resources prudently, balance competing priorities, and ensure that institutional funds directly support the organization's mission and strategic goals.

In addition to his clinical leadership, Dr. Logan brings robust, practical experience in financial management and compliance. He has extensive professional experience handling corporate and personal accounting procedures, small business taxation, payroll, processing, and account reconciliation. Furthermore, his background includes analyzing federal tax laws and regulations, navigating state taxation portals, and working directly on legislative appropriations committee budgets. Finally, Dr. Logan has been a member of the AAVSB's Finance Committee on two separate occasions spanning four years providing further understanding of the issues pertaining to the organization.

Dr. Logan's 20-year record of exemplary leadership in New Jersey is a testament to his dedication to the veterinary regulatory community. I have no doubt that he will bring the same stability, meticulous oversight, and financial stewardship to the AAVSB Treasurer position. He has my highest recommendation and full confidence.

Thank you for your time and your thoughtful consideration of his candidacy.

Sincerely,



Howard Pine
Deputy Director of Operations
Professional and Occupational Boards Unit
New Jersey Division of Consumer Affairs

Mark W. Logan, VMD – NJ BVME 2002-Present

38 Colonial Ave
Cape May Court House, NJ
08210

bisonchip@verizon.net
609-827-9822

*Accomplished **veterinarian** with over 35 years of private practice experience, licensed in NJ and PA. Licensed **real estate agent** with **extensive work experience in small business and personal accounting procedures, taxation, payroll** and estate settlement. Dynamic service-driven leader selected to represent state and community on multiple boards, task forces, and volunteer efforts.*

Education

Veterinariae Medicinae Doctoris 1983
University of Pennsylvania School of Veterinary Medicine, Philadelphia, PA

Bachelor of Science Biology, *Cum Laude* 1978
Bucknell University, Lewisburg, PA

Professional Experience

Consulting Veterinarian 1985-Present
Wetlands Institute, Stone Harbor NJ

Responsible for medical care of species inhabiting wetland and marshland ecosystems. Follows established guidelines and makes recommendations for the collection, care and welfare of aquaria specimens.
Duties

- Serves as subject matter expert and consultant for local wetland and marshland ecological areas.
- Provides emergency Diamondback Terrapin medical consults and shell repair.

Key Accomplishments

- Rescued/repaired over 1000 terrapin diamondback turtles as a part of threatened species, state and federally recognized non-profit rescue program.
- Delivered presentations on topics related to legislation and local wildlife.

Accounting Assistant 2019-Present
Keating J Weinberger CPA, Rio Grande NJ

- **Small business taxation, Account reconciliation, payroll processing, quarterly tax returns, state and federal application** of Congress enacted **IRS rules and guidelines** such as Employee Retention Credits
- **Sales Tax filings and payments** using new NJ Taxation Portal
- Filing of NJ PAS – 1 applications for senior citizen clients.

Congressional Science & Technology Policy Fellow 2017-2018
Nebraska-01 Office of Rep. Jeff Fortenberry,
Sponsor: American Veterinary Medical Association & American Association for Advancement of Science, Washington, D.C.

Responsible for constituent and trade group relations and meeting facilitation as well as drafting of reports, analysis, and other deliverables as requested.

Duties

- Provided guidance on domestic and international wildlife, natural

Key Skills

- Accounting Services
- Federal Tax Law and Regs
- Client Relations
- Report Writing
- Data Analysis
- Public Service
- Oral Presentations
- Written Communication
- Community Outreach

Awards

Middle Township Committee Service Award
September 2017

Wetlands Institute Citizens Conservation Award
August 2013

New Jersey State Legislature Commendation
2009

Cape May County Chamber of Commerce Conservation Award
August 2009

Associations

American Association of Veterinary State Boards
2005-Present

New Jersey Board of Veterinary Medical Examiners *2002-Present*

American Veterinary Medical Association (AVMA)
1983-Present

AAHA-
1983-2017

NJVMA
1983-Present

resources, labor, health and human services, and agricultural policy.
- Attended key meetings and hearings related to constituent services and scientific, environmental, and wildlife policy issues
- Extensive work on **Appropriations Committee** budgets and mark ups.

Key Accomplishments
- Assisted on HR 4647, Recovering America's Wildlife Act
- Participated in drafting 2018 Farm Bill's Farmer to Farmer program

Owner and Veterinarian 1992-2017
Baysea Veterinary Hospital, Rio Grande, NJ

*As directing practitioner, responsible for medical and **business operations** of a full-service veterinary hospital.*
Duties
- Performed routine and emergency veterinary services for domesticated dogs, cats, rabbits, ferrets, guinea pigs, and small rodents.
- Managed a clinical staff of one part-time associate and four employees.
- Ran **business operations related to employee training, accounting, taxation, and facility management.**
- Consultative veterinarian for the livestock (calves, pigs, sheep, goats) at Historic Cold Spring Village, Erma NJ

Licensed Real Estate Agent 2020-Present
James Otton, Coldwell Banker Real Estate, Stone Harbor NJrence
- Property research, titles, government agency communication, sales and listings
- Member of the George Delollis led marketing and sales team

Accredited Veterinarian USDA 1983-Present
Required Licensing Continuing Education 1983- Present
Frequent attendee at NJVMA Annual Meeting 1984- Present

NJ Certified Substitute Teacher K-12 grades January 2019-Present

NJ Licensed Real Estate Salesperson October 2020-Present

Projects and Presentations

HR 4647, Recovering America's Wildlife Act
Contributing Congressional Fellow, 2018
As a congressional fellow, advised and provided expertise where needed on HR 4647, Recovering America's Wildlife Act, a bi-partisan bill to improve habitat, increase conservation efforts, and keep species off of the Endangered Species List.
Life as a Congressional Fellow
Presentation given at the AVMA Convention in Denver, CO, August 2018
Update on Diamondback Terrapin Conservation Project
Annual updates given to Wetlands Institute Staff, Interns, members of the community on the efforts to prevent nesting Diamondback Terrapin deaths on the barrier island causeways in New Jersey through barrier maintenance, patrolling, and interception of crossing terrapins. Includes updated data on the number of terrapins received for repair, repairs performed and release information.

Leadership

President
New Jersey Board of Veterinary Medical Examiners
2005-Present

President
New Jersey Veterinary Medical Association
2001-2002

Board of Directors
Marine Mammal Stranding Center, Brigantine NJ
2009-Present

Board of Directors
American Association of Veterinary State Boards
2019-2022

Finance Committee Member
American Association of Veterinary State Boards
2018-2019, 2022-2025

Conference Committee
AAVSB 2026

Nominating Committee
American Association of Veterinary State Boards
2016, Chair 2017

New Jersey Delegate
American Association of Veterinary State Boards
2005-2015

District Director Representing Mid-Atlantic States
American Veterinary Medicine and Law Association
2003-2006

Media

LinkedIn
linkedin.com/in/mark-logan-52057918/

Personal

Church Council Member, Presently on Finance Committee and Chair of Fellowship Committee

Freemason 40+ years
Scottish Rite (Masonic Charity) 30+ years
Shrine - , Masonic affiliated philanthropic organization which supports Shriners Hospitals, 30+ years

Former single hand sailboat racing, Sunfish Class, 35 years

Philatelist

Singer in Angelus Chorus of Cape May County NJ, Masterworks Choir of Ocean City NJ, church choir
Hoping to return to the golf courses after shoulder and arthritic restrictions ease up, but no hope in ever shooting my age. At least I help the charity when I can enter a golf scramble tournament.

Married to wife Alison for 42 years with two adult children, Kirstin and Derick, and three grandchildren, Miles, Cora Lee, and Winnie.

Owner of three indoor cats : Charlie, Hextall and Biscuit.
Fan of all teams Philadelphia, Seattle Seahawks and any team playing minor league baseball in a city we are visiting.

AAVSB
AMERICAN ASSOCIATION OF VETERINARY STATE BOARDS

2026 DIRECTOR NOMINEE



JENNIFER PEDIGO, EMBA

GENERAL INFORMATION

Education: University of Nevada-Reno
Executive Master of Business Administration
Denison University
Bachelor of Arts in Philosophy and German

Employment: Executive Director, Nevada State Board of Veterinary Medical Examiners

MEMBER BOARD SERVICE

NEVADA STATE BOARD OF VETERINARY MEDICAL EXAMINERS

- Executive Director since 2016

AAVSB SERVICE

- 2024 – Present: Director, Affiliate Member
  - Board Liaison: Regulatory Policy Committee (2025-2026), Affiliate Members Advisory Committee (2024-2026), Artificial Intelligence Standards Working Group (2026), Veterinary Technician Task Force (2025-2026), PAVE for Veterinarians (2024-2025)
- 2024: Regulatory Policy Committee
- 2023-2024: North American Essential Competencies Task Force Member
- 2023 – 2024: Conference Committee Member
- 2022 – 2023: Veterinary Team Task Survey Working Group Member
- 2018 – 2022: Programs and Services Think Tank Ad-hoc Group Member

STATE OF NEVADA

BOARD OF VETERINARY MEDICAL EXAMINERS
4600 Kietzke Lane, Building O-265
Reno, NV 89502
Phone 775-688-1788/Fax 775 688-1808
vetbdinfo@vetboard.nv.gov
www.nvvetboard.nv.gov

Steve Damonte, DVM
State of Nevada Board of
Veterinary Medical Examiners

January 29, 2026

Nominating Committee
American Association of Veterinary State Boards

Dear Members of the Nominating Committee,

The Nevada Board of Veterinary Medical Examiners is pleased to offer its support for Jennifer Pedigo as she seeks re-election to the Board of Directors of the American Association of Veterinary State Boards (AAVSB).

As Executive Director of the Nevada Veterinary Board, Ms. Pedigo has consistently demonstrated exceptional leadership, professionalism, and a deep commitment to public service. With her assistance, the Board has implemented thoughtful, forward-looking initiatives that strengthen regulatory effectiveness, protect the public, and support the veterinary profession.

Ms. Pedigo is particularly skilled at bringing people together. She has a proven ability to foster collaboration among veterinarians, regulatory partners, and community stakeholders, navigating complex issues with clarity, respect, and a solutions-oriented approach. Her communication skills, leadership style, and ability to build consensus make her an invaluable asset in any governance setting.

With her extensive experience in veterinary regulation and her clear understanding of the challenges and opportunities facing the profession, Ms. Pedigo is well qualified to serve on the AAVSB Board of Directors. She brings both strategic insight and a genuine commitment to listening to and representing diverse voices.

The Nevada Veterinary Board is confident that she would contribute a meaningful perspective, sound judgment, and strong leadership to the AAVSB Board.

Sincerely,

Steve Damonte, DVM
Board President

JENNIFER PEDIGO, EMBA

Executive Director

CONTACT

pedigo@vetboard.nv.gov
(775) 247-0888

I AM...

Passionate and enthusiastic.

Experienced in strategic planning and stakeholder engagement.

Committed to serving the AAVSB membership and its many voices.

SKILLS

Operational Management
Problem Solving
Networking
Organizational Design
Financial Management
Stakeholder Engagement

INTERESTS

Ethics in Technology
Leadership Development
Accessible Systems Design
Collaborative Outreach
Strategic Planning

EDUCATION

Bachelor of Arts: Philosophy and German
Denison University (Granville, Ohio) 2006-2010

Executive Master of Business Administration
University of Nevada-Reno (Reno, Nevada) 2012-2014

EXPERIENCE

Executive Director
Nevada Veterinary Board: 2016 -Present (10 years)

Licensing Specialist
Chiropractic Physicians' Board of Nevada: 2012-2016 (4 years)

Administrative Assistant
Nevada State Board of Cosmetology: 2010-2012 (2 years)

SERVICE

American Association of Veterinary State Boards

Committee Member:

- Programs and Services Think Tank: 2018-2022
- Veterinary Team Task Survey Working Group: 2022-2023
- Conference Committee: 2023-2024
- North American Essential Competencies Task Force: 2023-2024
- Regulatory Policy Committee: 2024

Board of Directors: 2024-2026

Board Liaison:

- PAVE Committee: 2024-2025
- Affiliate Member Advisory Committee: 2024-Present
- Veterinary Technician Task Force: 2025
- Regulatory Policy Committee: 2026-Present
- Artificial Intelligence Standards Working Group: 2026-Present

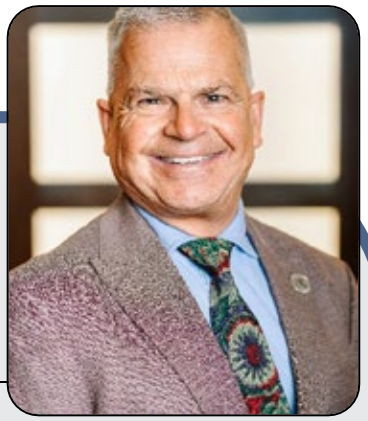
Council on Licensure, Enforcement, and Regulation

Committee Member

- Conference Program Committee: 2022-2024
- Exam Resources Advisory Committee: 2023-2024
- Technology and Innovation Task Force: 2022-2024
- Leadership Mentoring Program: 2023-2024

AAVSB
AMERICAN ASSOCIATION OF VETERINARY STATE BOARDS

2026 DIRECTOR NOMINEE



MARK CHMIELEWICZ, DVM

GENERAL INFORMATION

Education: Cornell University College of Veterinary Medicine
Doctor of Veterinary Medicine
Cornell University
Bachelor of Science, Animal Science

Employment: VCA North Country Animal Hospital

License: New York

MEMBER BOARD SERVICE

NEW YORK STATE BOARD FOR VETERINARY MEDICINE

Dates Appointed to Board

- 2014 – 2024

AAVSB SERVICE

- 2024 – Present: Director
  - Board Liaison: PAVE Committee (2025-2026), Bylaws & Resolution Committee (2024-2026)
- 2019 – 2022: Conference Committee Member
- 2021: Annual Meeting Speaker

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

State Board for Veterinary Medicine
89 Washington Avenue, 2nd Floor West
Albany, NY 12234
Tel. (518) 474-3817, Ext. 210 Fax: (518) 486-4846
E-mail: VETMEDBD@NYSED.GOV

April 28, 2026

AAVSB Nominating Committee
12101 W. 110th Street Suite 300
Overland Park, KS 66210

Dear Nominating Committee,

It is my distinct pleasure to nominate Dr. Mark Chmielewicz for appointment to the AAVSB Board of Directors. Dr. Chmielewicz was first appointed to the NYS Board for Veterinary Medicine by the NYS Board of Regents in 2014.

As a member of the Board for Veterinary Medicine, Dr. Chmielewicz has proven to be a highly engaged and much valued member. He is a valued contributor to board meetings with an excellent attendance record. Since joining the board in 2014, he has volunteered to contribute his time and expertise to many board activities, including the workgroup for developing our published Practice Guidelines. He is a regular volunteer to serve on licensure moral character hearing panels and licensure restoration hearing panels.

Dr. Chmielewicz has graciously agreed to nomination and consideration for a position on the AAVSB Board He is aware of the time commitment and is more than willing to make that commitment. Dr. Chmielewicz 's contact information is as follows:

4115 Griffin Road
Clinton, NY 13323
Chmh315@aol.com
(315)853-6212

Dr. Chmielewicz brings a rich resume of experience as a passionately dedicated veterinarian and is seemingly tireless in his devotion to public protection and supporting the profession. I enthusiastically support his nomination.

Sincerely,

Stephen J. Boese
Executive Secretary
NYS Board for Veterinary medicine

Mark Chmielewicz DVM

AAVSB Board of Directors

New York State Board for Veterinary Medicine

I am passionate about my career in veterinary medicine and have spent considerable time supporting my colleagues in the profession.

Serving on the AAVSB Board of Directors and as liaison to the Bylaws and Resolutions and PAVE Committees, I have impacted setting strategic, forward-thinking direction in support of member boards and jurisdictions. And most importantly, have realized how continuity of those professional relationships I've developed is vital in achieving the AAVSB goal of ensuring and enhancing the welfare of the public and animals.

My career includes two 4 year terms on the executive board of the New York State Veterinary Medical Society (NYSVMS) and previous officer positions representing the Central New York Veterinary Medical Association (CNYVMA) followed by two 5 year terms on the New York State Board for Veterinary Medicine (NYSBVM) appointed by the NYS Board of Regents, a public body that governs the licensed professions in New York. I am currently an extended member of the NYSBVM still active supporting state attorneys and investigators with disciplinary, moral character and professional license restoration cases. I gleaned considerable experience with the NYSVMS advising the NYS legislature in support of veterinary and agricultural issues.

I have attended AAVSB Annual Meetings every year since since 2017 serving as a voting delegate and on the annual conference committee. At the 2021 AAVSB Denver Annual Meeting I lead a well received interactive discussion addressing the changing climate of complaints and its impact on member boards especially with newly emerging telehealth. As a member of the Cornell College of Veterinary Medicine Alumni Executive Board I serve on the committee for the Daniel Elmer Salmon Award for Distingushed Alumni Service. I am a yearly participant at Cornell's Annual Volunteer Leadership Summit and in 2026 attended the Cornell College of Veterinary Medicine Symposium on Artificial Intelligence in Veterinary Medicine (SAVY 3.0), a groundbreaking event.

Educationally, I received both my bachelor's and doctorate from Cornell. My animal science focus was dairy production, nutrition and management. I have worked both on small and large dairy farms including the Cornell research farm . Before entering the CVM I worked as a research scientist for 2 years on a National Institutes of Health Grant studying dirofilaria

immitis and schistosomiasis with radioisotopes. Professionally I've worked multiple small animal practices both private and corporate and equine with standardbred race horses.

Currently I am president of the New York State Ski Race Association Nordic. I love winter and all skiing disciplines and have raced both cross country and biathlon. Since 2005 my passion are trips above the Arctic Circle exploring the north of Canada and Alaska. And I am most proud being a lifetime member of the National Eagle Scout Association.

Work

VCA North Country Animal Hospital
Watertown NY, Small Animal

NYS Gaming Commission Supervising Veterinarian for Horse Racing

Goals

To follow the philosophy in the Veterinarian's Oath a "lifelong obligation of continual improvement of my professional knowledge and competence" and support the AAVSB with continuity of experience using forward, strategic thinking in a complicated work environment of diverse, independent government regulating bodies.

AAVSB
AMERICAN ASSOCIATION OF VETERINARY STATE BOARDS

2026 DIRECTOR NOMINEE



ROBYN JAYNES, DVM

GENERAL INFORMATION

Education: Texas A&M University
Doctor of Veterinary Medicine
Texas A&M University
Bachelor of Science, Veterinary Science
University of Texas San Antonio
Bachelor of Science, Biology

Employment: Director of Veterinary Affairs, PetSmart Charities

License: Arizona

MEMBER BOARD SERVICE

ARIZONA VETERINARY MEDICAL EXAMINING BOARD MEMBER

Dates Appointed to Board

- 2017 – Present (currently serving an extended term)

AAVSB SERVICE

- 2019 - Present: Leadership Development Committee; Chair(2023-2025)

ARIZONA VETERINARY MEDICAL BOARD

GOVERNOR KATIE HOBBS

EXECUTIVE DIRECTOR VICTORIA WHITMORE

May 28, 2026

BOARD NOMINATION OF ROBYN JAYNES, DVM
FOR AAVSB BOARD OF DIRECTORS

The Arizona Veterinary Medical Examining Board ("Board") proudly supports the nomination of Dr. Robyn Jaynes to the American Association of Veterinary State Boards' (AAVSB) Board of Directors.

Contributing to the welfare of animals and serving the public has been a cornerstone of Dr. Jaynes' career in veterinary medicine. She has served Arizona since 2007, first as a member of the Board's Investigative Committee for over 10 years, followed by her appointment to the Board by Arizona's Governor in 2017. Her dedication to these roles is evident by her thorough and fair review of over 2000 complaint cases throughout which she has always shown immense respect and compassion for all parties involved.

Dr. Jaynes' interest in regulatory issues has been strengthened by volunteering for various AAVSB committees and attending multiple Annual Meetings and Board member training sessions. Through her involvement with the Board and her current professional position as the Director of Veterinary Affairs for PetSmart Charities, she brings a deep knowledge of issues impacting the veterinary community and regulatory agencies.

Our Board believes that Dr. Jaynes would make an outstanding addition to the AAVSB Board of Directors. Using her strong leadership skills, passion for veterinary medicine, and commitment to service, she would help strengthen and advance the goals of the organization.

Respectfully,

V. Whitmore

Victoria Whitmore
Executive Director

1740 W. Adams St., Suite 4600
Phoenix, AZ 85007
Vetboard.az.gov

Dr. Robyn Jaynes Bio

Dr. Robyn Jaynes is a companion animal veterinarian dedicated to advancing veterinary care delivery models that ensure pets and their families receive high-quality, accessible care. She believes the veterinary profession is at a pivotal moment in its evolution and that thoughtful, forward-looking leadership will be essential to addressing current challenges while creating new opportunities for pets, pet owners, and veterinary professionals.

Dr. Jaynes earned her DVM from Texas A&M University and has spent her career establishing deep roots in a breadth of veterinary contexts including small animal practice, VP of medical operations for the Arizona Humane Society, retail pet safety and quality control for exotics and companion animals and leading the establishment of a chain of low-cost veterinary clinics in the Phoenix metro area. She is certified in Low Stress Handling and earned a Graduate Certificate in Shelter Medicine from the University of Florida. As Director of Veterinary Affairs for PetSmart Charities, she currently leads access to veterinary care initiatives for both the U.S. and Canadian organizations, working with universities, practicing veterinarians and nonprofit veterinary teams to reduce barriers to veterinary services for the millions of pets that currently go without care.

Her commitment to animal welfare and professional excellence extends beyond her day-to-day work through more than two decades of service in veterinary regulation. Dr. Jaynes began serving the Arizona State Veterinary Medical Examining Board as a member of its Investigative Committee and is currently serving her second four-year term as a board member. Through extensive case review experience, she has gained a deep understanding of the challenges faced by both the public and veterinary professionals, further strengthening her commitment to improving access, accountability, and quality within the profession. She also serves on the American Association of Veterinary State Boards' Leadership Development Committee and has chaired the committee for the past two years. In this role, she helps identify and cultivate future leaders dedicated to strengthening the veterinary regulatory community.

Outside of her professional and volunteer commitments, Dr. Jaynes is the mom and Chief Transport Officer to two athletic teenage boys and shares her home with an English Pointer, a Chiweenie, and three cats. On many weekends, she can be found cheering from the sidelines and covered in red baseball dirt after a day at the ballfields.

AAVSB
AMERICAN ASSOCIATION OF VETERINARY STATE BOARDS

2026 DIRECTOR NOMINEE



DANIEL TEICH, DVM

GENERAL INFORMATION

Education: The Ohio State University College of Veterinary Medicine
Doctor of Veterinary Medicine
Rutgers University, Cook College
Bachelor of Science, Animal Sciences

Employment: Owner and Medical Director (Emeritus), District Veterinary Hospitals

License: District of Columbia, Virginia

MEMBER BOARD SERVICE

DISTRICT OF COLUMBIA BOARD OF VETERINARY MEDICINE

Dates Appointed to Board

- 2016 – Present (currently serving an extended term)

Board Service

- 2020 – Present: Chair

AAVSB SERVICE

To Whom It May Concern,

As Vice Chair of the District of Columbia Board of Veterinary Medicine and a current member of the American Association of Veterinary State Boards Board of Directors, I am pleased to nominate Daniel Teich, DVM for the position of Director of the AAVSB.

Dr. Teich currently serves as Chair of the District of Columbia Board of Veterinary Medicine and has demonstrated exceptional leadership in veterinary regulation, governance, and public protection. In his role as Chair, he has overseen matters involving veterinary licensure, disciplinary review, regulatory development, and legislative guidance affecting the practice of veterinary medicine within the District of Columbia.

Dr. Teich brings to this position a unique combination of regulatory, clinical, organizational, and business leadership experience. As a practice owner for many years, he understands the realities and challenges facing veterinary professionals and veterinary boards alike. His experience managing veterinary hospitals, leading nonprofit organizations, and serving on multiple boards has provided him with strong insight into strategic planning, budgeting, staffing, governance, and long-term organizational development.
Dr. Teich is thoughtful, collaborative, and deeply committed to the mission of veterinary regulation and public protection. He approaches governance with professionalism, careful consideration, and a clear understanding of the responsibilities entrusted to a Board of Directors. His experience in regulation, legislation, organizational leadership, and strategic decision-making would make him an outstanding addition to the AAVSB Board of Directors.

I have had the privilege of serving alongside Dr. Teich on the District of Columbia Board of Veterinary Medicine and have consistently been impressed by his leadership, integrity, and dedication to the veterinary profession. I strongly support his nomination and believe he would serve the AAVSB and its member jurisdictions with distinction.

Sincerely,
Amy Haywood, LVT, MA
Vice Chair
Board of Veterinary Medicine
District of Columbia

Daniel Teich, DVM

Washington, DC
danteichdvm@gmail.com | (202) 827-1230

Veterinarian, practice owner, and regulatory leader with more than two decades of experience in clinical practice, veterinary business management, nonprofit governance, and public protection. Current Chair of the District of Columbia Board of Veterinary Medicine with experience in licensure, disciplinary review, legislation, and regulatory development.

EDUCATION

The Ohio State University College of Veterinary Medicine — Columbus, Ohio
Doctor of Veterinary Medicine, June 2003

Rutgers University, Cook College — New Brunswick, New Jersey
Bachelor of Science, Animal Sciences, May 2000

PROFESSIONAL LICENSES & CERTIFICATIONS

- Veterinarian — District of Columbia
- Veterinarian — Commonwealth of Virginia
- DEA Certified
- USDA Accredited

LEADERSHIP, GOVERNANCE & PROFESSIONAL SERVICE

Chair, Board of Veterinary Medicine of the District of Columbia
September 2016 - Chair since April 2020

- Lead the District's veterinary regulatory board overseeing licensure, disciplinary proceedings, regulatory development, and public protection.
- Advise government officials on veterinary legislation and regulatory policy.

- Collaborate with professional organizations, licensees, and public stakeholders on matters affecting veterinary practice and consumer protection.

President, Mineralogical Society of the District of Columbia
January 2003 – Present

- Lead governance, strategic planning, and member engagement activities for one of the region's longstanding nonprofit mineralogical organizations.

Board Member, City Dogs & City Kitties Rescue - Washington, DC
October 2010 – Present

- Advise on organizational budgeting, fundraising strategy, staffing levels, and long-term operational direction.

President, Northern Virginia Veterinary Medical Association
2009

PROFESSIONAL EXPERIENCE

Owner and Medical Director
District Veterinary Hospitals — Washington, DC
October 2014 – October 2025 (currently practicing emeritus status)

- Founded and developed a three full-service small animal hospitals.
- Oversaw medical operations, financial management, staffing, strategic growth, and practice administration.
- Responsible for strategic development, operational efficiency, and long-term financial performance.

Owner and Head Veterinarian
DCHomeVet, LLC — Washington, DC
October 2006 – October 2014

- Provide concierge veterinary services within the District of Columbia.
- Maintain medical records and oversee all business operations.

Associate Veterinarian
CityPaws Animal Hospital — Washington, DC
January 2007 – March 2014

- Practiced medicine and surgery in a full-service urban veterinary hospital.
- Focused on wellness medicine, dentistry, chronic disease management, client education, and staff collaboration.

Executive Consultant and Head Veterinarian
Center Pet Pharmacy, Inc. — Rockville, Maryland
June 2009 – January 2013

- Developed veterinary pharmaceutical content for retail and wholesale platforms.
- Wrote and managed VIPPS accreditation materials.
- Provided operational consulting and sales leadership guidance.

Medical Director
Washington Humane Society National Capital Area Spay & Neuter Center
June 2004 – July 2006

- Managed medical and surgical operations within a high-volume nonprofit veterinary setting.
- Oversaw patient care, staff relations, and community outreach.

Associate Veterinarian
Dupont Veterinary Clinic — Washington, DC
June 2004 – July 2006

- Practiced medicine and surgery in a full-service companion animal hospital.

Special Projects Consultant
Association of American Veterinary Medical Colleges — Washington, DC
February 2004 – August 2010

- Researched veterinary workforce capacity, food safety, biosafety, and disease surveillance issues.
- Prepared presentations and briefing materials for executive leadership.

Veterinary Consultant
National Geographic Society
May 2005 – June 2007

- Reviewed veterinary and animal-related content for children's publications.

Veterinary Government Affairs Extern
American Veterinary Medical Association Governmental Relations Division —

Washington, DC
January 2004

- Supported legislative advocacy initiatives through research, briefing preparation, and congressional outreach.

PAPERS, PRESENTATIONS & PUBLICATIONS

Teich, D. (March 2004). *Supply of veterinary human capital, current critical needs, projected demand, and reasons for shortfalls in the United States.* Brief delivered to the Senate Committee on Health, Education, Labor, and Pensions, Washington, DC.

Heider, L.E., and Teich, D. (February 2004). *Biodefense and the response of the veterinary medical profession.* Presented at the Midwest Veterinary Conference, Columbus, Ohio.

Heider, L.E., and Teich, D. (February 2004). *The future of the large animal veterinarian.* Presented at the Midwest Veterinary Conference, Columbus, Ohio.

Teich, D. (January 2005). *Evaluation of Language Regarding Zoos, Wildlife and Relation to Biosurveillance as Stated in Senate Report #108-345: FY 2005 Appropriations for Labor, Health, and Human Services, Education and Related Agencies.* Prepared for the Wildlife Conservation Society Federal Affairs Office.

Teich, D. (Ed.). *Veterinary Medicine.* In *Health Professions Admission Guide: Strategy for Success* (Sixth Edition). National Association of Advisors for the Health Professions, 2004.

PROFESSIONAL AFFILIATIONS

- American Veterinary Medical Association
- American Association of Veterinary State Boards
- American Animal Hospital Association
- Smithsonian Associate Member
- The Nature Conservancy
- National Building Museum

EARLIER PROFESSIONAL EXPERIENCE

- Rotating Small Animal Veterinary Intern, Regional Veterinary Referral Center, Springfield, Virginia
- Ohio West Nile Virus Surveillance Team Field Technician, Ohio Department of Health
- Animal Care and Use Policy Revisor and Webmaster, Rutgers University
- Initial Program Development Officer, NJ-NASA Specialized Center for Research & Training
- Critical Care Technician, The Ohio State University College of Veterinary Medicine Intensive Care Unit
- Raptor Rehabilitation Student Volunteer, The Ohio State University College of Veterinary Medicine
- Ornithology Research/Husbandry Intern, Bronx Zoo
- Emergency and Critical Care Technician, Animerge Animal Emergency Hospital
- Laboratory and Field Research Assistant, Rutgers University Department of Entomology

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PUBLISHING & COMMUNICATIONS

- Current monthly columnist since 2012, The District Vet, *Hill Rag Newspaper*, Washington DC
- Author and Publisher, *The Advice Project For Graduating Veterinary Students*, The Ohio State University College of Veterinary Medicine
- Story Writer, *The Speculum*, The Ohio State University College of Veterinary Medicine
- Editor and Publisher, *Weekly Veterinary News*, The Ohio State University College of Veterinary Medicine
- Associate Managing Editor, *The Daily Targum*, Rutgers University
- Editor and Publisher, Society of Animal Sciences Newsletter, *The Rear View*, Rutgers University
- Staff Science Correspondent, *The Daily Targum*, Rutgers University

2026 NOMINATING COMMITTEE NOMINEE



BRITNEY MCMAHAN, JD, MA

GENERAL INFORMATION

Education: Indiana University
Juris Doctor
Philosophy-Bioethics, Master of Arts
Religious Studies, Bachelor of Arts

Employment: Director, Indiana Board of Veterinary Medicine
Director of Legal Affairs and Enforcement, Indiana State Board of Animal Health

MEMBER BOARD SERVICE

INDIANA BOARD OF VETERINARY MEDICINE

- Director since 2024

AAVSB SERVICE

Indiana Board of Veterinary Medicine
Mike Braun, Governor
Kyle Shipman, DVM, State Veterinarian

Indiana Board of Veterinary Medicine

Discovery Hall, Suite 100
1202 East 38th Street
Indianapolis, IN 46205-2898
Phone: 317/544-2409
Email: VetBoard@VetBoard.in.gov

May 20, 2026

AAVSB Nominating Committee
American Association of Veterinary State Boards
Online Submission

Subject: Nomination of Britney McMahan for AAVSB Nominating Committee

Dear AAVSB Nominating Committee,

On behalf of the Indiana Board of Veterinary Medicine, we are pleased to nominate Britney McMahan for service on the AAVSB Nominating Committee.

As Director of the Indiana Board of Veterinary Medicine, Ms. McMahan has shown strong commitment to effective regulation and advancement of the profession. She independently manages all Board operations and oversees licensure and regulation for nearly 3,000 veterinarians and more than 2,300 veterinary technicians. As the Board's sole staff member, she handles licensing, discipline, rulemaking support, governance, meetings, legislative analysis, and stakeholder communication. Her dedication is clear in her thorough work, responsiveness, and leadership.

Prior to becoming Director, Ms. McMahan served as an attorney with the Indiana Attorney General's Office, prosecuting professional licensing matters before the Board. In that role, she built a strong working relationship with the Board and earned its trust through her expertise and sound judgment. Her close work with the Board, combined with her regulatory experience and commitment to the profession, led the Board to encourage her to apply for the Director position.

The Indiana Board of Veterinary Medicine is confident that Ms. McMahan would bring valuable insight and strong leadership to the AAVSB Nominating Committee. Her broad experience supporting the Board, along with her integrity, diligence, and commitment to public protection, make her exceptionally well qualified for this role.

We are proud to support her nomination and strongly recommend her for service on the AAVSB Nominating Committee.

Sincerely,

Jerry Rodenbarger, DVM,

Chairperson
Indiana Board of Veterinary Medicine

BRITNEY MCMAHAN

Elected Position of Interest: Nominating Committee

PROFESSIONAL EXPERIENCE

Director of Legal Affairs and Enforcement, Indiana State Board of Animal Health, Indianapolis, IN — **2026**
Director, Indiana Board of Veterinary Medicine, Indianapolis, IN — **2024–present**
Trial Attorney, Indianapolis, IN — **2014–2024**
Deputy Prosecutor, Hancock County Prosecutor's Office, Greenfield, IN — **2014**
Certified Legal Intern & Extern, Marion County Prosecutor's Office, Indianapolis, IN — **2013–2014**
Paramedic, Indianapolis Emergency Medical Services , Indianapolis, IN — **2004–2010**
Patient Care Technician, St. Vincent Hospital, Indianapolis, IN — **2000–2005**

EDUCATION

JURIS DOCTOR — **2014**
Indiana University, Robert H. McKinney School of Law

HEALTH LAW CERTIFICATE — **2014**
Indiana University, Robert H. McKinney School of Law

MASTER OF ARTS | PHILOSOPHY-BIOETHICS — **2014**
Indiana University| Dual Degree JD/MA

BACHELOR OF ARTS, RELIGIOUS STUDIES — **2009**
Indiana University

PROFESSIONAL PUBLICATIONS & PRESENTATIONS

- The Encyclopedia of Muslim-American History, ed. Edward Curtis, IV (2010) | Contributed Four (4) Entries
- Managing Risks: Strategies to Limit and Decrease Liability for Practitioners. The National Conference on Correctional Health Care, Las Vegas, NV, 2018 | Co-Presenter

BAR ADMISSIONS & PROFESSIONAL ORGANIZATIONS

Admissions Indiana Supreme Court (2014), US District Court for the Northern & Southern Districts of Indiana (2016), & Seventh Circuit Court of Appeals (2018)
Member Indianapolis Bar Association | 2014 – Present
Member Indiana Bar Association | 2023 – Present

LEADERSHIP & COMMUNITY INVOLVEMENT

Member Cystic Fibrosis Foundation, Indiana Chapter, Young Professionals | 2019 - Present
Graduate Indiana Bar Association Leadership Development Academy Class 12 | 2024

AMERICAN ASSOCIATION OF VETERINARY STATE BOARDS

Spring Summit, Kansas City, MO — **2025**
Board Basics & Beyond, Kansas City, MO — **2025**
Annual Meeting & Conference, Cincinnati, OH — **2025**
Spring Summit, Kansas City, MO — **2026**

AAVSB
AMERICAN ASSOCIATION OF VETERINARY STATE BOARDS

2026 NOMINATING COMMITTEE NOMINEE



KRISTI PAWLOWKSI, RVT, BS

GENERAL INFORMATION

Education: California State University
Bachelor of Science, Business Administration, Human Resources and Organizational Behavior
Los Rios Community College
Associates in Arts
Western Career College
Dental Assistant, Registered Veterinary Technician

Employment: Strategic Projects Manager, VETnCARE

MEMBER BOARD SERVICE

CALIFORNIA VETERINARY MEDICAL BOARD

Dates Appointed to Board

- 2023 – Present (currently serving an extended term)

Board Service

- 2025 – Present: Vice President

AAVSB SERVICE

2026: VTNE Committee, Chair-Elect
2024 – Present: VTNE Committee Member

California Veterinary Medical Board

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • CALIFORNIA VETERINARY MEDICAL BOARD
1747 North Market Blvd., Suite 230, Sacramento, CA 95834-2987
P (916) 515-5520 | Toll-Free (866) 229-0170 | www.vmb.ca.gov

May 27, 2026

Dear AAVSB Nominating Committee:

The California Veterinary Medical Board is pleased to nominate Ms. Kristi Pawlowski, RVT for the open position on the AAVSB Nominating Committee. Ms. Pawlowski was appointed to the Board in June 2023 and currently serves as Vice President for 2025–2026, bringing strong leadership and regulatory experience to this role.

Ms. Pawlowski's experience closely aligns with the responsibilities of the AAVSB Nominating Committee. As Vice President, she oversaw the vetting of candidates for the Board's Multidisciplinary Advisory Committee (MDC)—reviewing applications, assessing qualifications, preparing interview questions, conducting interviews, and making recommendations. This mirrors the Committee's duties of reviewing nominations and preparing ballots.

She previously served on the MDC beginning in 2015 and chaired the MDC in 2020, participating in multiple subcommittees addressing key regulatory areas such as corporate practice, RVT tasks, and premises registrations. Her extensive professional background as an RVT since 1989, combined with decades of leadership in veterinary hospital management and association service, further strengthens her candidacy.

Ms. Pawlowski also brings national-level committee experience through her service as VTNE Committee Chair-Elect (2024–2026). Her familiarity with AAVSB processes and collaborative governance makes her exceptionally prepared to contribute meaningfully to the Nominating Committee.

The Board strongly supports Ms. Pawlowski's nomination and is confident in her ability to uphold the integrity and mission of the AAVSB.

If you have any questions, please feel free to contact the Board's Executive Officer, Jessica Sieferman, at (916) 318-6241.

Sincerely,

Jessica Sieferman
Executive Officer

KRISTI M. **PAWLOWSKI, RVT, BS**

10835 Nestlenook Circle Mather, CA 95655
(916) 747-2294 · kristipaw@gmail.com

EMPLOYMENT

SEPTEMBER 2024 – CURRENT
STRATEGIC PROJECTS MANAGER, VETnCARE
Develop training programs for RVTs, veterinary assistants and support staff; align daily practice with the veterinary medicine practice act.

JULY 2020 – AUGUST 2024
OWNER/CHIEF INSIGHT DIRECTOR, INSIGHT VETERINARY WELLNESS CENTER
Management of emergency hospital, general practice, specialty hospital, and grooming facility. Manage accounting and bookkeeping; Accounts payable. Payroll for over one hundred employees including fourteen doctors, over twenty RVTs and numerous VACSPs. Create P&Ls, monitor for trends, manage labor expenses, and coach others on business aspects of practice. Coach and mentor RVTs, veterinary assistants and doctors to maintain high quality of care and guide them within the boundaries of the veterinary medicine practice act.

AUGUST 1991 – CURRENT
EXECUTIVE DIRECTOR, SACRAMENTO VALLEY VETERINARY MEDICAL ASSOCIATION
Maintain membership records; Organize monthly continuing education and social events; Publish monthly newsletter; Manage public inquiries; Liaison for the Ethics Committee; Retain association records; Facilitate Executive Board meeting and document minutes; Manage budget; Manage website design and launch. Foster relationships with industry partners.

OCTOBER 2002 – FEBRUARY 2016
JUNE 2007 – FEBRUARY 2016
OWNER/HOSPITAL MANAGER, BANFIELD PET HOSPITAL OF FOLSOM & LINCOLN
Manage practice on daily basis; Maintain high quality of care and the Banfield brand; Address client concerns or comments; Responsible for all financial aspects of our practices.

JUNE 2002 – OCTOBER 2002
HOSPITAL DIRECTOR/MANAGER/TRAINER, BANFIELD PET HOSPITAL ROSEVILLE & RANCHO CORDOVA

JANUARY 2001 – JUNE 2002
FIELD TRAINER/FIELD DIRECTOR, BANFIELD PET HOSPITAL
Built relationships between the hospitals and PETsMART; Encouraged high quality medicine by following protocols and practice standards; Identified financial opportunities with Hospital Directors; Reviewed P&L's monthly and identified target areas; Rebuilt Banfield branding throughout region; Advised doctors how to achieve high quality medicine by providing what is best for the pet.

OCTOBER 1998 – JANUARY 2001
HOSPITAL DIRECTOR, BANFIELD PET HOSPITAL OF SOUTH SACRAMENTO

JULY 1994 – OCTOBER 1998
REGISTERED DENTAL ASSISTANT/BUSINESS MANAGER, RYE DENTAL GROUP
Patient scheduling; Arranged for patient treatment plans and financial obligations; Managed employees including hiring, termination, scheduling, and training; Reviewed monthly income and expenses; Managed office bills and doctor's personal finances; Project Manager for remodeling and relocation of office; Worked closely with Practice Consultant regarding employees, patients and finances.

SEPTEMBER 1988 – SEPTEMBER 1994
REGISTERED VETERINARY TECHNICIAN, ELKHORN WALERGA ANIMAL HOSPITAL

EDUCATION

2019

BACHELOR OF SCIENCE, CALIFORNIA STATE UNIVERSITY, SACRAMENTO

BUSINESS ADMINISTRATION
HUMAN RESOURCES AND ORGANIZATIONAL BEHAVIOR
SUMMA CUM LAUDE
BETA GAMMA SIGMA

2017

ASSOCIATES IN ARTS, LOS RIOS COMMUNITY COLLEGE

1993

WESTERN CAREER COLLEGE, REGISTERED DENTAL ASSISTANT

1989

WESTERN CAREER COLLEGE, REGISTERED VETERINARY TECHNICIAN

LICENSE #3631

PROFESSIONAL ACTIVITIES

CALIFORNIA VETERINARY MEDICAL BOARD	2023 – PRESENT
VICE PRESIDENT	*2025 – PRESENT*
CVMA BOARD OF GOVERNORS	2022 – 2023
SOCIETY OF HUMAN RESOURCE MANAGERS	2018 – PRESENT
CVMA RVT COMMITTEE	2018 – PRESENT
DELEGATE, HOUSE OF DELEGATES	*2017 – 2022*
COMMITTEE CHAIR	*2013 – 2015*
MEMBER	*2011 – PRESENT*
VETERINARY HOSPITAL MANAGERS ASSOCIATION	2017 – PRESENT
VETERINARY MEDICAL BOARD MULTIDISCIPLINARY COMMITTEE	2014 – 2021
CHAIR	*2020 – 2021*
ATTENDEE	*2009 - PRESENT*
COSUMNES RIVER COLLEGE RVT GUEST SPEAKER	2011 – PRESENT
CVMA CERTIFIED VETERINARY ASSISTANT COMMITTEE	2010 – 2023
CHAIR	*2018 – 2023*
VETERINARY MEDICAL BOARD MEETING ATTENDEE	2009 - PRESENT
CALIFORNIA VETERINARY MEDICAL ASSOCIATION	2009 – PRESENT
SACRAMENTO PRACTICE MANAGERS GROUP	2009 – PRESENT
SVVMA INDUSTRY REPRESENTATIVE LIAISON	2004 – PRESENT
CVMA SUNSET REVIEW TASK FORCE MEMBER	2012 – 2013
FIELDHAVEN FELINE CENTER	2011 – 2013
VICE PRESIDENT	*2011 – 2013*
CLASSICS, CATS & CABERNET FUNDRAISER EVENT CHAIR	*2012 – 2013*
WORLD RABIES DAY	2010 – 2015
EVENT COORDINATOR FOR 3 COUNTIES	
TRI VALLEY VETERINARY SYMPOSIUM	
EVENT COORDINATOR	*1991 – 2010*
SACRAMENTO VALLEY VETERINARY TECHNICIAN ASSOCIATION	
MEMBER	*1989 – 2020*
VICE PRESIDENT	*1990 – 1991*
TREASURER	*1990 – 1991*
PRESIDENT	*1991 – 1992*

PROFESSIONAL AWARDS

- **CVMA's RVT OF THE YEAR – PRIVATE PRACTICE** 2018

PROFESSIONAL DEVELOPMENT

CVMA's LEADERSHIP CONFERENCE	2014 – PRESENT
VETERINARY MEDICAL BOARD MEETINGS	2010 – PRESENT
SVVMA's MONTHLY CONTINUING EDUCATION	1990 – PRESENT
RECOVER – ALS, BLS	2024
MERCK FIRST TO KNOW	2023, 2024
CVMA's PACIFIC VETERINARY CONFERENCE	2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2021, 2022, 2023
BANFIELD – NATIONAL FIELD LEADERSHIP SYMPOSIUM	2013, 2014
SVVTA's MONTHLY CONTINUING EDUCATION	1991, 1992, 1993, 1994, 2013
BANFIELD EDUCATION SYMPOSIUM	2006, 2007, 2008, 2009, 2010 2011, 2012
ROYAL CANIN NUTRITIONAL SEMINARS	2009, 2010, 2012

AAVSB
AMERICAN ASSOCIATION OF VETERINARY STATE BOARDS

2026 REPRESENTATIVE TO THE ICVA (VETERINARIAN) NOMINEE



STEVEN MANYAK, DVM

GENERAL INFORMATION

Education: Western University of Health Sciences
Doctor of Veterinary Medicine
Flinders University of South Australia
Bachelor of Medicine, Bachelor of Surgery
University of California
Bachelor of Science in Microbiology

Employment: President & Lead Veterinarian,
Pine Animal Hospital & Integrative Wellness Center

Licenses: California

MEMBER BOARD SERVICE

CALIFORNIA VETERINARY MEDICAL BOARD

Dates Appointed to the Board

- 2024 – Current: Member
- 2023 – 2024: Subject Matter Expert

AAVSB SERVICE

California Veterinary Medical Board

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • CALIFORNIA VETERINARY MEDICAL BOARD
1747 North Market Blvd., Suite 230, Sacramento, CA 95834-2987
P (916) 515-5520 | Toll-Free (866) 229-0170 | www.vmb.ca.gov

May 27, 2026

Dear AAVSB Nominating Committee:

The California Veterinary Medical Board (CVMB) respectfully nominates Dr. Steven Manyak as the open AAVSB veterinarian representative on International Council for Veterinary Assessments (ICVA).

Dr. Steven Manyak is a respected small animal veterinarian with more than 15 years of clinical experience in California. He is the founder, President, and Lead Veterinarian of Pine Animal Hospital in Long Beach and was appointed to the California Veterinary Medical Board in 2023.

Dr. Manyak brings a unique background in both human and veterinary medical training, having attended medical school and completed USMLE Step 1 and Step 2 before entering veterinary school and earning his veterinary degree. He has also demonstrated significant board leadership as Board Chair of The Veterinary Cooperative, a national organization representing thousands of independent veterinary hospitals, where he helped guide governance, strategy, and support for independent veterinary practice.

Dr. Manyak is also recognized as an IDEXX Regional Thought Leader, reflecting his strong clinical knowledge, diagnostic expertise, and reputation as a highly medically competent veterinarian. Before his CVMB appointment, Dr. Manyak served as a CVMB subject matter expert, reviewing standard-of-care complaint cases.

Dr. Manyak's combination of clinical expertise, board experience, and exposure to professional licensing examinations gives him valuable insight into areas where veterinarians may struggle and how veterinary examinations can be improved. As an active practitioner with an interest in professional regulation, licensing standards and ensuring the quality and integrity of licensing examinations, Dr. Manyak will prove to be an invaluable member of the ICVA board.

For these reasons, the CVMB is proud to nominate Dr. Manyak as the AAVSB ICVA representative.

If you have any questions, please feel free to contact the Board's Executive Officer, Jessica Sieferman, at (916) 318-6241.

Sincerely,

Jessica Sieferman
Executive Officer

MISSION: To protect consumers and animals by regulating licensees, promoting professional standards, and diligent enforcement of the California Veterinary Medicine Practice Act.

Steve Manyak
900 Pine Ave, Long Beach, CA 90813
(310) 498-5658
cali.dr.steve@gmail.com

EDUCATION:

Western University of Health Sciences , College of Veterinary Medicine	Pomona, CA
Doctor of Veterinary Medicine	8/2006 - 5/2010
Flinders University of South Australia, School of Medicine	Adelaide, SA
Bachelor of Medicine, Bachelor of Surgery	1/2002 - 1/2005
University of California Davis	Davis, CA
Bachelor of Science – Microbiology & Immunology	9/1996 - 6/2000

WORK EXPERIENCE:

California Veterinary Medical Board	Sacramento, CA
Member of Board of Directors	8/2024 - Current
California Veterinary Medical Board	Sacramento, CA
Subject Matter Expert	3/2023 - 8/2024
University of California Davis	Davis, CA
Bachelor of Science	9/1996 - 6/2000
Idexx Regional Thought Leaders	Westbrook, ME
Consultant, Speaker & Article Writer	2/2020 - Current
Pine Animal Hospital & Integrative Wellness Center	Long Beach, CA
President & Lead Veterinarian	6/2012 - Current
The Veterinary Cooperative	Chicago, IL
Chair & Member of Board of Directors	1/2020 - 4/2025
The Veterinary Cooperative	Chicago, IL
Treasurer & Member of Board of Directors	1/2013 - 5/2015
Pacific Palisades Veterinary Hospital	Pacific Palisades, CA
Associate Veterinarian	12/2011 - 8/2012
Rose City Veterinary Hospital	Pasadena, CA
Associate Veterinarian	6/2010 - 12/2011
UCLA, David Geffen School of Medicine	Los Angeles, CA
Staff Research Associate	1/2006 - 6/2007
Cedars-Sinai Medical Center, Burns & Allen Research Institute	Los Angeles, CA
Staff Research Associate	11/2000 - 1/2002

REFERENCES:
Available upon request.

Proposed Bylaws Amendments 2.3

Delegate Assembly



AAVSB
AMERICAN ASSOCIATION OF VETERINARY STATE BOARDS

MEMORANDUM

To: AAVSB Member Board Members and Affiliate Members

From: AAVSB Bylaws and Resolution Committee

Date: May 14, 2026

Subject: Proposed Bylaws Amendments for 2026

Here are the proposed Bylaws amendments for you to review.

As background, the Bylaws are intended to be the framework and foundation of any organization. The Bylaws include a definition of the mission and serve as the authoritative source for making decisions and changes. The Bylaws also describes the organization's governance structure to ensure stability and legal compliance. And as the organization's governing document, the Bylaws require a formal vote by members to change.

In addition to the Bylaws, the Board uses supporting policies. These policies provide the detailed, flexible operational guidelines for implementation of the Bylaws and ongoing administration of the organization. Staff has developed these policies in collaboration with the AAVSB Board of Directors. The AAVSB Board of Directors and staff update these policies as needed, ensuring that they continue to reflect the content of the Bylaws. No vote is needed by the membership to change Policies.

With the above mindset, the AAVSB Bylaws and Resolution Committee was charged by the AAVSB Board of Directors to complete a comprehensive review of the existing Bylaws to be presented to the Delegate Assembly at the Delegate Assembly Meeting in September 2026. The Committee presented an initial proposed Bylaws amendment of Article X. COMMITTEES in September 2025, which passed.

For the September 2026 Delegate Meeting, there are nine (9) proposed Bylaws amendments that were duly received at the Association office in accordance with the AAVSB Bylaws. The Committee met with the Member Boards and the Committee's Board of Director's Liaison who submitted proposed amendments for 2026 consideration. Also, as directed by the Delegate Assembly in September 2025, the Committee met with the Kentucky Board of Veterinary Examiners on their comprehensive proposed amendment submitted in 2025.

At the upcoming September meeting, the Delegates will vote on the proposed Bylaws amendments in the following order:

Proposed Amendment 1 – Bylaws comprehensive review proposed by the Bylaws and Resolution Committee
Proposed Amendment 2 – ARTICLE IX. REPRESENTATIVES TO THE INTERNATIONAL COUNCIL FOR VETERINARY ASSESSMENT REPRESENTATIVES, Section 3. Elections proposed by the Board of Directors
Proposed Amendment 3 – ARTICLE X. COMMITTEES, Section 4. Veterinary Technician National Examination (VTNE) Committee proposed by the Board of Directors
Proposed Amendment 4 – ARTICLE VII, BOARD OF DIRECTORS AND OFFICERS Section 1. Composition proposed by the West Virginia Board of Veterinary Medicine
Proposed Amendment 5– ARTICLE II. PURPOSE proposed by the Kentucky Board of Veterinary Examiners
Proposed Amendment 6 – ARTICLE IV. MEMBERSHIP, Section 5. Voluntary Withdrawal of Membership from the Association (New section) proposed by the Kentucky Board of Veterinary Examiners
Proposed Amendment 7– ARTICLE VIII. BOARD OF DIRECTORS MEETINGS, Section 4. Participation proposed by the Kentucky Board of Veterinary Examiners
Proposed Amendment 8 – ARTICLE IX. TRANSPARENCY (New article) proposed by the Kentucky Board of Veterinary Examiners
Proposed Amendment 9 – ARTICLE XI. FINANCES, Section 4. Contracts proposed by the Kentucky Board of Veterinary Examiners

A Delegate Assembly Information Session will be held virtually as an additional opportunity for the Bylaws and Resolution Committee and Legal Counsel to disseminate information on what will be voted on for Bylaws, Resolutions, Practice Act Model, and elected positions at the upcoming AAVSB Annual Meeting & Conference's Delegate Assembly Meeting September 25 and 26 in Providence, Rhode Island.

As outlined below, this packet includes information on each proposed amendment, comments and recommendation from the Bylaws and Resolution Committee, comments and recommendation from the AAVSB Board of Directors, and operational, financial, and legal impact statements, the letter or memo from the Proposer and the proposed changes are indicated in red on the enclosed Bylaws amendment.

Each proposed Amendment includes the location in Bylaws, Proposer, Bylaws & Resolution Committee comments, Board of Directors' comments, Recommendation by Bylaws & Resolution Committee and Board of Directors, and operational, financial, and legal impact of proposed revisions, the letter or memo from the Proposer and the proposed changes are indicated in red on the enclosed Bylaws amendment.

PROPOSED AMENDMENT # TEMPLATE	
Location in Bylaws:	ARTICLE *Proposed revisions and memo are included in the attached document.*
Proposed by:	
Bylaws & Resolutions Committee comments:	
Board of Directors' comments:	
Recommendation(s):	The Bylaws and Resolution Committee supports/does not support/no recommendation the proposed amendment. The AAVSB Board of Directors supports/does not support/no recommendation the proposed amendment.
Operational Impact :	
Financial Impact :	
Legal Impact:	

AAVSB
AMERICAN ASSOCIATION OF VETERINARY STATE BOARDS

MEMORANDUM

To: AAVSB Member Board Members and Affiliate Members

From: AAVSB Bylaws and Resolution Committee

Date: May 14, 2026

Subject: Proposed Bylaws Amendment 1 for 2026

Each proposed Amendment includes the location in Bylaws, Proposer, Bylaws & Resolution Committee comments, Board of Directors' comments, Recommendation by Bylaws & Resolution Committee and Board of Directors, and operational, financial, and legal impact of proposed revisions, the letter or memo from the Proposer and the proposed changes are indicated in red on the enclosed Bylaws amendment.

PROPOSED AMENDMENT 1	
Location in Bylaws:	Bylaws Comprehensive Review of ARTICLES I - XIII *Proposed revisions and memo are included in the attached document.*
Proposed by:	The Bylaws & Resolution Committee
Bylaws & Resolutions Committee comments:	See Bylaws & Resolution Committee memo
Board of Directors' comments:	The Board of Directors supports the comprehensive amendments proposed by the Bylaws & Resolution Committee to be presented at the 2026 Delegate Assembly meeting. Generally, the Board of Directors supports the rationale of the Bylaws & Resolution Committee memo below. The Board of Directors reserves the right to express its position as needed during the discussion portion of the Delegate Assembly meeting.
Recommendation(s):	The AAVSB Board of Directors supports the proposed amendment package.

Operational Impact:	Please refer to the specific comments in the rationale in the memo below.
Financial Impact:	Please refer to the specific comments in the rationale in the memo below.
Legal Impact:	In the Board of Directors and Officers Qualifications section, the revision ensures the Affiliate Member is still serving the respective veterinary regulatory jurisdiction, understanding changing regulatory environments.

AAVSB
AMERICAN ASSOCIATION OF VETERINARY STATE BOARDS

MEMORANDUM

To: AAVSB Member Board Members and Affiliate Members

From: AAVSB Bylaws and Resolution Committee

Date: May 14, 2026

Subject: Proposed Bylaws Amendment 1 for 2026

The AAVSB Bylaws and Resolution Committee is submitting this proposed Bylaws comprehensive revisions as charged by the AAVSB Board of Directors to complete a comprehensive review to be presented to the Delegate Assembly at the Delegate Assembly Meeting in September 2026.

Bylaws and Resolution Committee Comments:
The Bylaws are intended to be the framework and foundation of the organization to define the mission and be responsive in decision-making to changes. Bylaws define the organization's governance structure to ensure stability and legal compliance. Supporting policies provide the detailed, flexible operational guidelines for implementation.

In their comprehensive review, the Bylaws and Resolution Committee asked for input from the Member Boards and focused on the overall governance structure in determining their revisions as presented.

The Committee met with the Member Boards and the Committee's Board of Director's Liaison who submitted proposed amendments for 2026 consideration, and as directed by the

Delegate Assembly in September 2025, met with the Kentucky Board of Veterinary Examiners on their comprehensive proposed amendment submitted in 2025.

Throughout their review, discussion, and revisions, the Committee determined operational rules adopted by the Board of Directors to manage daily affairs are to be outlined in policies and procedures, adaptable to changing circumstances and needs of the organization.

ARTICLE II. PURPOSE

Revised to include both welfare of the public and animals in the initial purpose statement. Eliminating the supporting sections that may be viewed as restrictive, limiting activities of the Association and revising to a concise, encompassing statement establishing legal and tax-exempt status, allows the Association to continue its focus on service to the Membership, responsive with needs of the Membership, needs of the public, changes within the profession, including but not limited to technology affecting regulation, to be addressed by the Membership.

ARTICLE III. DEFINITIONS and throughout the Bylaws.
The Committee added delegates to clarify the definition of Delegate Assembly.

The Committee revised Licensed Veterinary Technician to Credentialed Veterinary Technician since credentialed encompasses certified, licensed, and registered veterinary technicians as recognized by the Member Boards.

ARTICLE IV. MEMBERSHIP and throughout the Bylaws.
For clarification throughout the Bylaws, the Committee revised language to include Annual Delegate Assembly Meeting and distinguish from Delegate Assembly, a body of delegates.

ARTICLE VI. DELEGATE ASSEMBLY MEETINGS, Section 5. Quorum and Voting
The Committee added Delegates to provide clarity in establishing a quorum.

ARTICLE VII. BOARD OF DIRECTORS AND OFFICERS

Section 1. Composition
The Committee added one Credentialed Veterinary Technician to the Board of Directors composition of the Association to ensure representation not only aligned with the profession, but many of the Member Boards.

Section 2. Qualifications
The Committee added in an immediate vacancy if an Affiliate Member no longer meets specific eligibility criteria. The concern was that an Affiliate Member who is no longer an employee of their respective Member Board may have conflicting positions.

Section 6. Terms
g. In the review of the Kentucky Board of Veterinary Examiners proposed Article IX. TRANSPARENCY, Section 1. Board of Directors Composition, the Committee determined adding similar language "The Member Boards shall be timely notified of any changes to the seated Directors of the Board of the Association" to the existing ARTICLE VII, Section 6, which seemed to be more appropriate since the previous sections address the event of vacancy within the Board of Directors.

Section 8. Removal
Delegates cannot assign their vote as a proxy vote to another Member Board Delegate regarding removal of a member of the Board of Directors.

ARTICLE IX. REPRESENTATIVES TO THE INTERNATIONAL COUNCIL FOR VETERINARY ASSESSMENT
Section 3. In the review of the Board of Director's proposed amendment adding language for a representative to be appointed in the event of a vacancy, the Committee included the proposed amendment language in their comprehensive revision. The Committee recognizes if the Delegate Assembly passes the comprehensive review, the Board of Directors proposed amendment will no longer need to be voted upon as presented to the Member Boards.

ARTICLE X. COMMITTEES

Section 4. Veterinary Technician National Examination (VTNE) Committee.
In the review of the Board of Director's proposed amendment on the revisions of the VTNE Committee composition, the Bylaws & Resolution Committee included the proposed amendment language in their comprehensive revision. The Committee agreed with the importance of this revision formalizing the exam development process per industry standards and the flexibility in the appointment process of VTNE Committee and subcommittees to be addressed in policy.

Section 6. Conference Committee and Section 10. Regulatory Policy Committee
For consistency, revised Licensed to Credentialed Veterinary Technician as previously noted.

ARTICLE XI. FINANCES

Section 2. Books and Reports
For clarity and transparency, added "including all assets and liabilities held by" the Association to the report from the Treasurer at the Annual Delegate Assembly Meeting.

Section 6. Deposits
Revised language to include “or invested” for clarity and transparency, noting all funds shall be deposited or invested to the credit of the Association.

Section 7. Limitations of Expenditures
Revised language to be consistent and meet legal and statutory requirements in removing language in Article II and broadening to include the Articles of Incorporation, Bylaws, and 501(c)3 status.

ARTICLE XIII. AMENDMENTS
Section 1. Amendment Proposals
For clarity added “and Bylaws and Resolution Committee”, noting proposed Bylaws received at the Association are currently forwarded to the Board of Directors and Committee.

AMERICAN ASSOCIATION OF VETERINARY STATE BOARDS

BYLAWS

ARTICLE I. NAME.

Section 1. Name.

The name of this organization is the American Association of Veterinary State Boards.

Section 2. Location.

The principle offices of the Association shall be located in such place or places as determined from time to time by the Board of Directors.

ARTICLE II. PURPOSE.

~~The objective of this Association is to aid regulatory boards of veterinary medicine in the protection of the public health and welfare by:~~

The purpose of the Association is to provide information, education, programs and services that aid boards of veterinary medicine fulfill their regulatory purpose of regulating the profession in the interest of protection of the health and welfare of the public and animals. Association activities shall be consistent with its Articles of Incorporation, tax status and these bylaws as well as the mission, vision, values and strategic goals and objectives determined from time to time by the Board of Directors.

~~a. Acting as a clearinghouse for research, collection and dissemination of information and ideas among Member Boards concerning legal regulation of the veterinary profession.~~

~~b. Encouraging and aiding collaborative efforts among Member Boards to simplify and standardize licensing and certification processes for veterinarians and veterinary technicians.~~

~~c. Representing the opinions of the Association in those matters related to the provision of veterinary services by interacting with other veterinary organizations; legislative, judicial, regulatory or executive governmental bodies; and with other groups or associations whose areas of interest may coincide with those of the Association.~~

~~d. Providing assistance to Member Boards in fulfilling statutory, public, and ethical obligations in legal regulation and enforcement.~~

~~e. Communicating with and advising the International Council for Veterinary Assessment on examination matters of relevance to Member Boards.~~

~~f. Overseeing collection and dissemination of information regarding disciplinary actions taken by Member Boards.~~

~~g. Identifying and promoting desirable and reasonable uniformity in practice standards and expected outcomes of veterinary education.~~

~~h. Providing veterinary medical educational programs with statistical information about examinees' performances on the licensing and certification examinations, when requested, within the legal limitations regarding confidentiality of examinees.~~

~~i. Credentialing and overseeing the qualifying process by which foreign-trained veterinarians and veterinary technicians become eligible for licensure, including consultation with parties of interest.~~

~~j. Providing Member Boards with programs that assist them in meeting their responsibilities on licensure, registration, regulation, and enforcement regarding the practice of veterinary medicine and veterinary technology.~~

ARTICLE III. DEFINITIONS.

Section 1. Association.

"Association" shall mean the American Association of Veterinary State Boards (AAVSB).

Section 2. Board.

"Board" shall mean the governmental agency empowered to credential and regulate the practice of veterinary medicine in any of the States and Commonwealths of the United States, its territories, the District of Columbia, and insular possessions of the United States, individual provinces of Canada, and additional comparable entities.

Section 3. Board of Directors.

"Board of Directors" shall mean the Board of Directors of the American Association of Veterinary State Boards. For clarity, the Board of Directors is referred to as the "AAVSB Board of Directors" or the "Board of Directors."

Section 4. Member Board.

"Member Board" shall mean any Board as defined above which is duly accepted into the Association pursuant to these Bylaws. Member Boards shall pay annual Member Board dues as determined by the Board of Directors and approved by the Delegate Assembly.

Section 5. Associate Member.

"Associate Member" shall mean any individual who has previously served on a Member Board and who applies for and receives recognition from the Board of Directors. Associate Members shall pay annual Associate Member dues as determined by the Board of Directors.

Section 6. Affiliate Member.

"Affiliate Member" shall mean the current Executive Director/Executive Officer/Administrator/Registrar or other individual who holds a similar title or position with a Member Board. Each Member Board shall have only one Affiliate Member for the purposes of eligibility to serve on the AAVSB Board of Directors. Upon loss of position or title as Executive

Director/Executive Officer/Administrator/Registrar, the Affiliate Member status shall immediately cease.

Section 7. Delegate.

"Delegate" shall mean a current member or Affiliate Member of a Member Board designated by the Member Board as its Delegate to the AAVSB Delegate Assembly.

Section 8. Alternate Delegate.

"Alternate Delegate" shall mean a current member or Affiliate Member of a Member Board designated by the Member Board as its Alternate Delegate to the AAVSB Delegate Assembly.

Section 9. Delegate Assembly.

"Delegate Assembly" shall mean the governing body that is comprised of delegates of Member Boards.

Section 10. Licensed Veterinarian.

"Licensed Veterinarian" shall mean an individual authorized by a Board to practice veterinary medicine in that jurisdiction.

Section 11. ~~Licensed~~ Credentialed Veterinary Technician.

"~~Licensed~~ "Credentialed Veterinary Technician" shall mean an individual authorized by a Board to practice as a veterinary technician in that jurisdiction.

Section 12. Public Member.

"Public Member" shall mean a current member of a Board who is not, nor has ever been, a Licensed Veterinarian or ~~Licensed~~ Credentialed Veterinary Technician.

ARTICLE IV. MEMBERSHIP.

Section 1. Application.

Upon receipt of a written indication of interest in membership by a Board, the Chief Executive Officer will respond within 30 days with an application for membership.

Section 2. Admittance.

A Board, which qualifies for membership, may be admitted into the Association as a Member Board by the Board of Directors, after seeking comment and opinion from Member Boards.

Section 3. Rights and Privileges.

A Member Board that is current on its payment of membership dues and other applicable fees shall have all rights of membership, including the right to vote on all matters duly brought before the membership.

Section 4. Termination of Membership.

a. Membership may be terminated at an Annual Delegate Assembly Meeting when so ordered by an affirmative vote of a two-thirds majority of all Member Boards, that is as if the established quorum included all Member Boards. Written notice that termination is to be considered and the cause for the action shall be sent by the Secretary of the Association to all Delegates and to the Member Boards not less than 90 days prior to the meeting. The Member Board in question shall have opportunity to be heard, with representation by counsel, before a vote is taken.

b. Upon termination, all rights of the Member Board as provided in these Bylaws shall cease.

Section 5. Reinstatement.

Reinstatement may be granted by the Board of Directors upon appropriate reapplication and compliance with all conditions set forth by the Board of Directors.

ARTICLE V. DELEGATE ASSEMBLY.

Section 1. Delegates.

The Delegate for each Member Board shall be seated by the Secretary under policies established by the Board of Directors, including the necessity to require an appropriate credential from the Member Board.

Section 2. Alternate Delegates.

Each Member Board shall have the right to designate an Alternate Delegate to act on its behalf in the event of the absence of the Delegate and under policies established by the Board of Directors.

Section 3. Delegate Assembly Authority.

The Delegate Assembly may take such action, not in conflict with the Association Articles of Incorporation or these Bylaws, as it deems necessary, expedient or desirable to fulfill and implement the Association's stated purposes. The Delegate Assembly shall provide direction for

the Association by Member Board participation, through the election of representatives, and through the resolution process.

ARTICLE VI. DELEGATE ASSEMBLY MEETINGS.

Section 1. Annual Delegate Assembly Meeting.

The Annual ~~-~~Delegate Assembly Meeting shall be held yearly at a time and place to be determined by the Board of Directors. All continuing education provided during the Annual Delegate Assembly Meetings shall comply with the current AAVSB RACE Standards.

Section 2. Educational Meeting.

In addition to its Annual Delegate Assembly Meeting, the Association may hold an Educational Meeting at a time and place to be determined by the Board of Directors. No Association business shall be conducted at the Educational Meeting, unless the Board of Directors notifies Delegates, Alternate Delegates, and all Member Boards of the necessity to conduct business in accordance with the required time lines for notice of the meeting.

Section 3. Special Meeting.

Special Meetings of the Delegate Assembly may be called by the President at any time with the approval of a majority of the Board of Directors. The President must call a Special Meeting if and when the Secretary receives written request thereof from at least one-half of the Member Boards of the Association.

Section 4. Notice and Agenda.

The Secretary of the Association shall send notice and a proposed agenda for all Annual Delegate Assembl~~ies~~y Meetings, Educational Meetings, and Special Meetings to all Member Boards at least 60 days prior to the meeting date. The agenda for the Annual Delegate Assembly Meeting shall be presented to the Delegate Assembly at the commencement of the meeting, and, with the exception of the elections, may be revised by an affirmative vote of a majority of Member Boards present.

Section 5. Quorum and Voting.

In order to conduct business at any meeting of the Delegate Assembly, a quorum must be established consisting of the presence and seating of Delegates from at least a majority of all Member Boards. Assuming the presence and seating of Delegates from a majority of Member Boards as referenced above, the total number of Member Board~~s~~ Delegates in attendance shall constitute the quorum. Unless otherwise required by applicable law, AAVSB Articles of

Incorporation, these Bylaws, or Robert's Rules of Order, all matters brought to a vote shall require an affirmative vote of a majority of the quorum for adoption. In the absence of representation of a majority, those Member Boards in attendance shall have the authority to adjourn the meeting by a majority vote.

Section 6. Participation.

A Member Board is entitled to be represented by a single vote on each issue put to a vote before the Delegate Assembly. Member Boards shall vest the right to vote in their Delegates and Alternate Delegates. Voting by proxy is prohibited. Delegates, Alternate Delegates, all members and employees of Member Boards, Associate Members, Affiliate Members, and all members of Association committees shall have the privilege of the floor at all Delegate Assembly meetings. Only seated Delegates and seated Alternate Delegates are eligible to make and second motions and to vote on matters put forth to the Delegate Assembly.

Section 7. Parliamentary Authority.

The rules contained in the most current edition of Robert's Rules of Order Newly Revised shall govern the Association in all cases to which they are applicable and in which they are not inconsistent with these Bylaws and any special rules of order the Association may adopt.

Section 8. Records.

The Association shall keep accurate and complete minutes of all business meetings of the Delegate Assembly, and shall make these minutes available to any Member Board for any proper purposes at any reasonable time.

ARTICLE VII. BOARD OF DIRECTORS AND OFFICERS.

Section 1. Composition.

There shall be ten (10) members of the Board of Directors including four (4) Officers and six (6) Directors at Large.

The Officers shall be identified as President, President-Elect, Immediate Past President and Treasurer. The Officers and Directors at Large are collectively referred to as the Board of Directors. The Officers may, at times be collectively referred to as the Executive Committee. Notwithstanding any other provisions of these Bylaws, the Board of Directors shall be comprised of at least six Licensed Veterinarians, one Credentialed Veterinary Technician, and one Affiliate Member. The Chief Executive Officer shall serve as Secretary and as an ex-officio non-voting member of the Board of Directors and shall not be considered an Officer as identified above.

Section 2. Qualifications.

a. Officers

To be eligible to serve as an Officer, a candidate shall when nominated and elected be currently serving on the Board of Directors, or be a member of a Member Board, or be an Affiliate Member.

b. Directors at Large
To be eligible to serve as a Director at Large, a candidate shall when nominated and elected be currently serving on the Board of Directors or be a member of a Member Board or have served as a member of a Member Board as of June 1st of the year preceding the election year, or be an Affiliate Member.

With the exception of the Affiliate Member on the Board of Directors, ~~i~~If a Director ceases to meet the eligibility criteria stated above, such Board of Director member shall, after completion of the current term, be eligible to serve one additional term on the Board of Directors.

The Affiliate Member of the Board of Directors must meet the eligibility criteria upon nomination, election or appointment, and throughout the entire term. The intent of this requirement is to create an immediate vacancy on the Board of Directors when an Affiliate Member no longer meets Affiliate Member status.

Section 3. Elections.

The Board of Directors shall be elected at the Annual Delegate Assembly Meeting of the Association by the Delegates, either from nominations submitted by the Nominating Committee, or by nominations from the floor. Each Director shall assume office at the close of the Annual Delegate Assembly Meeting at which the member is elected and shall serve as specified in these Bylaws or until a successor is elected.

Section 4. Authority.

The Board of Directors shall manage the affairs of the Association, including the establishment of an annual budget for the Association and the transaction of all business for and on behalf of the Association as authorized under these Bylaws. The Board of Directors shall carry out the resolutions, actions, or policies as authorized by the Delegates, subject to the provisions of the Association Articles of Incorporation and Bylaws.

There may be a Chief Executive Officer employed by the Association who shall be hired by the Board of Directors and who shall work under such terms, conditions and standards as the Board of Directors shall, from time to time, establish. The Chief Executive Officer shall act as the administrative officer for the Association and shall be reviewed periodically by the Board of Directors. The Chief Executive Officer shall report to and be accountable to the Board of Directors.

Section 5. Duties of Officers.

The duties of the Officers of the Association shall be those which usually pertain to such offices.

Section 6. Terms.

For purposes of these Bylaws, the offices of Immediate Past President, President, and President-Elect shall be considered one (1) term. The terms of the Board of Directors shall be as follows:

a. Immediate Past President. The Immediate Past President shall serve a one (1) year term automatically following the term as President. The Immediate Past President shall only vote on matters before the Board of Directors to break a tie.

b. President. The President shall serve a one (1) year term automatically following the term as President-Elect. In the event of a vacancy, the President-Elect shall succeed to the Presidency to fill the unexpired term and may, thereafter, complete the President's term.

c. President-Elect. A President-Elect shall be elected at the Annual Delegate Assembly Meeting to serve a one (1) year term and shall automatically succeed to the office of President and, thereafter, the office of Immediate Past President. Thus, the President-Elect office is a three (3) year commitment, one year as President-Elect, one year as President, and one year as Immediate Past President and is limited to one elected term. In the event of a vacancy, the President in consultation with the Board of Directors may appoint the office of President-Elect. In any event and under these circumstances, at the next Annual Delegate Assembly Meeting, there shall be an election for both President and President-Elect.

d. Treasurer. A Treasurer shall be elected at the Annual Delegate Assembly Meeting to serve a term of two (2) years. In the event of a vacancy, the Treasurer position shall be appointed by the President in consultation with the Board of Directors until the next Annual Delegate Assembly Meeting at which time an election shall be held. The Treasurer shall serve no more than two (2) consecutive terms.

e. Directors at Large. Directors at Large shall be elected at the Annual Delegate Assembly Meeting to serve two (2) year terms. In the event of a vacancy, the President in consultation with the Board of Directors shall appoint the Director at Large position until the next Annual Delegate Assembly Meeting at which time an election shall be held to fill the unexpired term. Directors at Large shall serve no more than two (2) consecutive terms.

f. No member of the Board of Directors shall hold more than one seat on the Board of Directors at any time. Any person appointed or elected to fill an unexpired term of less than one (1) year for Treasurer or Director at Large may be eligible for election to the same position for two additional consecutive terms after completion of the unexpired term. If the unexpired term is more than one (1) year, the person may be eligible for one additional consecutive term.

~~f.~~g. The Member Boards shall be timely notified of any changes to the seated Directors of the Board of the Association.

Section 7. Compensation.

Directors shall not receive compensation for services rendered, but shall be reimbursed for reasonable expenses incurred while carrying out their responsibilities.

Section 8. Removal.

A member of the Board of Directors may be removed from office prior to the end of that member's term when, in the judgment of the Board of Directors or Delegate Assembly, the best interest of the Association would be served. Removal shall require an affirmative vote of two-thirds of the Board of Directors, or two-thirds of the total number of eligible voting Delegates, and shall be determined as if all Directors or eligible voting Delegates were present. No proxy voting shall be permitted.

ARTICLE VIII. BOARD OF DIRECTORS MEETINGS.

Section 1. Regular Meetings.

The Board of Directors shall hold meetings from time to time as deemed necessary to carry out its responsibilities to the Member Boards. At a minimum, the Board of Directors shall meet in conjunction with, and at the same place as the Delegate Assembly convenes for its Annual Delegate Assembly Meeting.

Section 2. Special Meetings.

The President may convene special meetings of the Board of Directors. The President shall convene special meetings within thirty (30) days of receiving a written request for such meeting from any three (3) members of the Board of Directors.

Section 3. Notice and Agenda.

Notice of the time, day, and place for any regular meeting of the Board of Directors shall be given at least thirty (30) days prior to the meeting. Notice and tentative agenda for special meetings shall be given as soon as practicable. Directors shall be notified either by first class mail, overnight delivery service, facsimile, electronic mail, or hand delivery.

Section 4. Participation.

Unless prohibited by law, the Board of Directors may meet in any regular or special meeting conducted through the use of any means of communication by which all persons participating in the meeting can simultaneously communicate with each other during the meeting. Participation by such means shall constitute presence in person at a meeting.

Section 5. Quorum.

In order to conduct business at any meeting of the Board of Directors, at least a majority of voting members of the Board of Directors must be in attendance. In the absence of a majority, those Directors present shall have the authority to adjourn the meeting by majority vote.

Section 6. Voting.

Members of the Board of Directors shall be the only individuals entitled to propose, debate, vote, and otherwise participate in the decisions and motions at Board of Directors meetings. The act of a majority of Directors present at a meeting at which a quorum is present shall be the act of the Board of Directors, unless an act of greater number is required by law, the Association Articles of Incorporation, or these Bylaws.

Section 7. Executive Session.

The Board of Directors may meet in executive session only for discussion and resolution of personnel matters, legal matters, matters related to Member Board membership in the Association, and matters related directly to the security of the examination programs relevant to Association business.

Section 8. Records.

The Board of Directors shall keep accurate and complete minutes of all meetings, and shall make these minutes available to any Member Board for any proper purposes at any reasonable time.

Section 9. Conflict of Interest.

"Conflict of interest," as referred to herein, shall include, but not be limited to, any transaction by or with the Association in which a Board of Directors member has a direct or indirect personal interest, or any matter in which a Board of Directors member is unable to exercise impartial judgment or otherwise act in the best interest of the Association.

Any Board of Directors member who believes he or she may have such a conflict of interest shall so notify the Board of Directors prior to deliberation on the matter in question and the Board of Directors shall make the final determination as to whether the Board of Directors member has a conflict of interest in any matter. No member of the Board of Directors shall cast a vote, nor take part in the final deliberation in any matter in which the Board of Directors determines to be a conflict of interest. The minutes of the Board of Directors meeting shall reflect disclosure of any conflict of interest and the recusal of the interested Board of Directors member.

ARTICLE IX. REPRESENTATIVES TO THE INTERNATIONAL COUNCIL FOR VETERINARY ASSESSMENT.

Section 1. Representatives.

There shall be a minimum of four (4) AAVSB Representatives to the International Council for Veterinary Assessment (ICVA) elected at the AAVSB Annual Meeting of the Delegate Assembly either from nominations submitted by the Nominating Committee or nominations from the floor. Upon election by the AAVSB Delegates, AAVSB Representatives to the ICVA shall assume their

responsibilities at the first ICVA Board of Directors meeting following the expiration of the term of the ICVA Representative whom they are replacing.

Section 2. Duties.

The Representatives shall attend all meetings of the International Council for Veterinary Assessment and shall report to the Board of Directors following each International Council for Veterinary Assessment subcommittee meeting. The Representatives shall present the consensus opinions of the Association at such meetings and shall not vote in conflict with these Bylaws.

Section 3. Election.

Delegates at the Annual Delegate Assembly Meeting shall elect the Representatives at the Annual Delegate Assembly Meeting of the Association either from nominations submitted by the Nominating Committee or by nomination from the floor. Each Representative shall assume his or her responsibilities at the close of the Annual Delegate Assembly Meeting at which elected and shall serve as specified in these Bylaws or until a successor is elected and qualified. In the event of a vacancy, the AAVSB Representative to the ICVA position shall be appointed by the President in consultation with the Board of Directors until the next Annual Delegate Assembly Meeting at which time an election shall be held.

Section 4. Qualifications.

a. Three Representatives must, when nominated and elected, be Licensed Veterinarians currently practicing in public or private practice and be either (i) a member of a Member Board, or (ii) have been a member of the AAVSB Board of Directors within the previous year, or (iii) have been a member of the ICVA within the previous year, or (iv) a current Associate Member.
b. One Representative must, when nominated and elected, be a Public Member and be either (i) a member of a Member Board, or (ii) have been a member of the AAVSB Board of Directors within the previous year, or (iii) have been a member of the ICVA within the previous year, or (iv) a current Associate Member.

Section 5. Terms.

a. The term of office shall be for a period of three (3) years.
b. No Representative may serve more than three (3) consecutive terms.

ARTICLE X. COMMITTEES.

Section 1. Nominating Committee.

The Nominating Committee shall review the qualifications of the applicants, verify sponsors and references on all applications submitted, and shall submit to the Member Boards at least sixty (60) days before the Annual Delegate Assembly Meeting, a slate containing candidates for each position on the Board of Directors, the Nominating Committee and the International Council for Veterinary Assessment to be filled. The slate shall contain the names of all candidates

who have been found to be eligible and their applications verified as accurate by the Nominating Committee. In determining the slate of candidates for the Board of Directors, the Nominating Committee shall make every effort to ensure at least a majority of Members at Large are currently members of Member Boards.

There shall be three (3) members on the Nominating Committee.

Two (2) members shall be elected at the Annual Delegate Assembly Meeting of the Association by a plurality of votes, either from nominations submitted by the Nominating Committee or by nominations from the floor. The President shall appoint a third member of the Committee with approval from the Board of Directors.

The term of the elected members is two (2) years. The term of the appointed member is one (1) year. Nominating Committee members may not serve consecutive terms, but are eligible for reelection consistent with this Article X, Section 1. In the event of a vacancy, the President in consultation with the Board of Directors shall appoint the Nominating Committee member until the next Annual Delegate Assembly Meeting at which time an election shall be held to fulfill the unexpired term.

The Nominating Committee shall annually elect its chairperson. The Chair can be reelected as their term allows.

A candidate for the Nominating Committee shall when nominated and elected be a member of a Member Board or be an Affiliate Member or be a current Associate Member or is the chairperson of an Association committee. The members of the Nominating Committee shall have attended at least one (1) Annual Delegate Assembly ~~m~~Meeting prior to nomination or appointment. Persons serving on the Nominating Committee shall be ineligible to be on the slate or elected to any position within the Association within their Committee term.u

Section 2. Registry of Approved Continuing Education (RACE) Committee.

The Registry of Approved Continuing Education (RACE) Committee shall oversee the development and implementation of the RACE program, which is intended to evaluate and approve providers and programs of continuing education in veterinary medicine.

There shall be at least five (5) members of the RACE Committee.

The President shall appoint with the approval of the Board of Directors the members of the RACE Committee taking into consideration the need for diverse representation, expertise and continuity.

The RACE Committee members shall serve a three (3) year term and can be reappointed to an additional three (3) year term.

The RACE Committee shall annually elect its chairperson. The Chair can be reelected as their term allows.

Section 3. Program for the Assessment of Veterinary Education Equivalence (PAVE) Committee.

The Program for the Assessment of Veterinary Education Equivalence (PAVE) Committee shall oversee the development and implementation of the PAVE program, which is intended to assess the educational equivalence of graduates of veterinary schools located outside the United States and not otherwise accredited by an accrediting organization.

There shall be at least seven (7) members on the PAVE Committee.

The President shall appoint with the approval from the Board of Directors the members of the PAVE Committee taking into consideration the need for diverse representation, expertise and continuity.

The PAVE Committee members shall serve a three (3) year term and can be reappointed for an additional three (3) year term.

The PAVE Committee shall annually elect its chairperson. The Chair can be reelected as their term allows.

The composition of the PAVE Committee shall be as follows:

Four (4) members who are current members of Member Boards, Affiliate Members of AAVSB, or Associate Members,
One (1) member recommended by the Association of American Veterinary Medical Colleges (AAVMC),
One (1) member recommended by the American Association of Veterinary Clinicians (AAVC), and
One (1) at large member.

Section 4. Veterinary Technician National Examination (VTNE) Committee.

~~The Veterinary Technician National Examination (VTNE) Committee shall be responsible for the development and administration of the Veterinary Technician National Examination (VTNE) and other related tasks as assigned by the Board of Directors.~~

~~There shall be at least twelve (12) members on the VTNE Committee.~~

~~The President shall appoint with the approval from the Board of Directors the members of the VTNE Committee taking into consideration the need for diverse representation, expertise and continuity.~~

~~The VTNE Committee members shall serve a three (3) year term and can be reappointed to an additional three (3) year term.~~

~~The VTNE Committee shall annually elect its chairperson. The Chair can be reelected as their term allows.~~

~~The composition of the VTNE Committee shall be as follows:~~

~~Two (2) members recommended by the Association of Veterinary Technician Educators (AVTE),~~
~~Two (2) members recommended by the National Association for Veterinary Technicians in America (NAVTA),~~
~~Two (2) members recommended by the Registered Veterinary Technologists and Technicians of Canada (RVTTC),~~
~~Two (2) members recommended by the AVMA's Committee on Veterinary Technician Education and Activities (CVTEA),~~
~~One (1) member recommended by the Canadian Veterinary Medical Association (CVMA) Animal Health Technology/Veterinary Technician Program Accreditation Committee (AHTVTPAC), and~~

~~Three (3) members at large.~~

~~In order to provide diversity and expertise, the members of the VTNE Committee need not be members of Member Boards or Affiliate Members of AAVSB.~~

The Veterinary Technician National Examination (VTNE) Committee shall be responsible for the oversight of the Veterinary Technician National Examination (VTNE), following industry standards related to validity, defensibility, reliability, and fairness of the VTNE program. In addition, the VTNE Committee shall be responsible for other related tasks as assigned by the Board of Directors. There shall be at least five (5) members of the VTNE Committee.

The President, with input and approval of the Board of Directors shall determine the composition and tenure of the VTNE Committee members. To comply with industry standards and utilize persons with relevant subject matter expertise, all efforts shall be made in the appointment process to include subject matter experts from the profession, regulatory boards, and academic community. At the discretion of the President, with input and approval from the Board of Directors, other relevant persons are eligible for appointments as needed to provide subject matter expertise and compliance with industry standards. To provide diversity and expertise, the members of the VTNE Committee need not be members of Member Boards or Affiliate Members of AAVSB.

The VTNE Committee members shall serve a three (3) year term and can be reappointed to an additional three (3) year term.

The VTNE Committee shall annually elect its chairperson. The chair can be re-elected as their term allows.

Section 5. Bylaws and Resolution Committee.

The Bylaws and Resolution Committee shall propose amendments to the Bylaws when it determines that such amendment is necessary, and shall receive and consider proposed amendments to the Bylaws submitted in accordance with these Bylaws. The Committee shall receive and consider all resolutions submitted in accordance with Association policies.

There shall be at least five (5) members on the Bylaws and Resolution Committee.

The President shall appoint with approval from the Board of Directors the members of the Bylaws and Resolution Committee.

The Bylaws and Resolution Committee members shall serve a three (3) year term and can be reappointed to an additional three (3) year term.

The Bylaws and Resolution Committee shall annually elect its chairperson. The chair can be re-elected as their term allows.

Section 6. Conference Committee.

With the assistance of Association staff, the Conference Committee shall make site recommendations within the budget established by the Board of Directors, provide input regarding topics, speakers, and the overall program, assist with communications to potential registrants, serve as host of the meeting and special events, develop the conference evaluation and report findings to the Board of Directors.

There shall be at least eight (8) members of the Conference Committee.

The President with approval from the Board of Directors shall appoint the members of the Conference Committee.

Members of the Committee shall serve for a two (2) year term and can be reappointed for an additional two (2) year term.

The Conference Committee shall annually elect its chairperson. The Chair can be reelected as their term allows.

The composition of the Conference Committee shall be as follows:

Two (2) Licensed Veterinarians from Member Boards,
Two (2) ~~Licensed~~ Credentialed Veterinary Technicians or Public Member from Member Boards,
Two (2) Affiliate Members, and
Two (2) at large members.

Section 7. Finance Committee.

The Finance Committee shall advise the Board of Directors on issues related to the use of the Association's assets to assure prudence and integrity of fiscal management and responsiveness to Member Boards' needs. The Finance Committee shall recommend financial policies which provide guidelines for fiscal management, and shall review and revise financial forecast assumptions.

There shall be six (6) members on the Finance Committee.

The President-Elect and Treasurer shall be members of the Committee, with the Treasurer as chairperson. The President, upon approval from the Board of Directors, shall appoint the four (4) remaining members of the Finance Committee.

Members of the Finance Committee shall serve one (1) four (4) year term with no right of reappointment.

Section 8. Affiliate Members Advisory Committee.

The Affiliate Members Advisory Committee shall provide board operational perspective to assist AAVSB staff and leadership, provide input for AAVSB programming that would benefit Member Board Affiliate Members and staff, and serve as a think tank for existing and proposed programs that the AAVSB could improve or develop to assist all Member Boards to be more efficient and effective.

There shall be at least six (6) members on the Affiliate Members Advisory Committee.

One (1) member must be the Board of Directors' Affiliate Member. The remaining members shall be executive directors of Member Boards and be appointed by the President with the approval from the Board of Directors taking into consideration the need for diverse representation, expertise and continuity.

The Affiliate Members Advisory Committee members shall serve a three (3) year term and can be reappointed to an additional three (3) year term.

The Affiliate Members Advisory Committee shall annually elect its chairperson. The Chair can be reelected as their term allows.

Section 9. Leadership Development Committee.

The Leadership Development Committee shall be responsible for developing Member Board engagement opportunities with the AAVSB, encouraging support of the AAVSB programs and services, and recruiting volunteers to the committees, task forces, and nominees to elected positions, including the Board of Directors.

There shall be at least 5 members of the Leadership Development Committee.

The President with approval from the Board of Directors shall appoint the members of the Leadership Development Committee. The President shall use their best efforts to appoint individuals with a variety of experience and diverse backgrounds.

Members of the Leadership Development Committee shall serve for a two (2) year term and can be reappointed for an additional two (2) year term.

The Leadership Development Committee shall annually elect its chairperson. The Chair can be reelected as their term allows.

Section 10. Regulatory Policy Committee.

The Regulatory Policy Committee shall be responsible for assessing contemporary practice modalities and reviewing and suggesting updates to AAVSB policy documents, including the Practice Act Model.

There shall be at least eight (8) members of the Regulatory Policy Committee.

The President with approval from the Board of Directors shall appoint the members of the Regulatory Policy Committee.

Members of the Regulatory Policy Committee shall serve for a three (3) year term and can be reappointed for an additional three (3) year term.

The Regulatory Policy Committee shall annually elect its chairperson. The Chair can be reelected as their term allows.

The composition of the Regulatory Policy Committee shall be as follows:

Two (2) Licensed Veterinarians from Member Boards,
One (1) ~~Licensed~~Credentialed Veterinary Technician from Member Boards,
Two (2) Affiliate Members, and
Three (3) at large members.

Section 11. Ad-hoc Committees.

Ad-hoc committees may be established and appointed by the President as needed, with approval from the Board of Directors.

Section 12. Committee Responsibilities to the Board of Directors.

All AAVSB committees, whether referenced in these Bylaws or appointed on an ad-hoc basis shall report to and be responsive to the Board of Directors. With the exception of the Nominating Committee, Finance Committee, and the Affiliate Member Advisory Committee, the President shall appoint a non-voting liaison from the Board of Directors to each committee.

Section 13. Committee Meetings.

All AAVSB committees whether referenced in these Bylaws or appointed on an ad-hoc basis may meet in-person or by designated electronic means.

ARTICLE XI. FINANCES.

Section 1. Fiscal Year.

The fiscal year of the Association shall be the calendar year.

Section 2. Books and Reports.

The Association shall keep accurate and complete books and records of accounting, available for inspection by any Member Board at the principal office of the Association for any proper purposes at any reasonable time. The Treasurer shall report on the financial condition including all assets and liabilities held by the Association at the Annual Delegate Assembly Meeting.

Section 3. Audit.

For each fiscal year, the Board of Directors shall appoint a licensed independent public accountant(s) to provide audited financial statements of the Association. Upon request, the Chief Executive Officer shall distribute to each Member Board a copy of the financial statements of the Association and the report of the auditor or auditors for each fiscal year.

Section 4. Contracts.

The Board of Directors may authorize any officer or officers or the Chief Executive Officer to enter into any contract or execute and deliver any instrument in the name of or on behalf of the Association.

Section 5. Checks, Drafts, or Orders.

All checks, drafts, or orders for the payment of money, notes, or other evidences of indebtedness in the name of the Association shall be signed by such officer or officers, agent or agents of the Association and in such manner as shall from time to time be authorized by the Board of Directors.

Section 6. Deposits.

All funds of the Association shall be deposited or invested from time to time to the credit of the Association in such bank, trust company, or other depository as the Board of Directors may select.

Section 7. Limitations of Expenditures.

The Association is limited to expending its funds consistent with its Articles of Incorporation, these Bylaws, and 501(c)3 tax status. ~~for only those purposes which are recited in Article II of the Bylaws of this Association~~

Section 8. Insurance.

At the discretion of the Board of Directors, the Association shall carry appropriate insurance.

Section 9. Revenue.

The Board of Directors shall submit to the Delegate Assembly for approval all proposals for revenue that would affect any monetary obligation of the Member Boards.

ARTICLE XII. INDEMNIFICATION AND QUALIFICATION.

Section 1. Indemnification.

Subject to the limitations of this Article, the Association shall indemnify any person who was or is a party to or is threatened to be made a party to any threatened, pending or contemplated action, suit or proceeding, whether civil, criminal, administrative or investigative (other than an action by or in the right of the Association) by reason of the fact that such person is or was a committee member, including the Board of Directors, or Officer of the Association, against expenses, including attorneys' fees, judgments, fines, and amounts paid in settlement actually and reasonably incurred in connection with such action, suit or proceeding only if such person acted in good faith and in a manner reasonably believed to be in or not opposed to the best interest of the Association and, with respect to any criminal action or proceeding, had no reasonable cause to believe such conduct was unlawful. The termination of any action, suit or proceeding by judgment or settlement, condition or upon a plea of Nolo Contendere or its equivalent shall not, in and of itself, create a presumption that such person did not act in good faith and in a manner reasonably believed to be in or not opposed to the best interests of the Association and, with respect to any criminal action or proceeding, had reasonable cause to believe that such conduct was unlawful.

Section 2. Qualification.

Any indemnification under this Article shall be made by the Association only as authorized in the specific case upon a determination that indemnification is proper in the circumstances because such person has met the applicable standard of conduct set forth in this Article. Such determination shall be made by the Board of Directors consisting of members who are not parties to such action, suit or proceeding or, if such quorum is not attainable, a quorum of disinterested members.

ARTICLE XIII. AMENDMENTS.

Section 1. Amendment Proposals.

These Bylaws may be amended at any Annual Delegate Assembly Meeting. Any Member Board, any committee established in these Bylaws, or the Board of Directors may propose Bylaws amendments. With the exception of the Board of Directors, proposed amendments to the Bylaws shall be in writing and received at the Association office not less than two hundred and ten (210) days prior to the Annual Delegate Assembly Meeting. Such amendments shall be forwarded to the Board of Directors and Bylaws and Resolution Committee within seven days after receipt in the Association office. Proposed amendments from the Board of Directors shall be in writing and received at the Association office not less than one hundred and fifty (150) days prior to the Annual Delegate Assembly Meeting. The Chief Executive Officer shall forward proposed amendments to all Member Boards not less than one hundred and twenty (120) days prior to the date of the Annual Delegate Assembly Meeting.

Section 2. Ratification.

Proposed amendments received in accordance with this Article shall be presented at the Annual Delegate Assembly Meeting and must receive an affirmative vote of two-thirds of the Delegates present and eligible to vote in order to be adopted.

The foregoing are the Bylaws of the American Association of Veterinary State Boards as amended in Louisville, Kentucky, 1996; Nashville, Tennessee, 2002; Kansas City, Missouri, 2005; Minneapolis, Minnesota, 2009; New Orleans, Louisiana, 2011; Seattle, Washington, 2012; St. Petersburg, Florida, 2014; Milwaukee, Wisconsin, 2015; Scottsdale, Arizona, 2016; San Antonio, Texas, 2017; Washington, D.C. 2018; St. Louis, Missouri 2019; Denver, Colorado 2021; Charlotte, North Carolina 2022; Kansas City, Missouri 2023; San Diego, California 2024.

MEMORANDUM

To: AAVSB Member Board Members and Affiliate Members

From: AAVSB Bylaws and Resolution Committee

Date: May 14, 2026

Subject: Proposed Bylaws Amendment 2 for 2026

Each proposed Amendment includes the location in Bylaws, Proposer, Bylaws & Resolution Committee comments, Board of Directors' comments, Recommendation by Bylaws & Resolution Committee and Board of Directors, and operational, financial, and legal impact of proposed revisions, the letter or memo from the Proposer and the proposed changes are indicated in red on the enclosed Bylaws amendment.

PROPOSED AMENDMENT 2	
Location in Bylaws:	ARTICLE IX. REPRESENTATIVES TO THE INTERNATIONAL COUNCIL FOR VETERINARY ASSESSMENT, Section 3. Elections *Proposed revisions and letter are included in the attached document.*
Proposed by:	AAVSB Board of Directors
Bylaws & Resolutions Committee comments:	The Committee supports this amendment as it provides for the continued AAVSB representation on the ICVA in the event of a vacancy. This appointment process was incorporated in the Bylaws Committee comprehensive package and will either be addressed as part of the Committee package or addressed as part of the BOD proposals.
Board of Directors' comments:	See Board of Directors' Memo
Recommendation(s):	The Bylaws and Resolution Committee supports the proposed amendment.

Operational Impact:	None.
Financial Impact:	None.
Legal Impact:	Ensures continued AAVSB representation to the ICVA. Under current bylaws if a representative has to resign, the term would remain vacant until the next Delegate Assembly meeting. This revision is consistent with other vacancies throughout the Bylaws and aligns with ICVA's Bylaws.

AAVSB
AMERICAN ASSOCIATION OF VETERINARY STATE BOARDS

MEMORANDUM

To: AAVSB Bylaws and Resolution Committee
From: AAVSB Board of Directors
Date: December 9, 2025
Subject: Proposed Bylaws Amendment - Article IX. Representatives to the ICVA, Section 3. Elections

The AAVSB Board of Directors is submitting this proposed Bylaws Amendment of Article IX. Representatives to the International Council for Veterinary Assessment, Section 3. Elections.

Board of Directors Comments: Adding appointment process if a position is vacant. In recent years, there have been no nominations and if not for a floor nomination, a key representative position could have been vacant for one or more years depending on elections. Most recently, an AAVSB Representative to the ICVA resigned from their position due to unforeseen personal circumstances, and there was not an opportunity to fill that vacancy until the elections at the Annual Meeting.

ARTICLE IX. REPRESENTATIVES TO THE INTERNATIONAL COUNCIL FOR VETERINARY ASSESSMENT.

Section 1. Representatives.

There shall be a minimum of four (4) AAVSB Representatives to the International Council for Veterinary Assessment (ICVA) elected at the AAVSB Annual Meeting of the Delegate Assembly either from nominations submitted by the Nominating Committee or nominations from

the floor. Upon election by the AAVSB Delegates, AAVSB Representatives to the ICVA shall assume their responsibilities at the first ICVA Board of Directors meeting following the expiration of the term of the ICVA Representative whom they are replacing.

Section 2. Duties.

The Representatives shall attend all meetings of the International Council for Veterinary Assessment and shall report to the Board of Directors following each International Council for Veterinary Assessment subcommittee meeting. The Representatives shall present the consensus opinions of the Association at such meetings and shall not vote in conflict with these Bylaws.

Section 3. Election.

Delegates at the Annual Delegate Assembly shall elect the Representatives at the Annual Delegate Assembly of the Association either from nominations submitted by the Nominating Committee or by nomination from the floor. Each Representative shall assume his or her responsibilities at the close of the Annual Delegate Assembly at which elected and shall serve as specified in these Bylaws or until a successor is elected and qualified. In the event of a vacancy, the AAVSB Representative to the ICVA position shall be appointed by the President in consultation with the Board of Directors until the next Annual Delegate Assembly Meeting at which time an election shall be held.

Section 4. Qualifications.

a. Three Representatives must, when nominated and elected, be Licensed Veterinarians currently practicing in public or private practice and be either (i) a member of a Member Board, or (ii) have been a member of the AAVSB Board of Directors within the previous year, or (iii) have been a member of the ICVA within the previous year, or (iv) a current Associate Member.
b. One Representative must, when nominated and elected, be a Public Member and be either (i) a member of a Member Board, or (ii) have been a member of the AAVSB Board of Directors within the previous year, or (iii) have been a member of the ICVA within the previous year, or (iv) a current Associate Member.

Section 5. Terms.

a. The term of office shall be for a period of three (3) years.
b. No Representative may serve more than three (3) consecutive terms.

MEMORANDUM

To: AAVSB Member Board Members and Affiliate Members

From: AAVSB Bylaws and Resolution Committee

Date: May 14, 2026

Subject: Proposed Bylaws Amendment 3 for 2026

Each proposed Amendment includes the location in Bylaws, Proposer, Bylaws & Resolution Committee comments, Board of Directors' comments, Recommendation by Bylaws & Resolution Committee and Board of Directors, and operational, financial, and legal impact of proposed revisions, the letter or memo from the Proposer and the proposed changes are indicated in red on the enclosed Bylaws amendment.

PROPOSED AMENDMENT 3	
Location in Bylaws:	ARTICLE X. COMMITTEES, Section 4. Veterinary Technician National Examination (VTNE) Committee *Proposed revisions and memo are included in the attached document.*
Proposed by:	AAVSB Board of Directors
Bylaws & Resolutions Committee comments:	In consultation with the Board of Directors' liaisons and legal counsel, the Committee accepts the advice that providing flexibility to the appointment process of the VTNE is necessary for both legal and practical purposes. These proposed amendments enhance the ability of the AAVSB to populate the VTNE Committee with the necessary and diverse subject matter experts to enhance the development process and strengthen the legal defensibility of the program. Further, this composition places within the authority of the AAVSB President in consultation with the Board of Directors to populate the VTNE Committee with persons necessary to meet the needs of the program as addressed in policy. This composition revision was incorporated in the Bylaws Committee comprehensive package and will either be addressed

	as part of the Committee package or addressed as part of the Board of Directors' proposals.
Board of Directors' comments:	See Board of Directors' Memo
Recommendation(s):	The Bylaws and Resolution Committee supports the proposed amendment.
Operational Impact :	Ensures committee structure formally aligned with current credentialing standards in policies approved by the Board of Directors. Flexibility to identify appropriate Subject Matter Experts and psychometric expertise throughout the exam lifecycle. Consistently gives us greater diversity in skills and experiences as intersectionality of those can be considered in the makeup of the Committee. Diversifies duties between volunteer groups leading to greater validity, fairness, reliability, and defensibility.
Financial Impact :	Committee resources and composition can be adjusted faster for evolving subject matter expertise and financial needs. Additional volunteers on subcommittees would have a financial impact for any additional in-person meetings, however, much of the work will continue to be virtual.
Legal Impact:	Ensures greater validity, fairness, reliability, and defensibility through updated subcommittee structure aligned with current credentialing standards.

MEMORANDUM

To: AAVSB Bylaws and Resolution Committee
From: AAVSB Board of Directors
Date: March 18, 2026
Subject: Proposed Bylaws Amendment – Article X. COMMITTEES, Section 4. Veterinary Technician National Examination (VTNE) Committee

The AAVSB Board of Directors is submitting this proposed Bylaws Amendment of Article X. COMMITTEES, Section 4. Veterinary Technician National Examination (VTNE) Committee.

Board of Directors' Comments:

The intended purpose of this proposed amendment is to strengthen the AAVSB and Board's ability to ensure the VTNE program continues to reflect the breadth of the veterinary technology profession while maintaining the validity, fairness, and defensibility expected of a high-stakes examination program. The changes reorganize committee structure and composition so the Board can better support the full exam lifecycle, from defining content foundations to developing and reviewing exam items.

The proposed Bylaws amendment revision would allow the Board to adopt a more structured VTNE Committee framework as policy as the VTNE Committee will continue to provide program oversight, supported by specialized subcommittees focused on critical stages of exam development, item writing, and job analysis. This reflects widely accepted testing industry practices and formalizes work the AAVSB has already been carrying out operationally. The result is clearer role definition, stronger use of subject matter and psychometric expertise, and a more sustainable structure for volunteer engagement.

Group	Primary Function
VTNE Committee	Oversees the subcommittees and supports program-level decision-making
Exam Development Subcommittee	Reviews and edits exam items, ensuring quality, fairness, and psychometric soundness
Item Writing Subcommittee	Develops high-quality exam items aligned to the content outline
Job Analysis Subcommittee	Ensures the exam's content foundation is valid and reflects current professional practice

The revisions provide greater flexibility to build a committee structure that reflects the diversity of the profession and candidate population, including variation in professional and regulatory experience, species and specialty focus, practice environment, geography, and relevant expertise. The intent is not to

reduce stakeholder input, but to allow the President and Board to consider the full composition of the Committee to achieve an appropriate balance in any given appointment cycle.

Overall, these updates align the VTNE program structure with current credentialing best practices consistent with the *Standards for Education and Psychological Testing* and strengthen the long-term defensibility of the VTNE program. They are forward-looking, governance-focused changes that support consistency, adaptability, and strong oversight as the profession continues to evolve and ensures public protection, while preserving AAVSB's strong collaborative relationships with key stakeholders.

ARTICLE X COMMITTEES

Section 4. Veterinary Technician National Examination (VTNE) Committee.

~~The Veterinary Technician National Examination (VTNE) Committee shall be responsible for the development and administration of the Veterinary Technician National Examination (VTNE) and other related tasks as assigned by the Board of Directors.~~

~~There shall be at least twelve (12) members on the VTNE Committee.~~

~~The President shall appoint with the approval from the Board of Directors the members of the VTNE Committee taking into consideration the need for diverse representation, expertise and continuity.~~

~~The VTNE Committee members shall serve a three (3) year term and can be reappointed to an additional three (3) year term.~~

~~The VTNE Committee shall annually elect its chairperson. The Chair can be reelected as their term allows.~~

~~The composition of the VTNE Committee shall be as follows:~~

- ~~Two (2) members recommended by the Association of Veterinary Technician Educators (AVTE),~~
- ~~Two (2) members recommended by the National Association for Veterinary Technicians in America (NAVTA),~~
- ~~Two (2) members recommended by the Registered Veterinary Technologists and Technicians of Canada (RVTTC),~~
- ~~Two (2) members recommended by the AVMA's Committee on Veterinary Technician Education and Activities (CVTEA),~~
- ~~One (1) member recommended by the Canadian Veterinary Medical Association (CVMA) Animal Health Technology/Veterinary Technician Program Accreditation Committee (AHTVTPAC), and~~
- ~~Three (3) members at large.~~

~~In order to provide diversity and expertise, the members of the VTNE Committee need not be members of Member Boards or Affiliate Members of AAVSB~~

The Veterinary Technician National Examination (VTNE) Committee shall be responsible for the oversight of the Veterinary Technician National Examination (VTNE), following industry standards related to validity,

defensibility, reliability, and fairness of the VTNE program. In addition, the VTNE Committee shall be responsible for other related tasks as assigned by the Board of Directors. There shall be at least five (5) members of the VTNE Committee. The VTNE Committee shall annually elect its chairperson. The Chair can be reelected as their term allows.

The President, with input and approval of the Board of Directors shall determine the composition and tenure of the VTNE Committee members. To comply with industry standards and utilize persons with relevant subject matter expertise, all efforts shall be made in the appointment process to include subject matter experts from the profession, regulatory boards, and academic community. At the discretion of the President, with input and approval from the Board of Directors, other relevant persons are eligible for appointments as needed to provide subject matter expertise and compliance with industry standards. To provide diversity and expertise, the members of the VTNE Committee need not be members of Member Boards or Affiliate Members of AAVSB.

The VTNE Committee members shall serve a three (3) year term and can be reappointed to an additional three (3) year term.

The VTNE Committee shall annually elect its chairperson shall annually elect its chairperson. The chair can be re-elected as their term allows.

The following is not intended to be included in the proposed Bylaws amendment, only to provide guidance on next steps if the amendment passes: The reorganization and composition of the VTNE Committee and Subcommittees will be effective upon approval by the Board of Directors.

MEMORANDUM

To: AAVSB Bylaws and Resolution Committee
From: AAVSB Board of Directors
Date: March 18, 2026
Subject: Implementation of Proposed Bylaws Amendment – Article X. COMMITTEES, Section 4. Veterinary Technician National Examination (VTNE) Committee

The purpose of this memorandum is to outline for the Board of Directors the plans for restructuring, communicating, and implementing the VTNE Committee changes should the proposed bylaws amendment be approved.

Background

The VTNE Committee is responsible for the development and administration of the Veterinary Technician National Examination (VTNE). This committee ensures that the VTNE reflects current practice in the field of Veterinary Technology. The committee consists of representatives from various veterinary and veterinary technician associations, including the Association of Veterinary Technician Educators (AVTE), the AVMA Committee on Veterinary Technician Education and Activities (CVTEA), the National Association of Veterinary Technicians of America (NAVTA), the Registered Veterinary Technologists and Technicians of Canada (RVTTC), and veterinarians and veterinary technicians from practice and education.

The committee's roles include reviewing and validating questions for content relevance, importance, difficulty, and correctness, and ensuring conformity to psychometric principles.

1. Purpose of Updates

- Strengthen the Board's ability to ensure the VTNE remains reflective of the full breadth of veterinary technology practice.
- Align the program with expectations for modern high-stakes examination governance
- Support greater validity, fairness, reliability, and defensibility through updated committee structure aligned with current credentialing standards

2. Overview of Proposed Committee Structure

- Adoption of structured, lifecycle-aligned governance framework (pending bylaw amendment).
- VTNE Committee remains the oversight body.
- Three specialized subcommittees support distinct phrases of exam development:
  - Job Analysis Subcommittee – Ensure exam content foundation validity.
  - Item Writing Subcommittee – Produces high-quality exam items aligned to the content outline.
  - Exam Development Subcommittee – Conducts item review, quality assurance, fairness checks, and psychometric evaluation.

Group	Primary Function
VTNE Committee	**Oversight of subcommittees and program needs**
Job Analysis Subcommittee	**Ensures content foundation validity**
Item Writing Subcommittee	**Content creation**
Exam Development Subcommittee	**Content quality and statistical review**

- Benefits of the structure:
  - Supports appropriate SME and psychometric expertise throughout the exam lifecycle.
  - Enhances exam validity, reliability, fairness, and defensibility.
  - Improves scalability and sustainability of volunteer engagement.
  - Provides clearer role delineation across the exam development process.
  - The structure formalizes longstanding operational practices, ensuring consistency and alignment with testing industry standards.
- The structure formalizes longstanding operational practices, ensuring consistency and alignment with testing industry standards.

3. Commitment to Diversity, Balance, and Expertise

- Modern credentialing governance emphasizes oversight bodies should reflect:
  - Full scope of professional practice
  - Diversity of candidate populations
- Proposed structure provides flexibility to build committees with representation across:
  - Career stages and professional backgrounds
  - Species and specialty areas
  - Varied practice environments (private, practice, academia, shelter medicine, industry, rural/urban)
  - Geographic regions
  - Psychometric and subject matter expertise

  Maintains value of allied organization input while allowing holistic consideration of committee composition for each appointment cycle.

4. Alignment with Credentialing Best Practices

- Enhancements reflect industry standards, including the *Standards for Educational and Psychological Testing,* ensuring:
  - Individuals involved possess appropriate expertise.
  - Oversight bodies represent the full range of relevant perspectives,
  - Governance remains transparent and defensible.
- Increased flexibility in committee composition helps maintain exam fairness, validity, and reliability as expectations evolve.

5. Formalizing Existing Good Practice

- Current bylaws are more prescriptive and do not fully align with modern high-stakes testing structures.
- Revisions:
  - Reduce structural constraints that may limit balanced committee composition.
  - Support long-term sustainability and continuity of strong exam oversight.
  - Reflect current operational practices more accurately.

6. Communication Plan Overview

- **Messaging**
  - Purpose and benefits of new structure
  - Volunteer opportunities and expectations
  - Assurance of exam integrity and continuity

7. Plan for Current Terms

- Ensure balanced representation between practitioners and educators
- Targeted outreach
- Utilize current committee terms/stagger

Summary

These committee structure enhancements strengthen the defensibility and long-term viability of the VTNE program by aligning governance with contemporary best practices in high-stakes credentialing. The updates support a diverse, balanced, and expert oversight structure that can evolve alongside the veterinary technology profession, while maintaining the AAVSB's collaborative and inclusive approach to stakeholder engagement.

AAVSB
AMERICAN ASSOCIATION OF VETERINARY STATE BOARDS

MEMORANDUM

To: AAVSB Member Board Members and Affiliate Members

From: AAVSB Bylaws and Resolution Committee

Date: May 14, 2026

Subject: Proposed Bylaws Amendment 4 for 2026

Each proposed Amendment includes the location in Bylaws, Proposer, Bylaws & Resolution Committee comments, Board of Directors' comments, Recommendation by Bylaws & Resolution Committee and Board of Directors, and operational, financial, and legal impact of proposed revisions, the letter or memo from the Proposer and the proposed changes are indicated in red on the enclosed Bylaws amendment.

PROPOSED AMENDMENT 4	
Location in Bylaws:	ARTICLE VII, BOARD OF DIRECTORS AND OFFICERS Section 1. Composition *Proposed revisions and letter are included in the attached document.*
Proposed by:	West Virginia Board of Veterinary Medicine
Bylaws & Resolutions Committee comments:	The Committee notes that (other than the 6 veterinarians requirement) there is already no prohibition to multiple Affiliate Members being eligible to be elected to the Board of Directors. The Committee does not feel that multiple dedicated seats to Affiliate Members is necessary to ensure diverse representation on the Board of Directors. The Committee's proposed revision included requiring one Credentialed Veterinary Technician.
Board of Directors' comments:	The Board of Directors notes there is no prohibition to multiple Affiliate Members being eligible to be elected to the Board of Directors. The

	Board of Directors encourages the representation of Affiliate Members and also sees the importance of representation of the veterinary profession similar to Member Boards and their composition.
Recommendation(s):	The Bylaws and Resolution Committee does not support the proposed amendment. The AAVSB Board of Directors does not support the proposed amendment.
Operational Impact:	A shift in Board of Directors' composition requiring a specific number of Affiliate Members may be at risk with a limited pool of Affiliate Members or if their position changes and are no longer supporting a veterinary regulatory board.
Financial Impact:	None.
Legal Impact:	None.

ARTICLE VII. BOARD OF DIRECTORS AND OFFICERS.

Section 1. Composition.

There shall be ten (10) members of the Board of Directors including four (4) Officers and six (6) Directors at Large.

The Officers shall be identified as President, President-Elect, Immediate Past President and Treasurer. The Officers and Directors at Large are collectively referred to as the Board of Directors. The Officers may, at times be collectively referred to as the Executive Committee. Notwithstanding any other provisions of these Bylaws, the Board of Directors shall be comprised of at least ~~six~~ five (5) Licensed Veterinarians and ~~one~~ two (2) Affiliate Members. The Chief Executive Officer shall serve as Secretary and as an ex-officio non-voting member of the Board of Directors and shall not be considered an Officer as identified above.

MEMORANDUM

To: AAVSB Member Board Members and Affiliate Members

From: AAVSB Bylaws and Resolution Committee

Date: May 14, 2026

Subject: Proposed Bylaws Amendment 5 for 2026

Each proposed Amendment includes the location in Bylaws, Proposer, Bylaws & Resolution Committee comments, Board of Directors' comments, Recommendation by Bylaws & Resolution Committee and Board of Directors, and operational, financial, and legal impact of proposed revisions, the letter or memo from the Proposer and the proposed changes are indicated in red on the enclosed Bylaws amendment.

PROPOSED AMENDMENT 5	
Location in Bylaws:	ARTICLE II. PURPOSE *Proposed revisions and letter are included in the attached document.*
Proposed by:	Kentucky Board of Veterinary Examiners
Bylaws & Resolutions Committee comments:	The Committee determined that the Purpose clause should be generalized and not refer to specifics. This approach allows for maximum flexibility of meeting the needs of Member Boards in an ever-changing business environment. The KBVE proposed amendment adds to the already too specific delineated purpose references which is counter to the Committee approach. Further, the KBVE proposed amendments reference unachievable requirements using references like "understanding" and "ensure" that are subject to interpretation and would have differing standards from differing Member Boards. Finally, the Committee expressed concerns over the 501(c)(3) status related to involvement in political processes.
Board of Directors' comments:	The Board of Directors supports the rationale of the Bylaws & Resolution Committee in generalizing the Purpose clause and removing specificity

	to allow for flexibility and compliance with legal issues and tax status recognition. Specifically, the Board of Directors discussed the concerns related to involvement in the political process and there may be unachievable requirements. The Board recognized the importance and flexibility in the composition of various Committees. The AAVSB Board of Directors also discussed the Kentucky memorandum regarding attempts to meet with AAVSB Board of Directors. Numerous dates to meet with Kentucky Board representatives were proposed by the AAVSB Board without success.
Recommendation(s):	The Bylaws and Resolution Committee does not support the proposed amendment. The AAVSB Board of Directors does not support the proposed amendment.
Operational Impact:	a. and b. Affiliate Member Advisory Committee currently provides an avenue to advise the AAVSB leadership and staff on contemporary regulatory topics. This would be a new government affairs service line requiring additional resources including, but not limited to additional staff, vendors, consultants, and operational architecture allocated to provide support for governmental relations, partnership building skills, and legislative expertise. c. Limiting volunteer opportunities to seated Member Board Members, Affiliate Members, and Member Board Staff could be a barrier in filling key Committee positions that are not outlined in the current Bylaws and may limit identifying specific subject matter expertise. n. Detailed grievance procedures are best suited for policy documents to avoid making the Bylaws too inflexible.
Financial Impact:	a. and b. The AAVSB would need to develop and administer a new government affairs service line. Additional resources including, but not limited to additional staff, vendors, consultants, and operational architecture legal with specific expertise in governmental relations and legislative expertise may be cost prohibitive for the organization.
Legal Impact:	a. and b. Specialized legal counsel services on governmental affairs and legislative activities needed to ensure compliance of applicable laws. b. The AAVSB is a 501C3 organization and as such, has limitations on any ability to lobby and could lose its tax status if lobbying becomes an organizational goal.

	n. Grievance procedures in Bylaws are inflexible versus establishing such procedures in policy.

Andy Beshear
Governor

John C. Park, DVM
Board Chair

KENTUCKY BOARD OF VETERINARY EXAMINERS
4047 Iron Works Parkway, Suite 104, Lexington, KY 40511
Office: 502-564-5433 • Fax: 502-573-1458
kbve.ky.gov • vet@ky.gov

February 24, 2026

Via email to bylaws@aavsb.org

AAVSB Bylaws and Resolution Committee
American Association of Veterinary State Boards (AAVSB)
12101 West 110th Street, Suite 300
Overland Park, Kansas 66210

RE: AAVSB Bylaws – 2026 Proposed Amendment #3 – Purpose

Dear AAVSB Bylaws and Resolution Committee:

The Kentucky Board of Veterinary Examiners (KBVE) submits the attached proposed Association Bylaws amendment for consideration. This cover letter is provided to express that this submission is a separate and distinct submission from any other submission. To avoid the same confusion that occurred in 2025, Kentucky explicitly requests that this proposal be presented to the Delegate Assembly for their discussion and that a distinct vote be afforded, separate from any other proposed amendments.

Specifically, the attached proposed amendment adds additional purpose to the Association. For example, the addition of parts a and b may have prevented the passage of Prop 129 in Colorado and may prevent the passage of similar legislation creating a Veterinary Professional Associate (VPA) in Florida or other jurisdictions. Other national regulatory associations provide similar support for their Membership, and Kentucky believes that AAVSB should provide such support to Member Boards.

Additionally, Kentucky is concerned regarding the number of individuals who may not be seated regulators who yet serve on AAVSB Committees creating policy recommendations and model documents representative of Member Boards. The AAVSB is not a professional association; this is a regulator's association and should be primarily representative of seated regulators and Member Board staff. This will ensure no special interest groups or backdoor lobbying efforts provide undue influence upon the regulation of veterinary medicine.

Finally, despite the directive of the Delegate Assembly in 2024 for the BOD to meet with Kentucky and resolve the denial of rights issue, and despite Kentucky's repeated outreach to the BOD seeking to arrange a meeting, the BOD has not found time to connect with Kentucky. This is despite the fact that the Bylaws and Resolution Committee has met with Kentucky on multiple occasions since 2024. Kentucky still seeks to be heard and receive a clear explanation of the circumstances related to the denial of Member Board rights. Consequently, KBVE believes the solution is a Bylaws Amendment mandating a comprehensive grievance process be established.

KBVE is thankful for the opportunity to submit this proposed amendment for your review and conveyance to the Membership. The KBVE believes this proposal will improve the governance of the AAVSB and increase the transparency to which all Member Boards are committed. Should you have any questions, please contact KBVE Executive Director and Kentucky's AAVSB Delegate Michelle Shane to discuss or set up a meeting. As always, the KBVE looks forward to working with you.

Respectfully,

John C. Park, DVM
KBVE Chair

ARTICLE II. PURPOSE.

The objective of this Association is to aid regulatory boards of veterinary medicine in the protection of the public health and welfare by:

a. Understanding key issues related to Member Boards and the legislative environments in which they operate.

b. Assisting Member Boards with governmental relations and partnership building skills with federal, state, and provincial governments.

c. With the exception of the VTNE Committee, ensuring that the Board of Directors and all other committees, task forces, and ad hoc groups are composed of a majority of seated jurisdictional Board or Council Members and Member Board staff.

~~a.~~d. Acting as a clearinghouse for research, collection and dissemination of information and ideas among Member Boards concerning legal regulation of the veterinary profession.

~~b.~~e. Encouraging and aiding collaborative efforts among Member Boards to simplify and standardize licensing and certification processes for veterinarians and veterinary technicians.

~~c.~~f. Representing the opinions of the Association in those matters related to the provision of veterinary services by interacting with other veterinary organizations; legislative, judicial, regulatory or executive governmental bodies; and with other groups or associations whose areas of interest may coincide with those of the Association.

~~d.~~g. Providing assistance to Member Boards in fulfilling statutory, public, and ethical obligations in legal regulation and enforcement.

~~e.~~h. Communicating with and advising the International Council for Veterinary Assessment on examination matters of relevance to Member Boards.

~~f.~~i. Overseeing collection and dissemination of information regarding disciplinary actions taken by Member Boards.

~~g.~~j. Identifying and promoting desirable and reasonable uniformity in practice standards and expected outcomes of veterinary education.

~~h.~~k. Providing veterinary medical educational programs with statistical information about examinees' performances on the licensing and certification examinations, when requested, within the legal limitations regarding confidentiality of examinees.

~~i.~~l. Credentialing and overseeing the qualifying process by which foreign-trained veterinarians and veterinary technicians become eligible for licensure, including consultation with parties of interest.

m. Providing Member Boards with programs that assist them in meeting their responsibilities on licensure, registration, regulation, and enforcement regarding the practice of veterinary medicine and veterinary technology.

~~j.~~n. Establishing a transparent process by which Member Boards are provided a pathway for grievances to be addressed amongst the body of Membership and with the Board of Directors regarding concerns with the Association or its leadership when those entities deviate from the purposes as established herein.

MEMORANDUM

To: AAVSB Member Board Members and Affiliate Members
From: AAVSB Bylaws and Resolution Committee
Date: May 14, 2026
Subject: Proposed Bylaws Amendment 6 for 2026

Each proposed Amendment includes the location in Bylaws, Proposer, Bylaws & Resolution Committee comments, Board of Directors' comments, Recommendation by Bylaws & Resolution Committee and Board of Directors, and operational, financial, and legal impact of proposed revisions, the letter or memo from the Proposer and the proposed changes are indicated in red on the enclosed Bylaws amendment.

PROPOSED AMENDMENT 6	
Location in Bylaws:	ARTICLE IV. MEMBERSHIP, Section 5. Voluntary Withdrawal of Membership from the Association (New section) *Proposed revisions and letter are included in the attached document.*
Proposed by:	Kentucky Board of Veterinary Examiners
Bylaws & Resolutions Committee comments:	The Committee determined that the formalities contained in the proposed amendments is cumbersome and unnecessary. If a Member Board no longer wishes to be a member, it can simply not pay dues, not come to any meetings, and/or write a letter indicating its withdrawal from membership. There is no mechanism for AAVSB to require a governmental board to remain in membership beyond what it voluntarily wishes to do. Allowing an elected or appointed individual of a Member Board who has withdrawn their membership to continue to serve the AAVSB creates the potential for positions inconsistent with the interests of the AAVSB.
Board of Directors' comments	The Board of Directors also conveyed the formality of a Member Board withdrawal process in Bylaws was unnecessary and cumbersome. The Board acknowledged there was a recent Member Board withdrawal received by the Association, communicated to the Board, and the

	Member Boards. The Board of Directors also expressed concern that allowing an elected or appointed individual of a Member Board who has withdrawn their membership to continue to serve the AAVSB creates the potential for positions inconsistent with the interests of the AAVSB.
Recommendation(s):	The Bylaws and Resolution Committee does not support the proposed amendment. The AAVSB Board of Directors does not support the proposed amendment.
Operational Impact:	None. Current process is a Member Board communicates withdrawal to the Chief Executive Officer (Secretary) which is then communicated to the Board of Directors and to the membership in a monthly update.
Financial Impact:	None
Legal Impact:	A Delegate of a Member Board with the intent to withdraw from the Association and "to be heard at length" can cause significant issues at delegate sessions, primarily by disrupting proceedings, influencing voting, and affecting the overall atmosphere of the meeting. An elected or appointed Member Board Member or Affiliate Member finishing their term could negatively impact the direction of the organization.

Andy Beshear
Governor

John C. Park, DVM
Board Chair

KENTUCKY BOARD OF VETERINARY EXAMINERS
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February 24, 2026

Via email to bylaws@aavsb.org

AAVSB Bylaws and Resolution Committee
American Association of Veterinary State Boards (AAVSB)
12101 West 110th Street, Suite 300
Overland Park, Kansas 66210

RE: AAVSB Bylaws – 2026 Proposed Amendment #1 – Voluntary Withdrawal of Membership from the Association

Dear AAVSB Bylaws and Resolution Committee:

The Kentucky Board of Veterinary Examiners (KBVE) submits the attached proposed Association Bylaws amendment for consideration. This cover letter is provided to express that this submission is a separate and distinct submission from any other submission. To avoid the same confusion that occurred in 2025, Kentucky explicitly requests that this proposal be presented to the Delegate Assembly for their discussion and that a distinct vote be afforded, separate from any other proposed amendments.

Specifically, the attached proposed amendment adds an opportunity for Membership to withdraw their agency or organization from the Association. Such an exit pathway does not currently exist in the Bylaws, leaving Membership who wish to disassociate from AAVSB in a quandary. This Bylaws amendment shall provide a pathway for withdrawal that is orderly through a system of established, transparent rules.

Further, the amendment allows individual Board Members or Affiliate Members from the jurisdiction who are serving in AAVSB Committee roles to complete their terms. This provides the same service opportunities as those already provided to non-regulators who still serve on Association Committees as at-large members, Associate members, and friends of the BOD.

KBVE is thankful for the opportunity to submit this proposed amendment for your review and conveyance to the Membership. The KBVE believes this proposal will improve the governance of the AAVSB and increase the transparency to which all Member Boards are committed. Should you have any questions, please contact KBVE Executive Director and Kentucky's AAVSB Delegate Michelle Shane to discuss or set up a meeting. As always, the KBVE looks forward to working with you.

Respectfully,

John C. Park, DVM
KBVE Chair

Kentucky UNBRIDLED SPIRIT

ARTICLE IV. MEMBERSHIP.

Section 1. Application.

Upon receipt of a written indication of interest in membership by a Board, the Chief Executive Officer will respond within 30 days with an application for membership.

Section 2. Admittance.

A Board, which qualifies for membership, may be admitted into the Association as a Member Board by the Board of Directors, after seeking comment and opinion from Member Boards.

Section 3. Rights and Privileges.

A Member Board that is current on its payment of membership dues and other applicable fees shall have all rights of membership, including the right to vote on all matters duly brought before the membership.

Section 4. Termination of Membership.

a. Membership may be terminated at an Annual Delegate Assembly when so ordered by an affirmative vote of a two-thirds majority of all Member Boards, that is as if the established quorum included all Member Boards. Written notice that termination is to be considered and the cause for the action shall be sent by the Secretary of the Association to all Delegates and to the Member Boards not less than 90 days prior to the meeting. The Member Board in question shall have opportunity to be heard, with representation by counsel, before a vote is taken.

b. Upon termination, all rights of the Member Board as provided in these Bylaws shall cease.

Section 5. Voluntary Withdrawal of Membership from the Association.

From time to time, a Member Board may seek voluntary withdrawal from the Association.

A Member Board seeking to voluntarily withdraw its membership from the Association shall submit a letter of intent to the Board of Directors stating their intent to withdraw at least 150 days prior to a Delegate Assembly. The Secretary shall forward the letter of intent to the Member Boards not less than 120 days prior to the Delegate Assembly.

The Member Board in question shall be provided an option to be heard at length at the first Delegate Assembly to be held following the timely receipt of the letter of intent, with representation by counsel, if so desired. Following the conclusion of the Delegate Assembly, the Member Board shall be stricken from the Association's Membership list and shall no

longer retain the right to claim Membership in the Association and all rights of the Member Board as provided in these Bylaws shall cease on the date of the withdrawal.

Upon the date of withdrawal, the Association shall cease to claim or list the former Member Board as a part of the Association's Membership.

Any jurisdictional Board Member or Affiliate Member holding an elected or appointed position shall be eligible to complete their term, but shall not be eligible for re-election or re-appointment to any body of the Association until such time and if the Member Board seeks and is approved for reinstatement in accordance with Section 6.

Section ~~5~~6. Reinstatement.

Reinstatement may be granted by the Board of Directors upon appropriate reapplication and compliance with all conditions set forth by the Board of Directors.

AAVSB
AMERICAN ASSOCIATION OF VETERINARY STATE BOARDS

MEMORANDUM

To: AAVSB Member Board Members and Affiliate Members

From: AAVSB Bylaws and Resolution Committee

Date: May 14, 2026

Subject: Proposed Bylaws Amendment 7 for 2026

Each proposed Amendment includes the location in Bylaws, Proposer, Bylaws & Resolution Committee comments, Board of Directors' comments, Recommendation by Bylaws & Resolution Committee and Board of Directors, and operational, financial, and legal impact of proposed revisions, the letter or memo from the Proposer and the proposed changes are indicated in red on the enclosed Bylaws amendment.

PROPOSED AMENDMENT 7	
Location in Bylaws:	ARTICLE VIII. BOARD OF DIRECTORS MEETINGS, Section 4. Participation *Proposed revisions and letter are included in the attached document.*
Proposed by:	Kentucky Board of Veterinary Examiners
Bylaws & Resolutions Committee comments:	In consultation with the Board of Directors' liaisons, the Committee understands that Robert's Rules of Order form the basis for orderly processes that encourage and recognize input from all Board of Directors' members. The Committee found that inclusion in the bylaws of a mandate to follow Robert's Rules of Order might create formalities that impede the efficiencies and understandability of discussions and motions. The liaisons indicated that Board of Directors have not expressed concern over the processes used to introduce and discuss decision making motions.

Board of Directors' comments:	The Board of Directors does utilize Robert's Rules of Order, but a formal mandate in Bylaws could impede efficiencies and understandability of discussions and motions. The Board of Directors does periodically direct staff to request Member Board input on agenda items if more information is needed to make a decision. The Board is open to having further discussion on the idea of an opportunity to comment at Board of Directors' meetings but feel it is better served in policy than in the Bylaws. This would allow more flexibility in establishing a process for comment.
Recommendation(s):	The Bylaws and Resolution Committee does not support the proposed amendment. The AAVSB Board of Directors does not support the proposed amendment.
Operational Impact:	A dedicated member comment period for each agenda item would impact and extend the currently scheduled in-person and/or virtual Board of Directors' meeting times for not only the Board of Directors, but also staff. Member Board members, Affiliate Members, Committee Chairs, and AAVSB Representatives to the ICVA are currently invited to attend every Board of Directors' meeting. Member Board Delegates and Alternate Delegates are historically not identified until Annual Meeting and Conference registration.
Financial Impact:	None.
Legal Impact:	The membership does not have the legal fiduciary duties of Care, Loyalty, and Obedience, possibly opening the association to conflict of interest or competing interests.

Andy Beshear
Governor

John C. Park, DVM
Board Chair

KENTUCKY BOARD OF VETERINARY EXAMINERS
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February 24, 2026

Via email to bylaws@aavsb.org

AAVSB Bylaws and Resolution Committee
American Association of Veterinary State Boards (AAVSB)
12101 West 110th Street, Suite 300
Overland Park, Kansas 66210

RE: AAVSB Bylaws – 2026 Proposed Amendment #4 – Board of Directors Meetings, Participation

Dear AAVSB Bylaws and Resolution Committee:

The Kentucky Board of Veterinary Examiners (KBVE) submits the attached proposed Association Bylaws amendment for consideration. This cover letter is provided to express that this submission is a separate and distinct submission from any other submission. To avoid the same confusion that occurred in 2025, Kentucky explicitly requests that this proposal be presented to the Delegate Assembly for their discussion and that a distinct vote be afforded, separate from any other proposed amendments.

Specifically, the attached proposed amendment establishes that the BOD shall use Robert's Rules of Order to govern the proceedings of BOD meetings, just as Robert's Rules are employed to govern the Delegate Assembly. This shall ensure that the Board of Directors has unbiased and equitable rules for use during challenging proceedings on the board, rather than arbitrary rules which may be changed to influence a desired pre-determined outcome. A Bylaws amendment is necessary to encode this clarification and provide fair rules of governance.

KBVE is thankful for the opportunity to submit this proposed amendment for your review and conveyance to the Membership. The KBVE believes this proposal will improve the governance of the AAVSB and increase the transparency to which all Member Boards are committed. Should you have any questions, please contact KBVE Executive Director and Kentucky's AAVSB Delegate Michelle Shane to discuss or set up a meeting. As always, the KBVE looks forward to working with you.

Respectfully,

John C. Park, DVM
KBVE Chair

ARTICLE VIII. BOARD OF DIRECTORS MEETINGS.

Section 1. Regular Meetings.

The Board of Directors shall hold meetings from time to time as deemed necessary to carry out its responsibilities to the Member Boards. At a minimum, the Board of Directors shall meet in conjunction with, and at the same place as the Delegate Assembly convenes for its Annual Delegate Assembly.

Section 2. Special Meetings.

The President may convene special meetings of the Board of Directors. The President shall convene special meetings within thirty (30) days of receiving a written request for such meeting from any three (3) members of the Board of Directors.

Section 3. Notice and Agenda.

Notice of the time, day, and place for any regular meeting of the Board of Directors shall be given at least thirty (30) days prior to the meeting. Notice and tentative agenda for special meetings shall be given as soon as practicable. Directors shall be notified either by first class mail, overnight delivery service, facsimile, electronic mail, or hand delivery.

Section 4. Participation.

Unless otherwise stated in these Bylaws or the Articles of Incorporation, Robert's Rules of Order, current edition, shall govern the proceedings of the BOD.

Unless prohibited by law, the Board of Directors may meet in any regular or special meeting conducted through the use of any means of communication by which all persons participating in the meeting can simultaneously communicate with each other during the meeting. Participation by such means shall constitute presence in person at a meeting.

Member Boards shall at a minimum be provided an opportunity to attend the meeting via virtual or telephonic means. Member Board Delegates and Alternate Delegates present at the meeting shall be provided a limited opportunity to comment on an agenda item to provide insight on the subject or correct misinformation.

Section 5. Quorum.

In order to conduct business at any meeting of the Board of Directors, at least a majority of voting members of the Board of Directors must be in attendance. In the absence of a majority, those Directors present shall have the authority to adjourn the meeting by majority vote.

Section 6. Voting.

Members of the Board of Directors shall be the only individuals entitled to propose, debate, vote, and otherwise participate in the decisions and motions at Board of Directors meetings. The act of a majority of Directors present at a meeting at which a quorum is present shall be the act of the Board of Directors, unless an act of greater number is required by law, the Association Articles of Incorporation, or these Bylaws.

Section 7. Executive Session.

The Board of Directors may meet in executive session only for discussion and resolution of personnel matters, legal matters, matters related to Member Board membership in the Association, and matters related directly to the security of the examination programs relevant to Association business.

Section 8. Records.

The Board of Directors shall keep accurate and complete minutes of all meetings, and shall make these minutes available to any Member Board for any proper purposes at any reasonable time.

MEMORANDUM

To: AAVSB Member Board Members and Affiliate Members

From: AAVSB Bylaws and Resolution Committee

Date: May 14, 2026

Subject: Proposed Bylaws Amendment 8 for 2026

Each proposed Amendment includes the location in Bylaws, Proposer, Bylaws & Resolution Committee comments, Board of Directors' comments, Recommendation by Bylaws & Resolution Committee and Board of Directors, and operational, financial, and legal impact of proposed revisions, the letter or memo from the Proposer and the proposed changes are indicated in red on the enclosed Bylaws amendment.

PROPOSED AMENDMENT 8	
Location in Bylaws:	ARTICLE IX. TRANSPARENCY (New article) *Proposed revisions and letter are included in the attached document.*
Proposed by:	Kentucky Board of Veterinary Examiners
Bylaws & Resolutions Committee comments:	The Committee expressed its concerns that this proposed amendment vests operational policies onto the membership through placement in the bylaws. While membership can adopt prescriptive bylaws that curtail both operational and strategic activities, the Committee does not support these proposed amendments. The membership meets only once per year making changes to these mandates difficult. Overall, the requested disclosures and opportunities for Member Board engagement is already contained in policy and/or current practice. Specific comments regarding each proposal are set forth below. Section 1. The Committee determined slightly revised, but similar language timely notification of changes to seated Directors was more

	appropriate in ARTICLE VII. Board of Directors, Section 6. Terms since the previous section addresses the event of vacancy within the Board of Directors positions. Section 2. Process established. The Board of Directors' meeting schedule is currently posted in the Knowledge Center accessible to all Member Board Members and Affiliate Members. Section 3. Process established for notifying Member Board Members, Affiliate Members, Committee Chairs, and AAVSB Representatives to the ICVA of Board of Directors' meetings. Section 4. Approved and signed Board of Directors' meeting minutes are saved in accordance to record retention policy and applicable laws. Board of Directors' meeting minutes are available upon request by a Member Board to the Chief Executive Officer (Secretary). Section 5. Association policies approved by the Board of Directors are posted in the secure Knowledge Center available to Member Board Members and Affiliate Members. Section 6. Process established. Passed Resolutions' Therefore statements are currently available in the AAVSB website's Leadership & Governance section. Section 7. Process established. Committee lists currently included in digital and printed Annual Meeting and Conference Book. Committee member lists are available upon request to the Chief Executive Officer (Secretary). Section 8. Process established. The Committee determined the proposed section was overreaching, causing an operational standstill in lengthening the review process, including, but not limited to published articles, presentations, press releases, etc.
Board of Directors' comments:	The Board recognized processes already established in procedures and concern of operational policies in the bylaws. It was noted Association policies are now posted in the secure Knowledge Center accessible to Member Board Members and Affiliate Members. There was also a concern of additional steps in model documents and all communications would prevent the Association from being timely in their response.

Recommendation(s):	The Bylaws and Resolution Committee does not support the proposed amendment. The AAVSB Board of Directors does not support the proposed amendment.
Operational Impact	2. Board of Directors' meetings are currently posted in the Knowledge Center Resources section, accessible to all Member Board Members and Affiliate Members. 3. Member Board Members, Affiliate Members, and Committee Chairs are currently invited to all Board of Director meetings. 4. Minutes are currently available to Member Boards upon request to the Chief Executive Officer (Secretary). Additional and multiple staff time to continually update Knowledge Center. 5. Board of Directors' approved association policies are made available to Member Boards and Affiliate Members in the secure Knowledge Center. Committees are provided applicable association policies by the Committee Staff. 6. Passed Resolutions' Therefore statements are currently available in the AAVSB website's Leadership & Governance section. Passed Resolutions' actions are updated to the Board of Directors on a regular basis and at the next Delegate Assembly Meeting, and to the Member Boards through The Link communication to Affiliate Members. These communications are currently more immediate than as stated in the proposed Bylaws amendment. 7. Additional and multiple staff time to continually update Knowledge Center. Committee lists currently included in digital and printed Annual Meeting and Conference Book. Committee member lists available upon request to the Chief Executive Officer (Secretary). 8. Regulatory Policy Committee currently has a formal review process in policy with comment period on the Practice Act Model, model regulations, and guidance documents in review. The BOD elected not to review the RPC's response and elected not to vote on the responses, noting rather to support the Committee's work. If that was added into the process, it would lengthen the review process to over an entire year. Shortening the process outlined in model document review from 120 days to 90 days, as proposed in this amendment, would potentially eliminate the possibility of MBs that meet quarterly to discuss model documents. If this was implemented, published articles, presentations, etc., would be able to be sent out once a year. This would also be a barrier on press releases sent out by Marketing based on various

	decisions and relevant news from the AAVSB that are reviewed by the Board of Directors as needed and internally by staff.
Financial Impact	Financial costs of additional staff time and resources.
Legal Impact	The Board of Directors charges the Regulatory Policy Committee the responsibility to assess contemporary practice modalities and review current and create new model documents for the AAVSB, including the Practice Act Model, model regulations, and policy documents.

Andy Beshear
Governor

John C. Park, DVM
Board Chair

KENTUCKY BOARD OF VETERINARY EXAMINERS
4047 Iron Works Parkway, Suite 104, Lexington, KY 40511
Office: 502-564-5433 • Fax: 502-573-1458
kbve.ky.gov • vet@ky.gov

February 24, 2026

Via email to bylaws@aavsb.org

AAVSB Bylaws and Resolution Committee
American Association of Veterinary State Boards (AAVSB)
12101 West 110th Street, Suite 300
Overland Park, Kansas 66210

RE: AAVSB Bylaws – 2026 Proposed Amendment #2 – Transparency

Dear AAVSB Bylaws and Resolution Committee:

The Kentucky Board of Veterinary Examiners (KBVE) submits the attached proposed Association Bylaws amendment for consideration. This cover letter is provided to express that this submission is a separate and distinct submission from any other submission. To avoid the same confusion that occurred in 2025, Kentucky explicitly requests that this proposal be presented to the Delegate Assembly for their discussion and that a distinct vote be afforded, separate from any other proposed amendments.

Specifically, the attached proposed amendment adds a new article to the Bylaws which outlines requirements for transparency between the Association leadership and staff with the Membership of the Association. Encoding these requirements in the Bylaws will ensure that any change in Leadership does not lead to changes in policy and that these basic Membership rights are available and enforceable because they are encoded in the bylaws.

KBVE is thankful for the opportunity to submit this proposed amendment for your review and conveyance to the Membership. The KBVE believes this proposal will improve the governance of the AAVSB and increase the transparency to which all Member Boards are committed. Should you have any questions, please contact KBVE Executive Director and Kentucky's AAVSB Delegate Michelle Shane to discuss or set up a meeting. As always, the KBVE looks forward to working with you.

Respectfully,

John C. Park, DVM
KBVE Chair

ARTICLE IX. TRANSPARENCY

The Association shall maintain transparency with Member Boards.

Section 1. Board of Directors Composition.

Any changes to the seated Directors of the Board of the Association shall require notification by the Secretary to all Member Boards within 30 days of the change.

Section 2. Meeting Schedule.

The schedule of meetings for regular Board of Directors meetings shall be published and accessible to Member Boards in advance for an entire calendar year.

Section 3. Member Board Attendance at BOD Meetings.

Member Boards shall be provided the opportunity to attend all regular meetings and special meetings of the BOD at a minimum via virtual or telephonic means.

Section 4. BOD Meeting Minutes.

All Board Meeting Minutes shall be made available to Member Boards. Final approved minutes shall be provided to Member Boards within three (3) business days of approval. Minutes from the prior five (5) years shall be available to Member Boards on a Member-Board-only secure access website or upon request by a Member Board within 30 days.

Section 5. Board of Directors Policies.

All Association BOD approved policies shall be made available to Member Boards on a Member-Board-only secure access website or upon request by a Member Board within 30 days.

New policies or modifications to policies shall be made available within ten (10) days of BOD approval.

Section 6. Resolutions of the Association.

All Resolutions passed by the Delegate Assembly shall be published in full and available on the Association's public website within 30 days of passage. In the event a resolution requires action, an update on the status of the resolution shall be provided to Membership no later than the next Delegate Assembly.

Section 7. Committee Composition.

The Association shall provide a list of all Association Committees, task forces, ad hoc bodies, and any other Association subgroup and make them available to Member Boards on the Member-Board-only secure access website or upon request by a Member Board within 30 days. The list shall include a

complete accounting of all group members, the Chairperson, Chair-elect, assigned Association staff, the BOD liaison, and all volunteers participating on each committee. The list shall also include the name, title, affiliation, jurisdiction of representation, committee role, term of service, and term iteration for each person serving on the committee.

Section 8. Member Board Feedback on Association Publications and Model Documents.

Member Boards shall have the right to provide public feedback on all publications representative of the Association, not limited to the Practice Act Model, model regulations, and guidance documents. A Member Board comment period of at last 90-days shall occur prior to the document's public release.

A copy of each comment provided shall be presented to the Regulatory Policy Committee (RPC) for their review and consideration of changes to the proposed publication. The RPC shall provide a Statement of Consideration (SOC) in response to each comment or grouping of similar comments, including the topic of the comment, a summary of the comment(s), and written response containing justification for the RPC's action or lack of action on each comment.

The BOD shall review and vote on the SOC to approve or send back to Committee for additional changes. A copy of each final SOC shall be provided to the Member Boards no more than 90 days following the close of the public comment period.

The final publication shall be presented to the Delegate Assembly at the next meeting of the Delegate Assembly for discussion and voting prior to the public release of the document. Changes may be so ordered prior to publication by a majority vote of the seated Delegate Assembly.

ARTICLE ~~IX~~X. REPRESENTATIVES TO THE INTERNATIONAL COUNCIL FOR VETERINARY ASSESSMENT.

Section 1. Representatives.

AAVSB
AMERICAN ASSOCIATION OF VETERINARY STATE BOARDS

MEMORANDUM

To: AAVSB Member Board Members and Affiliate Members

From: AAVSB Bylaws and Resolution Committee

Date: May 14, 2026

Subject: Proposed Bylaws Amendment 9 for 2026

Each proposed Amendment includes the location in Bylaws, Proposer, Bylaws & Resolution Committee comments, Board of Directors' comments, Recommendation by Bylaws & Resolution Committee and Board of Directors, and operational, financial, and legal impact of proposed revisions, the letter or memo from the Proposer and the proposed changes are indicated in red on the enclosed Bylaws amendment.

PROPOSED AMENDMENT 9	
Location in Bylaws:	ARTICLE XI. FINANCES, Section 4. Contracts *Proposed revisions and letter are included in the attached document.*
Proposed by:	Kentucky Board of Veterinary Examiners
Bylaws & Resolutions Committee comments:	In conjunction with input from the Board of Directors' liaisons, the Committee finds that these proposed amendments not only delve into operational matters but are also unmanageable from a practical standpoint. The Committee notes the fiduciary responsibilities related to contracts involving significant AAVSB commitments that fall within the domain of the BOD and those that address operational matters that fall within the domain of the CEO. The Committee also noted the inefficiencies that would be created and exacerbated by this proposed amendment. Insofar as BOD oversight, the Committee noted the BOD budget adoption process which also provides the necessary oversight to protect the organization.

Board of Directors' comments:	The Board recognizes current procedures in place and recognized the inefficiencies that would be created. The current Board of Directors' budget adoption process provides oversight for the organization.
Recommendation(s):	The Bylaws and Resolution Committee does not support the proposed amendment. The AAVSB Board of Directors does not support the proposed amendment.
Operational Impact:	Significant and non-routine contracts and agreements are reviewed by the Board of Directors. Day-to-day operations and minor contracts within Board of Directors' approved budget guidelines are delegated to executive staff with legal counsel or human resources consultants as needed to ensure operations and employee benefits are not negatively impacted and operational efficiency is maintained. Engaging the Board of Directors on all contracts, agreements, and Memorandum of Understandings (MOUs) would cause operational standstills and create financial inefficiencies. Slowed decision-making will prevent timely collaborations. The Board of Directors will be mired in operational activities diverting their focus from high-level strategic planning, fiduciary oversight, and governance. Leadership and staff time would increase including Board of Directors' meetings.
Financial Impact:	Lengthening the contract review process would impact the negotiated terms and costs in finalizing contracts and negatively impact operations, including, but not limited to higher legal costs, delay in revenue generation, or trigger automatic renewals or penalties due to a slow review process interrupted by pressing Board of Directors matters. The increase in Leadership and staff time would have a financial impact.
Legal Impact:	The Board of Directors' Duty of Care legal and fiduciary obligation to establish, oversee, and act in accordance with policies that ensure contracts are properly vetted is impacted if the Board of Directors is required to review hundreds of contracts, introducing significant legal risks, including operational efficiencies due to overextension. The Board of Directors is responsible for hiring and monitoring a chief staff officer that handles routine operational activities within the budget adopted by the Board.

Andy Beshear
Governor

John C. Park, DVM
Board Chair

KENTUCKY BOARD OF VETERINARY EXAMINERS
4047 Iron Works Parkway, Suite 104, Lexington, KY 40511
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February 24, 2026

Via email to bylaws@aavsb.org

AAVSB Bylaws and Resolution Committee
American Association of Veterinary State Boards (AAVSB)
12101 West 110th Street, Suite 300
Overland Park, Kansas 66210

RE: AAVSB Bylaws – 2026 Proposed Amendment #5 – Finances, Contracts

Dear AAVSB Bylaws and Resolution Committee:

The Kentucky Board of Veterinary Examiners (KBVE) submits the attached proposed Association Bylaws amendment for consideration. This cover letter is provided to express that this submission is a separate and distinct submission from any other submission. To avoid the same confusion that occurred in 2025, Kentucky explicitly requests that this proposal be presented to the Delegate Assembly for their discussion and that a distinct vote be afforded, separate from any other proposed amendments.

Specifically, the attached proposed amendment provides for needed oversight and transparency related to contracts. A Bylaws amendment is required to ensure that no conflicts of interest exist in any current or future Association contracts.

KBVE is thankful for the opportunity to submit this proposed amendment for your review and conveyance to the Membership. The KBVE believes this proposal will improve the governance of the AAVSB and increase the transparency to which all Member Boards are committed. Should you have any questions, please contact KBVE Executive Director and Kentucky's AAVSB Delegate Michelle Shane to discuss or set up a meeting. As always, the KBVE looks forward to working with you.

Respectfully,

John C. Park, DVM
KBVE Chair

ARTICLE XI. FINANCES.

Section 1. Fiscal Year.

The fiscal year of the Association shall be the calendar year.

Section 2. Books and Reports.

The Association shall keep accurate and complete books and records of accounting, available for inspection by any Member Board at the principal office of the Association for any proper purposes at any reasonable time. The Treasurer shall report on the financial condition of the Association at the Annual Delegate Assembly.

Section 3. Audit.

For each fiscal year, the Board of Directors shall appoint a licensed independent public accountant(s) to provide audited financial statements of the Association. Upon request, the Chief Executive Officer shall distribute to each Member Board a copy of the financial statements of the Association and the report of the auditor or auditors for each fiscal year.

Section 4. Contracts.

The Board of Directors may authorize any officer or officers or the Chief Executive Officer to enter into any contract or execute and deliver any instrument in the name of or on behalf of the Association. The BOD shall review all contracts prior to entering into an agreement, and shall annually review all Association contracts, their purpose, and their costs. Upon request by a Director, a copy of the full and complete contract shall be provided for review. There shall be no contractual provision which establishes secrecy of the contract's purpose from Member Boards.

Section 5. Checks, Drafts, or Orders.

All checks, drafts, or orders for the payment of money, notes, or other evidences of indebtedness in the name of the Association shall be signed by such officer or officers, agent or agents of the Association and in such manner as shall from time to time be authorized by the Board of Directors.

Section 6. Deposits.

All funds of the Association shall be deposited from time to time to the credit of the Association in such bank, trust company, or other depository as the Board of Directors may select.

Section 7. Limitations of Expenditures.

The Association is limited to expending its funds for only those purposes which are recited in Article II of the Bylaws of this Association.

Section 8. Insurance.

At the discretion of the Board of Directors, the Association shall carry appropriate insurance.

Section 9. Revenue.

The Board of Directors shall submit to the Delegate Assembly for approval all proposals for revenue that would affect any monetary obligation of the Member Boards.

2.4 Resolutions

Delegate Assembly



MEMORANDUM

To: AAVSB Member Board Members and Affiliate Members

From: AAVSB Bylaws and Resolution Committee

Date: July 27, 2026

Subject: Resolution 2026-1

Before each Annual Meeting, resolutions can be submitted to be voted upon by the Delegate Assembly. As the attached Resolution Policy states, resolutions are reserved for important or complex issues that require greater formality than a standard motion.

This year, the AAVSB received one (1) resolution, 2026-1, from the AAVSB Board of Directors in compliance with the Resolution Policy.

MEMORANDUM

To: AAVSB Bylaws and Resolution Committee and Member Boards

From: AAVSB Board of Directors

Date: July 21, 2026

Subject: Proposed Resolution 1 – Association Support for Member Boards

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The Bylaws and Resolution Committee's Board Liaison presented the Board of Director's Proposed Resolution 1 – Association Support for Member Boards at the Bylaws and Resolution Committee meeting in June.

The proposed resolution was created by the Board of Directors to convey:

1. Member Boards are required to fulfill legislative mandates set forth in duly enacted statutes and voter referendums.
2. The AAVSB Board of Directors and Association acknowledge and respect there may not always be consensus among and between Member Boards of the Association on these duly enacted laws.
3. Isolating and disenfranchising a Member Board is contrary to the AAVSB's mission and purpose.
4. The AAVSB be encouraged to provide programs and services to a Member Board(s) consistent with duly enacted statutes and/or rules and regulations while respecting there may be dissenting Member Boards.

PROPOSED RESOLUTION 2026 - 1 – Association Support for Member Boards

Submitted by: AAVSB Board of Directors

AAVSB Bylaws and Resolution Committee Recommendation: PASS

Comments: The Committee voted "Do Pass" on this resolution because it supports Member Boards, respects state/provincial rights, and defers to the legislative and referendum processes. The Committee understands that individual Member Boards may operate under differing legislative enactments and that all are deserving of access to programs and services consistent with the AAVSB mission.

WHEREAS, the American Association of Veterinary State Boards (AAVSB) is a not-for-profit, 501(c)(3), membership organization, and

WHEREAS, AAVSB Member Boards are defined in the bylaws as follows: " 'Board' shall mean the governmental agency empowered to credential and regulate the practice of veterinary medicine in any of the States and Commonwealths of the United States, its territories, the District of Columbia, and insular possessions of the United States, individual provinces of Canada, and additional comparable entities", and

WHEREAS, AAVSB acknowledges and respects that each Member Board is legislatively created and delegated with the authority to regulate the profession consistent with the intent of the legislation, and

WHEREAS, AAVSB acknowledges and respects the state and provincial rights to regulate the profession as determined necessary to protect the consumers of services and public in their respective jurisdiction and without undue influence from trade or academic perspectives, and

WHEREAS, AAVSB acknowledges and respects that its Member Boards are required to fulfill the legislative mandates set forth in duly enacted statutes and voter referendums, and

For AAVSB Member Board Reference Only - Not For Public Dissemination

WHEREAS, AAVSB acknowledges and respects that there may not always be consensus among and between Member Boards on duly enacted laws that affect the regulation of veterinary medicine and veterinary technology, and

WHEREAS, AAVSB provides programs and services designed to support regulation, increase efficiencies, and lessen burdens on state and provincial boards, and

WHEREAS, licensure eligibility decisions and enforcement of the applicable laws is legislatively delegated to the Member Boards and AAVSB programs and services do not alter those decision-making responsibilities, and

WHEREAS, participation in AAVSB programs and services is voluntary, and

WHEREAS, AAVSB supports each of its Member Boards in fulfilling their statutory mandates and recognizes that isolating or disenfranchising a Member Board runs contrary to AAVSB's mission and purpose.

THEREFORE BE IT RESOLVED, that the American Association of Veterinary State Boards (AAVSB) Member Boards reaffirm that AAVSB be encouraged to provide programs and services to an AAVSB Member Board individually and/or AAVSB Member Boards collectively consistent with duly enacted statutes and/or rules and regulations so long as such program and service is consistent with the AAVSB Articles of Incorporation, tax status, bylaws, and policies.

THEREFORE BE IT FURTHER RESOLVED, that the AAVSB Member Boards acknowledge and respect the fact that one Member Board may be mandated to enforce laws that may not be consistent with the laws or opinions of another Member Board and that dissenting Member Boards are not required to participate in such program or service.

For AAVSB Member Board Reference Only - Not For Public Dissemination

OVERVIEW/POLICY

Resolutions are reserved for important and complex issues that require greater formality and advance notice than a standard motion. Resolutions consist of a rationale through WHEREAS clauses and an action request(s) through THEREFORE BE IT RESOLVED clause(s). Member Boards, standing Committees of the AAVSB, and the Board of Directors may submit resolutions. Because of their special nature, resolutions submitted for consideration by the AAVSB Delegate Assembly will follow the following criteria.

PROCEDURES

1. No less than 210 days before the date of the Annual Meeting, the Association office will forward a request for proposed resolutions to the Member Boards (Call for Resolutions) including instructions on how to submit a Resolution.
2. Resolutions proposed by a Member Board or a standing Committee of the AAVSB, other than the Bylaws and Resolution Committee, shall be in writing and received at the Association office not less than 150 days prior to the Annual Meeting. Such resolutions shall be forwarded to the Bylaws and Resolution Committee and Board of Directors within seven days after receipt in the Association office.
3. Consistent with its charge and in order to ensure resolutions are congruent with the purpose of AAVSB, follow uniform language and formatting, and are not duplicative of previous resolutions, the Bylaws and Resolutions Committee will work with submitters of proposed resolutions. During the time between the submission deadline and the date of notice to the Member Boards, the Committee will, as needed, work with the submitter on the language without modifying the intent and spirit of the proposed resolution. The Committee may ask the proposer to withdraw the resolution if it falls outside the purpose of AAVSB, places AAVSB at legal peril, threatens the tax status of the organization or is duplicative of a previously passed resolution. But the proposer is not obligated to withdraw a timely proposed resolution. While the intent is not to thwart communications between Member Boards, proposers of resolution(s) are asked not to independently disseminate resolutions to the AAVSB membership but rather allow for the dissemination from the Committee. Joint proposers of resolution(s) are expected to draft and share language among one another.
4. Resolutions proposed by the Bylaws and Resolution Committee shall be in writing and received at the Association office not less than 100 days prior to the Annual Meeting.
5. Resolutions proposed by the AAVSB Board of Directors shall be in writing and received at the Association office not less than 75 days prior to the Annual Meeting. Such resolutions shall be forwarded to the Bylaws and Resolution Committee within seven days after receipt in the Association office.
6. The Bylaws and Resolution Committee will provide their recommendation on proposed amendments to the AAVSB Board of Directors who will provide their recommendation no fewer than 75 days prior to the Annual Meeting.

For AAVSB Member Board Reference Only - Not For Public Dissemination

7. All resolutions will in some way reflect the AAVSB Mission and Goals and must include a fiscal note if the implementation of the resolution would require an expenditure of Association funds.
8. The Chief Executive Officer shall forward proposed resolutions to all Member Boards not less than 60 days prior to the date of the Annual Meeting.
9. All resolutions submitted to the Delegate Assembly for consideration will be accompanied by a recommendation from the Bylaws and Resolution Committee and Board of Directors. That Committee shall attach the following recommendations to a resolution: "Pass," "Do Not Pass," or "No Recommendation."
10. A resolution may be introduced after the above deadlines by the Board of Directors if it pertains to an event of immediate concern to the Association which occurred after the deadline. The resolution must be submitted to the Bylaws and Resolution Committee not less than 24 hours before the beginning of the business session of the Annual Meeting.

Adopted by the AAVSB Executive Committee January 23, 2005; revisions approved by the AAVSB Board of Directors on January 5, 2018, June 16, 2018, June 5, 2025, and January 12, 2026.

For AAVSB Member Board Reference Only - Not For Public Dissemination



2.5
Proclamations
Delegate Assembly

OFFICIAL PROCLAMATION 2026-1
ANNUAL MEETING HOST

WHEREAS, the Rhode Island Board of Veterinary Medicine is an engaged Member Board of the AAVSB;

WHEREAS, the Rhode Island Board of Veterinary Medicine is serving as the host of the 2026 AAVSB Annual Meeting & Conference;

WHEREAS, the Rhode Island Board of Veterinary Medicine graciously welcomed all the AAVSB Member Boards to the 2026 AAVSB Annual Meeting & Conference.

THEREFORE, be it resolved that the AAVSB, on behalf of its members, proclaims its thank you to the Rhode Island Board of Veterinary Medicine for hosting the 2026 AAVSB Annual Meeting & Conference.

OFFICIAL PROCLAMATION 2026-2

HONORING DR. FRANK RICHARDSON, IMMEDIATE PAST PRESIDENT

WHEREAS, Frank Richardson, DVM, MBA, has served the American Association of Veterinary State Boards (AAVSB) with the highest distinction and dedication since 2015;

WHEREAS, Dr. Richardson has attended the AAVSB Annual Meeting & Conferences since 2014, serving as the Voting Delegate the first year the Nova Scotia Veterinary Medical Association became a Member through 2022 and, has been active in volunteering with the AAVSB;

WHEREAS, Dr. Richardson served as a member of the Finance Committee from 2015 to 2018;

WHEREAS, Dr. Richardson was elected to serve on the Board of Directors as Director from 2018 - 2023; was elected as President-Elect in 2023 to 2024 and then served as President from 2024 to 2025;

WHEREAS, Dr. Richardson currently serves as the Immediate Past President on the Board of Directors through September 26, 2026; and serves as Chair of the Global Task Force;

WHEREAS, Dr. Richardson served as Registrar and CEO for the Nova Scotia Veterinary Medical Association from 1990 – 2021;

THEREFORE, be it resolved that the AAVSB, on behalf of its members, formally acknowledges the leadership and contributions made by Dr. Richardson over the last 12 years; and

THEREFORE, BE IT FURTHER RESOLVED THAT the AAVSB Board of Directors proclaims its sincere appreciation to Dr. Richardson for his commitment to the AAVSB, veterinary regulation, and volunteerism.



Regulatory Policy Committee 2.6

Delegate Assembly

Proposed Changes to the AAVSB Practice Act Model

As recommended by the AAVSB Regulatory Policy Committee in April 2026

Proposed Changes to the AAVSB Practice Act Model

Section 104. Definitions

(o) **Controlled Ssubstances** mean ~~all Schedule II through V~~ drugs as set forth in the U.S. Controlled Substances Act of the Drug Enforcement Act and the Canadian Controlled Drugs and Substances Act or jurisdictional law. ~~In some jurisdictions, controlled substances may also include drugs that require a prescription but are not Schedule II through V drugs as set forth in the U.S. Controlled Substances Act of the Drug Enforcement Act and Canadian Controlled Drugs and Substances Act.~~

~~**DEA** is the United States Drug Enforcement Administration.~~

~~**Opioids** means all pure opioids and partial agonist and antagonist opioids (including tramadol, buprenorphine, and butorphanol).~~

(r) **Diagnose** means to identify the cause or origin of an illness, injury, or other condition.

(s) **Dispense** means the process of filling and delivering drug(s) to a Client or their authorized agent.

(ff) **Prescribe** means to authorize the Dispensing or administration of a drug or mixture of drugs or a treatment for a Patient(s), to predict the course or outcome of an illness, injury, or other ailment.

(hh) **Supervision:**

1) **Supervising Veterinarian** means a Veterinarian who assumes responsibility for the veterinary care given to a Patient by an individual working under ~~his or her~~their direction. Pursuant to 105(b), t~~T~~he Supervising Veterinarian must have a valid VCPR.~~examined the Patient pursuant to currently acceptable standards of care.~~

~~1)~~

2) **Immediate Supervision** means the Supervising Veterinarian is in the immediate area and within audible and visual range of the Patient and the individual treating the Patient.

3) **Direct Supervision** means the Supervising Veterinarian is readily available on the Premises where the patient is located.

4) **Indirect Supervision** means thea~~a~~ Supervising Veterinarian need not be physically on the Premises but has given either written or oral instructions for the treatment of the Patient and is readily available for communication.

(ii) **Surgery** means a procedure involving an incision for the purpose of treating, repairing, replacing, evaluating, or removing tissue.

Section 105. Practice of Veterinary Medicine.

(b) Subject to exceptions set forth in law, a ~~VCPR~~ Veterinarian-Client-Patient Relationship (VCPR) must be established prior to engaging in the practice of Veterinary Medicine.

(1) An exception to this requirement is that Emergency Care may be performed by a Veterinarian prior to the establishment of a VCPR. In such cases, the Veterinarian shall use reasonable efforts to obtain Informed Consent and establish a VCPR.

Section 106. Practice of Veterinary Technology.

~~(a) (a) The practice of Veterinary Technology means when an individual; performs~~

~~any one or more of the following on a Patient(s):~~

~~Providession of professional medical care, monitoring, and treatment under the Supervision of a Veterinarian; or~~

~~(1) Representation of oneself directly or indirectly, as engaged in the practice of Veterinary Technology; or~~

(a) The Practice of Veterinary Technology means providing professional medical care, monitoring, treatment, or other services;

(b) A Veterinary Technician may engage in the Practice of Veterinary Technology under the Supervision of a Veterinarian who has established a VCPR for the Animal(s), subject to 105(b).

(1) An exception to this requirement is that Emergency Care may be administered by a Veterinary Technician prior to receiving a Veterinarian's orders or Supervision. The Veterinary Technician shall inform the Client if a Veterinarian is not immediately available to provide Emergency Care to the Animal(s).

~~5)~~

~~(2)~~(c) ~~(b)~~ Nothing in this section shall be construed to permit a Veterinary Technician to do the following:

(i) perform surgery, except as expressly permitted in regulations promulgated by the Board;

(ii) diagnose;
(iii) prognose; and
(iv) prescribe.

~~(b) Regulations defining tasks of Veterinary Technicians:~~

~~(b)~~(d) The Board shall promulgate regulations establishing ~~Patient health care tasks and athen~~ ~~appropriate~~ minimum ~~degree~~ level of Supervision ~~required for~~ for the practice of Veterinary Technology as set forth in ~~those tasks~~ (b)~~that may be performed by a Veterinary Technician or a Veterinarian~~.

~~a. Subject to exceptions set forth in law, a Veterinarian-Client-Patient Relationship (VCPR) must be established prior to engaging in the practice of Veterinary Technology under a Veterinarian's orders and Supervision.~~

~~An exception to this requirement is that Emergency Care may be performed by a Veterinary Technician prior to receiving a Veterinarian's orders or Supervision.~~

Commentary: Section 106 (a). Practice of Veterinary Technology.

Section 106(a): Practice of Veterinary Technology.
Through education and licensure, Veterinary Technicians contribute essential skills, knowledge, and judgement to the practice of Veterinary Medicine. In developing model regulations for the Scope of Practice for Veterinary Technicians, AAVSB highlighted the professional and practical contributions these Licensees provide when utilized to their full Scope of Practice. To help Jurisdictions understand the broad spectrum of responsibilities these Licensees may undertake, AAVSB developed the regulations for **Scope of Practice for Veterinary Technicians** in a format of task lists and levels of Supervision. AAVSB recognizes that there are advantages and disadvantages to this level of specificity in regulation, and AAVSB intends for this to provide guidance for Jurisdictions regulating these professionals, whether the "list" model is adopted or not.

In 2025, the AAVSB Delegate Assembly passed resolution 2025-2 with the following statement: "THEREFORE BE IT FURTHER RESOLVED that the AAVSB shall focus its efforts on strengthening and harmonizing recognition and utilization of existing credentialed veterinary technicians (CVTs, LVTs, and RVTs), particularly in jurisdictions where such roles are not yet formally recognized." In addition, AAVSB's 2024 white paper "**AAVSB Veterinary Team Survey: Understanding the Results**" suggested that Veterinarians and Veterinary Technicians may be comfortable with non-veterinarians performing some minor procedures that may be considered surgery because they involve making an incision. The AAVSB narrowed the definition of Surgery, as seen in Section 104, to allow Veterinary Technicians to perform tasks such as creating relief holes for large bore catheters. Some additional tasks that may be acceptable for Veterinary Technicians to perform remained under the definition of Surgery, consequently Section 106 (a)(3)(i) allows boards to make exceptions for specific procedures. The AAVSB suggests some of these activities in **AAVSB Model Regulations: Scope of Practice for Veterinary Technicians**.

Section 108. Special Provisions

(f) Unlicensed Staff providing support services and performing tasks delegated by a Licensee, pursuant to task limitations and Ssupervision levels established in 106 (c) and regulations promulgated by the Board.

~~**Commentary:** Section 108 (f). Special Provisions.~~

Section 108(f): Special Provisions.
Refer to AAVSB **Model Regulations for Delegation of Tasks to Unlicensed Staff** for a list of tasks that may be delegated to Facility Staff who are not licensed.

Feedback Summary for Changes to Practice Act Model

Section	Comment	RPC response
104	Kentucky Board of Veterinary Examiners (KBVE): Definitions. KBVE notes that in regulations any definitions provided that are already in statute should simply reference the statute. In this way, regulatory definitions do not change over time with editing -- they always refer back to the statute (PAM). You have to read statutes and regs hand-in-hand. When you restate a definition without the statutory citation, the definitions have the opportunity to diverge and offer conflicting meanings. KBVE recommends that if these definitions are provided in the PAM, then the Model Regulations should reference the Section and Paragraph number from the PAM rather than restate the definition. If the RPC seeks to include the definitions in this Model Regulation for clarity, then such should be provided in a commentary box.	The RPC agrees with this sentiment; the definitions were provided to ease the feedback process. These definitions will be pulled out of each model regulation at the time of voting into a separate PAM changes document. When published, these definitions will be in the PAM.
104	Alberta Veterinary Medical Association (Alberta): 14(b) Diagnose includes identifying the cause or origin of an injury. That seems a bit too broad, since it is common practice for an RVT during an initial patient exam/triage to note that a patient sustained a laceration to the right pelvic limb after jumping through a pane glass window, or that the patient has a penetrating wound to the thorax after running into a tree branch, etc.	Thank you for this comment. In this scenario and in many such instances, this information would be provided by the owner in the history. Veterinary technicians are allowed to have observations or suspicions on the etiology of a illness / injury, It would have to be up to the veterinarian to provide the actual diagnosis.
104	American Association of Bovine Practitioners (AABP): ● Does “condition” include a diagnosis of pregnancy or non-pregnancy? Is pregnancy determination considered a diagnosis? ● Line 82 prohibits a Veterinary Technician from diagnosing. How would one perform a reproductive examination without providing a diagnosis?	Thank you for this comment, the RPC has removed reproductive examination because of AABP’s extensive conversations with the RPC’s staff liaison. Thank you for assisting with this effort and providing your expertise.
104	American Animal Hospital Association (AAHA): These definitions [Diagnose, Dispense, Prescribe, Prognose, Surgery] are viewed positively, as many state acts lack precision.	Thank you for this comment.
104	KBVE: Please consider that veterinarians can prescribe Treatment for a Patient; this is not reflected in the proposed definition.	Thank you for this comment. The RPC concurs and has amended the definition accordingly.
104	KBVE: KBVE recommends that an opening statement be added after "Supervision" noting that the veterinarian is ultimately responsible / liable for the work performed under their supervision and direction, regardless of the level of	Thank you for this comment, the definition of supervising veterinarian includes “assumes responsibility” and this would imply assuming liability.

	supervision being provided. Also, if a Licensed Veterinary Technician is provided a supervisory role over unlicensed assistants, consider adding a subparagraph at line 32 for "Supervising Veterinary Technician" or similar.	The model regs allow veterinary technicians to supervise. The RPC reviewed all model language and does not see the need for a separate definition of Supervising Veterinary Technician at this time as there is no use of it in the current language. The RPC will continue to monitor for the need for such a definition.
104	AAVSB Board of Directors (BOD): by this current definition of Surgery, would a veterinary technician be allowed to perform a tracheostomy? Please provide commentary explaining when an incision does not constitute surgery.	Thank you for this comment. The RPC has discussed this definition at great length and has specified that an incision is considered surgery only for the specific purposes listed in the definition. For that reason, the RPC does not believe that a tracheostomy would be considered surgery. The definition was modified according to feedback, and the RPC believe commentary is no longer necessary to clarify. Of course, please let the RPC know if the BOD disagrees.
104	AABP: ● Is bovine castration considered surgery? The two most common methods for removal of the testicles on a male bovine are surgical (incising the scrotum and removing the testicles) and banding (placing a restrictive band on the exterior of the scrotum). Which of these methods would be considered surgery?	Thank you for this comment - surgical castration would be considered surgery, however, the AAVSB has allow for an exemption for bovine castration to reflect common livestock husbandry practices and align with AABP's CVT guidelines.
104	KBVE expresses some concern about defining certain words, such as "Surgery", which risks inadvertently defining the terminology either too broadly or too narrowly. This may result in unintended consequences, such as allowing non-veterinarians to perform certain acts that should be included in surgery as a restricted practice. This is especially important as technologies evolve offering new tools for use in surgery and who can pilot these tools. KBVE asks, 1) Is it necessary to define this word? 2) If so, please offer commentary acknowledging the risks of defining such terms as this either too broadly or too narrowly. 3) If the definition is kept, consider that manipulation of tissue may also be included. Definition of surgery is limited to "organ or body part". This definition does not consider foreign bodies, or consider that a laceration may not need to be incised prior to repair. Please consider adding more to the definition to cover these considerations.	Thank you for this comment, the RPC has altered the proposed definition according this the concerns noted in this feedback. It was necessary to define this word to provide clarity with the Veterinary Technician Scope of Practice and provide exceptions to certain tasks. Please review the new definition and let the RPC know if further commentary is necessary.
106	Ray Ramirez: the edits [for 106] would be suggested in commentary, but not part of the model regulation	Thank you for this feedback. The RPC is cognizant of an overly-burdensome commentary, and prefers to provide language that it deems is the best recommended language.
106	National Association of Veterinary Technicians in America (NAVTA): Section 106. Veterinary Technology: Regulations	Thank you for this comment. Member Boards are encouraged to change wording according to laws

	defining tasks of Veterinary Technicians – Under section (1) add a bullet that addresses changes in several states (ME, CO, OR, for example) that now allow veterinary technicians to administer rabies vaccinations. The following is an example of proposed language: “A veterinary technician can establish the VCPR as an agent of the veterinarian for the purposes of administration of vaccines and dispensation of parasiticides.”	within their specific jurisdictions. The AAVSB PAM only allows a veterinarian to establish a VCPR, but does allow Veterinary Technicians to administer the rabies vaccination.
106	KBVE: Within the definition of "the Practice of Veterinary Technology", paragraph (3) adds that a Veterinary Technician cannot (i) perform surgery "except as expressly permitted in regulations promulgated by the Board". This model change seems to set up language reflective of the changes in Colorado for the VPA, language which is not reflective of the will of AAVSB Membership, who, at the Annual Meeting in 2025, rejected the support of the VPA position and its expanded duties by a vote of 42 YAY / 4 NAY . In the AAVSB model documents, Veterinary Technicians should have a uniform standard of NO SURGERY. AAVSB should keep a uniform standard in the model documents as they work to bring all jurisdictions on board with licensure of Veterinary Technicians. Expanded duties for the CO VPA should be regulated to the commentary.	Thank you for bringing up this concern. This language was added to allow for very specific tasks as described in this model regulation for Veterinary Technicians that may otherwise be categorized as Surgery according to the PAM definition, eg: bovine castration, ear tipping, punch biopsies, etc. The AAVSB PAM and corresponding model regulations do not provide language for regulating VPA’s, and in accordance with the referenced resolution, will NOT address VPAs until the conditions within that resolution are met. This language is exclusively meant for Veterinary Technicians. Within that same resolution referenced in KBVE’s comment, the AAVSB reaffirmed a commitment to the regulation and full utilization of veterinary technicians. In furtherance for such a goal, Surgery was defined and exemptions were provided for vet techs.
Commentary	BOD: please put in commentary to discuss: Create model statutory and / or regulatory language for a limited legacy period for staff that did not graduate from an AVMA/CVMA accredited veterinary technology program but are currently performing tasks within a veterinary technician scope of practice and can demonstrate competence to perform these tasks. Examples of such language can be found in Appendix B; and o Create model document commentary that addresses: 1) the importance of stakeholder engagement and cooperation between the regulatory board, the VMA, and the VTA when either statutory or regulatory language is created. Although the Task Force recognizes that the regulatory board may not be the impetus of statutory change, it may act as an obstruction; 2) potential disenfranchisement of both veterinary technicians and unlicensed staff when regulation is implemented, either by not enforcing a protected scope of practice, or limiting allowable tasks; and 3) best practices when writing legislation to give the Board the authority to create a defined and detailed task list. The list is best served in regulation as this will allow the regulatory board full flexibility to amend.	Thank you for this comment. The Committee has determined that the most appropriate place for this is Article III of the PAM, and has made a note to address this at the appropriate time in the model document cycle.

106	KBVE: This language notes that the Board shall promulgate regulations establishing minimum degrees of Supervision "...for... (a)" but then strikes all following language to the period at the end of the sentence. As written, this appears to be an incomplete thought, unless you strike "...for... (a)" and reincorporate "required for those tasks that may be performed by a Veterinary Technician."	Thank you for this comment, the RPC has amended the language.
Commentary for section 106	KBVE: KBVE requests added commentary about the consideration of a VCPR in the context of a mass rabies vaccine clinic or other mass infectious disease clinics where the patients/herds do not receive wellness exams and no VCPR is established. Also, please consider noting that not all jurisdictions allow Veterinary Technicians to administer the rabies vaccine. In KBVE, currently only veterinarians are allowed to administer the rabies vaccine according to public health law. KBVE requests consideration for inclusion or in the commentary a VCPR exception for public health vaccine clinics, such as rabies vaccines and other infectious disease vaccines. The volume at these clinics is too high to appropriately provide a wellness or herd exam and establish a VCPR. It should be made clear that mass vaccine clinics do not establish a VCPR and other services (e.g., diagnostics, dispensation of prescription medicines, etc.) are prohibited in this context. Finally, for mass vaccine clinics, KBVE requests the RPC to discuss what level of medical records are required.	Thank you for this comment, the RPC has added this to the forthcoming review of Article I in which this topic may be examined in greater detail.
Commentary for section 106	KBVE: Commentary should be included here to reflect the explicit directives of Membership in AAVSB Resolution 2025-2.	This reference has been added.
108	NAVTA: we are not in favor of the use of the term 'unlicensed staff'. We are of the understanding that this document refers to veterinary assistants who may or may not have earned a credential as such. However, by using the term 'unlicensed staff' it brings in to question who else will be allowed to engage in these tasks…CSRs? High school students doing learning experiences? We feel strongly that in this regard we need to set an example for respecting titles and roles and that the term 'unlicensed staff' should be replaced with 'veterinary assistant.	Thank you for bringing this concern up. While the RPC understands NAVTA's concern, the reality is that there may be a myriad of individuals performing these tasks, that could be prevented from doing so if the term vet assistant was defined. A CSR or even an office manager may have once been trained as veterinary assistants, and may be capable of performing these tasks if needed. As with any task, it is up to the veterinarian to use their professional judgement to determine the appropriateness of delegating a task.
108	Ray Ramirez: this should be a DVM licensee, not a vet tech	Thank you for this comment. The RPC considered this issue carefully, and determined that in a team-based hospital, it may be the lead Veterinary Technician who delegates tasks, after being assigned them by the Veterinarian.

108	KBVE: KBVE recommends that the Regulatory Policy Committee consider establishing some model limits on what tasks a Veterinarian or Veterinary Technician may assign/supervise for non-licensed personnel. It is essential to offer at least commentary regarding this topic rather than allow this section to remain without recommendations to jurisdictions using the PAM. Without clear and established boundaries, some licensees may interpret a lack of regulation as allowing them to assign anything to an unlicensed person they deem fit. For public and patient protection, there are certain tasks that an uneducated, unlicensed person should be prohibited from performing, such as diagnosing, prognosing, surgery, prescription, euthanasia, tooth extractions, etc.	Thank you for this comment. The RPC agrees and determined that the requirement may be met by including the phrase “task limitations” in the definition, thus referring to these model regulations. In addition, task limitations are set within model regulations, both the Veterinary Technician Scope of Practice and Delegable Tasks to Unlicensed Staff. The RPC also refers KBVE to PAM section 106 that lists further limitations in statute.

Model Regulations: Appropriate Prescribing and Use of Controlled Substances

As recommended by the AAVSB Regulatory Policy Committee in April 2026

Appropriate Prescribing and Use of ~~Use of Opioids and Other~~ Controlled Substances

Model Regulation

Commentary: Model Regulation

Veterinarians should be aware that some substances are not Controlled Substances, such as alpha 2 adrenergic agonists, but are still drugs of concern and may be diverted. Listed Controlled Substances may change as new drugs are misused. Veterinarians should remain aware and cautious when dispensing drugs of concern.

Opioids and other Controlled Substances (i.e. benzodiazepines, tranquilizers, and barbiturates) are commonly used in the practice of Veterinary Medicine. However, they have a high potential for misuse, addiction and overdose death in humans. Therefore, these Controlled Substances are closely regulated by Jurisdictions and the federal government. The magnitude of the veterinary community's role in the opioid epidemic and drug diversion is unclear. However, Veterinarians prescribe, dispense, administer, and stock many of the same drugs that have the potential to be diverted and abused by humans. Therefore, the veterinary community needs to be aware of this public health crisis.

In some Jurisdictions, Controlled Substances may also include drugs that require a prescription but are not Schedule II through V drugs as set forth in the U.S. Controlled Substances Act of the Drug Enforcement Act and Canadian Controlled Drugs and Substances Act.

Veterinarians are allowed to prescribe, administer, and dispense controlled substances in keeping with the requirements of the laws of this Jurisdiction, and the statutes and regulations governing the practice of Veterinary Medicine. A Veterinarian-Client-Patient Relationship (VCPR) as set forth in the Act, must first be established before drugs may be prescribed by a Veterinarian. Refer to the **AAVSB Practice Act Model (PAM)** for additional information.

Commentary: Model Regulation (continued).

Veterinarians are required to be compliant with all applicable Jurisdictional and federal laws and regulations related to Controlled Substances. Many jurisdictions require their Licensees to participate in prescription monitoring programs. Regulatory boards should seek to provide input and coordinate with their jurisdictional pharmacy boards to ensure that special circumstances pertaining to veterinary medicine are taken into consideration when discussing these programs. In light of the opioid crisis, veterinarians should consider dispensing fewer Controlled Substances and determine whether prescriptions should be dispensed from a commercial establishment based on Jurisdictional laws and statutes. Jurisdictions may wish to require continuing education surrounding best practices in prescribing, dispensing, and handling Controlled Substances.

Section 1. ~~Prescribing~~ Use of ~~Opioids~~ Controlled Substances ~~for Acute Pain and Chronic Conditions~~

(a) In order to prescribe, dispense, and administer Controlled Substances, Veterinarians must ~~have a valid DEA registration or~~ meet requirements of the ~~provincial~~ federal and Jurisdictional licensing body, ~~establish a Veterinarian-Client-Patient Relationship (VCPR)~~ and comply with all ~~DEA,~~ federal, and Jurisdictional laws ~~and statutes in order to provide opioids and other controlled substances for their Patients.~~

(b) Except in cases of Emergency Care, the Veterinarian must establish a Veterinarian-Client-Patient Relationship (VCPR) prior to providing Controlled Substances.

~~(b)~~(c) The Veterinarian shall ~~complete~~ assess the Patient's ~~a~~ history and complete an in-person physical examination appropriate to the complaint ~~and conduct an assessment of the Patient's history~~ as part of the initial evaluation.

~~(c)~~(d) For initial prescribing of a Controlled Substance: ~~Before initiating treatment, nonpharmacologic and non-opioid treatment shall be given consideration prior to treatment with an opioid.~~

(1) ~~If an O~~opioid is necessary for treatment of ~~acute~~ pain, ~~the~~ Veterinarian shall prescribe it in the lowest effective dose appropriate ~~-~~ for the condition, the size and species of the ~~animal~~ Patient, and for the least amount of time~~;~~.

(2) The initial dose shall not exceed a XX-day supply~~; and~~.

(3) The Patient shall be reevaluated for continued prescribing of a Controlled Substance.

~~(d) For prescribing an opioid or other controlled substance for management of acute pain after the initial XX day prescription, the Patient shall be seen and re-evaluated for the continued need for an opioid or a controlled substance.~~

(e) For extended prescribing of a Controlled Substance: ~~A Veterinarian may prescribe an opioid for management of chronic pain, terminal illnesses, or certain chronic conditions, such as chronic heart failure, chronic bronchitis, osteoarthritis, collapsing trachea, or related conditions.~~

~~For the prescribing of an opioid for terminal illnesses or certain chronic conditions, it is not required to see and reevaluate the pPatient for prescribing beyond XX days.~~

(1) For ~~any~~ prescribing ~~of an opioid~~ beyond ~~XX~~ XX days, the Veterinarian shall develop a treatment plan for the Pp~~p~~atient with the following:~~,~~

i. Measures to be used to determine progress in treatment;
ii. Lowest effective dose appropriate for the size and species;
iii. Further diagnostic valuations or modalities;
iv. Criteria to guide owners when a follow-up evaluation is warranted; and
~~i.~~v. The extent to which the condition is associated with physical impairment;

~~which shall include measures to be used to determine progress in treatment, the lowest effective dose appropriate for the size and species, further diagnostic evaluations or modalities that might be necessary, criteria to guide owners on when a follow-up visit is warranted, and the extent to which the pain or condition is associated with physical impairment.~~

~~(2)~~ T

~~(3)~~(2) ~~For continued prescribing of an opioid for chronic conditions, t~~he Ppatient shall be ~~seen and~~ reevaluated at least every XX months, and the justification for continued~~such~~ prescribing shall be documented in the Patient record.

(f) The M~~m~~edical R~~r~~ecord for prescribing ~~Controlled Substances~~opioids shall ~~include signs or presentation of the pain or condition, a presumptive diagnosis for the origin of the pain or condition, an examination appropriate to the complaint, a treatment plan, and the medication prescribed to include the date, type, dosage, and quantity prescribe~~comply with regulations as set forth in **Medical Recordkeeping**. ~~if passedd.~~

(g) ~~Prior to prescribing or dispensing an opioid, the Veterinarian shall document a discussion with the Client about the known risks and benefits of opioid therapy, the responsibility for the security of the drug and proper disposal of any unused drug.~~ Except in cases of Emergency Care or when used in the hospital, prior to prescribing or dispensing a Controlled Substance, the Veterinarian shall provide in writing to the Client and discuss with the Client the known risks and benefits of the therapy, the responsibility for the security of the drug, and proper disposal of any unused drug.

Commentary: Section 1. Use of Controlled Substances.

Regulations may wish to cite the specific sections of the Jurisdiction's drug control act or section(s) of the Veterinary Medicine Act related to prescribing or dispensing controlled substances.

The AAVSB recommends that the Jurisdiction limit the initial dose of a Controlled Substance that is dispensed or prescribed to a maximum 14-day supply; in some instances, a 3-5 day supply may be more appropriate. Following the initial 14-day supply, the AAVSB recommends that Jurisdictions require that the Patient be seen and re-evaluated for the continued need of the Controlled Substance.

Feedback Summary for Appropriate Prescribing and Use of Controlled Substances Model Regulations

Line	Comment	RPC response
General	KBVE notes there is no discussion of the abuse potential for xylazine and medetomidine. Please consider adding commentary on the emerging diversion issues surrounding all alpha2 adrenergic agonists.	Thank you for this comment. This commentary has been added.
Commentary	KBVE: please consider using the national terminology "prescription drug monitoring program (PDMP)" rather than "drug diversion programs".	The original language was used to reflect the international nature of the PAM, and "prescription drug monitoring program" is limited to the US. In Canada, no provinces require such reporting for veterinarians. However, the RPC notes the potential for confusion for "drug diversion" programs and have changed it to "prescription monitoring programs"
Commentary	BOD: The wording is confusing. With the reference to "drug diversion programs"; is RPC referring to requirements that a DVM report all controlled drugs prescribed or dispensed to a data base that is also required of MD's or DO's?	Thank you for this comment. The phrase has been changed to "prescription monitoring programs."
Commentary	BOD: RPC might also mention that a vet board needs to coordinate with its pharmacy board in trying to address the role DVM's play in attempts to reduce diversion of controlled drugs.	Thank you, this has been added.
General	BOD: Would this be an appropriate document to provide guidelines regarding security of controlled drugs in a Veterinary Facility? This is often an issue that boards deal with when they do investigations or inspections. Who can access the controlled drugs? How best to prevent diversion by the personnel in one's office?	Thank you for this question. The RPC believes that securing controlled substances would fall within model regulations for Veterinary Facility Standards. This has been added to the draft. The RPC would be grateful for a review of that language when it is submitted.
Commentary	BOD: would this be an appropriate place to provide guidelines about how to deal with clients who may be drug seeking and using the pet to obtain opioid pain medications?	The RPC appreciates this concern and notes that there are some jurisdictions that require controlled substance CE. However, the RPC did not feel that this was the appropriate media to address this concern. Commentary has been added regarding CE instructing on the prevention of drug diversion.
Commentary	KBVE: "Therefore, the veterinary community needs to be part of the effort to address this national crisis." This is a broad, conclusory statement without apparent evidence. Prescription Drug Monitoring Programs (PDMPs) exist in	Thank you for this comment and excellent point. The RPC has discussed it and has amended it to say "needs to be aware of this public health crisis" rather than requiring the vet community to

	approx. less than half of U.S. jurisdictions, and there is no clear data demonstrating that these programs impactfully reduce diversion. KBVE acknowledges the serious concerns with drug diversion, however suggests that PDMPs may not serve up the same results in veterinary practice as in human medicine, making these programs more of an unnecessary regulatory burden on veterinarian practitioners. PDMPs are complicated by the fact that animals are not assigned a SS# or other tracking identifier, and because a great deal of diversion in veterinary medicine appears to result from clients rather than licensees who divert. In contrast, the Board notes there is clear evidence that veterinarians (particularly mixed animal practitioners) are sometimes denied the ability to fill a prescription based on "order patterns" that deviate from their norms, a concern that legitimate veterinary practice is hampered or road blocked by "future crime potential" restrictions on drug dispensation. This also comes into play when drugs are reported by distributors to be going on back order or possibly on sale and veterinarians need to stock up to keep supply, but are denied because this deviates from prior order patterns. In world of veterinary shortages and practitioners leaving full-time large animal and equine practice, mixed animal practitioners and all other practitioners need the flexibility to order for their patients as needed and the ability to order for their practice based on forecasting of drug availability. KBVE requests that all of this be considered for inclusion in the commentary for jurisdictional considerations. If evidence can be gathered on the success of veterinarian PDMPs, effectiveness data should be included.	be part of the effort to address it. The RPC did not want to eliminate this sentence altogether because this is an important issue that veterinarians should recognize and consider what their role may be, no matter how small.
Section 1(a)	BOD: Because the word “prescribing” was replaced with “Use” in the title of this section, (a) may need more specificity. Please consider the addition of the phrase “In order to prescribe, dispense, and administer Opioids….” at the beginning of the sentence	Thank you, we have made this change.
Section 1	BOD: rather than “the condition, the size, and species” please consider if “the diagnosis, size, and condition” is more appropriate.	Thank you for this comment. The RPC discussed this and determined that for some circumstances, the exact diagnosis may not be known. The RPC would prefer to keep the word “species” in as that would affect the appropriateness of the prescribing.
Section 1	KBVE suggests that the Commentary for Section 1 make the recommendation that controlled substances, particularly for acute pain, should be issued in only a 3-5 day supply. Reevaluation prior to refills should be mandated, especially in cases with acute treatments.	Thank you for this comment. The RPC added this.

General	Ray Ramirez: My suggestion is for an overall process for a model regulation. I greatly appreciate the detail of wordsmithing that needs to be done for these documents, and nuancing what each word or phrase will mean to the regulatory body that is looking at these models to use as a basis for their regulation. My suggestion is that when there are two good, but slightly different choices that could be made by AAVSB committee, to note that in the 'comment' for that, so a regulatory agency understands the differences, and they can select what is appropriate for their citizens. for example 104: Controlled substances. Many jurisdictions have included drugs that are NOT in the DEA CS acts. Having an example language that is struck as a 'comment' for a jurisdiction would be helpful to that jurisdiction.	Thank you for this comment, Dr Ramirez. The RPC recognizes the value that this approach may bring, but it may also make the commentary too cumbersome. To your specific concern, the RPC has changed the definition of "Controlled Substance" to include jurisdictional law; this can be seen in the proposed changes to PAM section 104 in a separate document. As always, AAVSB member Boards are encouraged to adapt the model language to meet their specific needs and laws.
Section 1	KBVE: Please consider adding back in a broad category for "other chronic conditions". During review, Members of the KBVE stated that management of chronic pain and terminal illnesses should not be the only allowable reasons for opioid prescriptions.	Thank you for this excellent point, the RPC has noted it and has made changes accordingly
Section 1	KBVE: Why was "For continued prescribing of an opioid for chronic conditions" struck? It should be incumbent upon the veterinarian to require a re-check of a patient's condition to ensure that controlled substances are still justified. In human medicine, rechecks are required at least every six months. If, as stated earlier in the document, veterinarians have a responsibility to assist in reduction of drug diversions, then rechecks of a patient condition for continued opioid prescriptions should be mandatory.	Thank you, the RPC agrees with this logic and has unstruck it.
Commentary Section 1	BOD: Please consider adding commentary on to include the establishment of opioid prescribing after acute pain has become chronic and provide more detailed after care. For example, such language may be: "A Veterinarian may prescribe an Opioid for the management of chronic pain or terminal illnesses after the protocol for the prescription of Opioids in acute pain has been followed, and determined to require extension beyond X days. For the prescribing of an Opioid for the management of chronic pain or terminal illnesses, it is not required for the Veterinarian to see and reevaluate the Patient. However, a treatment plan must be created for the Patient and Client, which shall include measures of monitoring progress in treatment, the lowest effective dose appropriate to the patient size and condition, diagnostics or other modalities for evaluation, and criteria for follow-up visits to determine when the prescribing of Opioids require change or termination."	Thank you for this comment, the RPC has determined to reword the document to remove this concern. Rather than acute and chronic conditions, the document has been re-worded to specify time periods.

Commentary Section 1	KBVE: Research shows that in human medicine, rechecks are required at least every three (3) months, or more frequently. To remove paragraph (h) on the prior page and then leave this comment as written is in direct contravention to the statements in the Commentary Box on Document page 1. Such a position has the potential to open the door for practice owners to mandate to their employed licensees that re-checks are NOT required for opioid refills. This is a dangerous precedent and does not support diversion reduction.	Thank you for this concern, the RPC agrees. Language to the model regulations has been added with suggestions for Boards to consider, and the last paragraph of the commentary has been struck.

Model Regulations: Delegation of Tasks to Unlicensed Staff

As recommended by the AAVSB Regulatory Policy Committee in April 2026

Delegation of Tasks to Unlicensed Staff

Model Regulation.

Licensees may delegate the following tasks to unlicensed Staff under the direction and Supervision of a Veterinarian. All Licensees are responsible for what is delegated to unlicensed Staff and must consider the individual's experience, training, education, and skill as well as the medical needs of the Patient when delegating tasks and determining if an elevated level of Supervision is warranted.

Commentary: Model Regulation.

The AAVSB PAM defines Staff as all persons working within the Veterinary Facility, including but not limited to employees, students, interns, preceptors, and volunteers. Because that definition includes licensed Veterinarians and Veterinary Technicians, it is necessary to clarify this model regulation applies to Staff members that are unlicensed.

The AAVSB is not recommending the regulation of unlicensed Staff, however it is common practice for unlicensed Staff to assist Licensees with certain tasks in a veterinary practice. The task list in the **AAVSB Model Regulations Delegation of Tasks to Unlicensed Staff** serves to highlight the different types of allowed tasks and Supervision levels for unlicensed Staff. Although unlicensed Staff are not regulated, the tasks delegated by Licensees *are*. Licensees must use their professional judgement to determine if the individual's experience and skills are adequate to perform the tasks. By virtue of these model regulations, the delegation of tasks listed within are subject to regulation, and the Licensee is held responsible for Staff actions after delegation.

The use of the word "Licensee" is intentional in these model regulations. This should be interpreted to include both Veterinarians and Veterinary Technician. The Veterinary Technician would themselves be working under the direction of a Supervising Veterinarian.

Section 1. Prohibited Tasks

Licensees are prohibited from delegating the following tasks to unlicensed Staff:

(a) Surgery;

(b) Diagnosing;

(c) Prognosing;

(d) Prescribing;

(e) Dispensing a Controlled Substance;

(f) Any procedure that enters the esophagus, trachea, abdomen, thorax, skeleton, central nervous system, or coelom;

(g) Minimally invasive, scope-assisted procedures;

(h) Subcutaneous tube or drain placement;

(i) Sedation or general anesthesia induction;

(j) Regional analgesia administration;

(k) The following dental procedures:

  (1) Floating of equine teeth;

  (2) Trimming of lagamorph and rodent teeth;

  (3) Root planing;

  (4) Placement of perioceutics;

  (5) The suturing of gums and gingiva; and

  (6) Tooth extraction;

(l) Creating any incision;

(m) Closure of laceration or incision;

(n) Insertion of any tube or catheter, except intravenous catheterization, except as explicitly stated in Section 2-4 of these regulations;

(o) Pursuant to Article 104 (dd) in the Act, Supervision of Staff;

(p) Conduction of follow-up appointments;

(q) Recommendation and initiation of diagnostics per written protocols;

(r) Administration of radio-opaque material for diagnostic purposes;

(s) Embryo and oocyte collection, flushing, and processing, including searching, staging, grading, loading, and cryopreservation;

(t) Ear flushing with irrigation or suction;

(u) Patient transport while actively providing medical care; and

(v) Euthanasia.

Commentary: Section 1. Prohibited Tasks.

Section 1.
In placing tasks to include in Prohibited Tasks, the AAVSB balanced the skill necessary to compete these tasks and risk of Patient harm against the needs of all Veterinary Facilities, including small or single-veterinarian practices, rural practices, and mobile units. In addition, the AAVSB intends for separate task lists for Veterinary Technicians and unlicensed Staff to elevate the role of Veterinary Technicians.

Section 1(i).
The model regulation has tasks surrounding anesthesia in various sections; this was decided after careful review of regulations and common reasons for public complaint. The induction of sedation or anesthesia, as well as intubation, is prohibited for unlicensed Staff, as this is the most dynamic and dangerous portion of the event. Anesthesia maintenance is included in Immediate Supervision, as changes in anesthesia levels could be communicated by the Veterinarian during surgery. Allowing unlicensed Staff to make those changes would eliminate the Veterinarian from having to break sterility to make the changes themselves. Recovery from anesthesia or sedation is under Direct Supervision, thus allowing the Veterinarian to perform other tasks while still being on the premises should there be a problem. While Patient monitoring tasks are listed in Indirect Supervision, if any of these tasks are performed under sedation or anesthesia, they must be performed at the minimum Supervision levels as indicated.

Section 1(o).
The AAVSB defines Supervision in Section 104 of the PAM in terms of medically relevant supervision. This item should not be construed to refer to administrative or managerial supervision.

Animal Healthcare Tasks That May Be Delegated to Unlicensed Staff

Except where prohibited in the Act Section 106(a)(3) or by federal or Jurisdictional law, a Licensee shall exercise professional judgement in delegating tasks to Unlicensed Staff including but not limited to those included in this Section 2-5. Licensees must meet minimum Standards of Care and remain responsible for the tasks being delegated for the health and safety of the Patient.

Section 2. Immediate Supervision

The following tasks may be delegated to unlicensed Staff under Immediate Supervision:

(a) Maintenance of general anesthesia or sedation;

(b) Cellular or microbiological sample collection or preparation by any non-surgical methods;

(c) Bladder expression; and

(d) Ultrasound assistance.

Section 3. Direct Supervision

The following tasks may be delegated to unlicensed Staff under Direct Supervision:

(a) Recovery from general anesthesia or sedation;

(b) Dental Procedures including:

  (1) The removal of calculus, soft deposits, plaque, and stains;

  (2) The smoothing and polishing of teeth;

  (3) The application of universal dentin sealants or fluoride materials;

(c) Manual positive pressure ventilation administration;

(d) Treatment, administration, preparation, and application including but not limited to: biological and immunological agents(vaccines);

(e) Administration of a non-injectable Dispensed Controlled Substance, in accordance with a Veterinarian's prescription;

(f) Blood component collection, preparation, or administration;

(g) Nasal oxygen tube placement;

(h) Patient surgical preparation;

(i) Treatment of skin lesion or wound;

(j) Staple, suture, or drain removal;

(k) Enema administration;

(l) Semen collection;

(m) Animal rehabilitation therapies, including the use of nonsurgical forms of energy; and

(n) Ocular tonometry, Schirmer tear test, and fluorescein staining.

Commentary: Section 3. Direct Supervision.

Section 3(l).
Standards of Care dictate that for certain reasons such as breeding soundness exams, or for certain breed or species, this should be performed by a Veterinarian. As with all tasks, it is the Veterinarian's responsibility to determine the appropriate level of Supervision, and if delegation of a task is appropriate at all. The AAVSB has placed this task under Direct Supervision to allow this leeway for the Veterinarian.

Section 4. Indirect Supervision

If sedation or anesthesia is not required, the following tasks may be delegated to unlicensed Staff under Indirect Supervision of a Supervising Veterinarian:

(a) In-room support to a Veterinary Technician performing tasks under Indirect Supervision pursuant to Scope of Practice for Veterinary Technicians, Section 3;

(b) Peripheral intravenous catheter placement;

(c) Blood sample collection via venipuncture;

(d) Clinical laboratory procedures;

(e) Radiographic imaging;

(f) Patient monitoring including, but not limited to, electrocardiogram, blood pressure, and blood oxygen saturation;

(g) Subcutaneous microchip or other permanent identification device implantation;

(h) Dispensing or administration of a drug or medication, in accordance with a Veterinarian's prescription;

(i) Oxygen therapy administration via flow by, oxygen cage, or mask;

(j) Ear cleaning without irrigation or suction;

(k) Animal restraint;

(l) Vital sign monitoring;

(m) Subcutaneous fluid administration;

(n) Anal sac expression;

(o) Digital fecal sample collection;

(p) Clinical laboratory sample preparation; and

(q) Voided urine collection.

Commentary: Section 4. Indirect Supervision.

Section 4(i).
The AAVSB opted for these specific forms of oxygen therapy because they posed less risk of harm to the patient.

Section 4(n).
This should not be interpreted to include insertion of medication into the anal gland.

Section 5: Initiation of Emergency Care

Regardless of the existence of a VCPR, unlicensed Staff may perform the tasks in this Section 4 without Supervision if they are performed in the delivery of Emergency Care, are within the individual's skills, knowledge, and judgement, and the individual consults with a Veterinarian as soon as possible.

(a) Intravenous catheter placement;

(b) Open airway establishment through intubation or other means;

(c) Oxygen therapy;

(d) Cardiopulmonary resuscitation, including medication administration and defibrillation, and immediate post resuscitation care according to established protocols;

(e) Soft bandage application for the purpose of bone or joint stabilization prior to diagnostic imaging;

(f) Hemorrhage control;

(g) Wound dressing application; and

(h) External supportive treatment for burns, or heat- or cold-induced illness.

Feedback Summary for Delegation of Tasks to Unlicensed Staff Model Regulations

Line	Comment	RPC response
General	Alberta: We disagree with almost everything in this document except the prohibited tasks list. Sections 2, 3, 4 and 5 would make it permissible to delegate procedures that we believe should be performed by regulated members only. We are especially concerned with the delegation of anesthesia to unregulated individuals (lines 69(a) and 81(a)). Minimum standards must ensure that any procedure that represents a "risk" to a patient must be performed by either a DVM or RVT. In our opinion, at minimum, the following should be removed from tasks that can be delegated: • 69(a) General anesthesia or sedation maintenance; • 73(d) Bladder expression; • 81(a) General anesthesia or sedation recovery monitoring; • 83(b) Dental Procedures • 89(d) Blood component collection, preparation, or administration • 96(g) Dispensing of a Controlled Substance • 99(h) Treatment of skin lesion or wound; • 101(i) Staple, suture, or drain removal • 103(j) Enema administration; • 105(k) Nonsurgical sterilization • 107(l) Ocular tonometry, Schirmer tear test, and fluorescein staining • 131(d) Peripheral intravenous catheter placement; • 133(e) Blood sample collection via venipuncture • 138(g) Radiographic imaging • 140(h) Patient monitoring • 146(j) Treatment, administration, preparation, and application including but not limited to: enemas, biological and immunological agents(vaccines), or regenerative medicine preparations • 165(q) Vital sign monitoring; • 167(r) Subcutaneous fluid administration;	Thank you for this comment. While the RPC greatly values this feedback, it is based on the current reality of what happens in veterinary facilities, and the reality of limitations in veterinary staff composition, especially that of licensed veterinary technicians. As with all tasks, it is up to the professional judgement of the veterinarian to determine if the individual is competent enough to safely complete the tasks.

	• 175(v) Artificial insemination, animal enrollment in timed artificial insemination protocols, and hormone injection administration; • 191(a) Intravenous catheter placement; It would almost be easier to list what an unlicensed person can do: • 75(f) • 94(f) • 124(a) • 129(c) • 160(o) • 163(p) • 180(x)	
General	AABP: Our overarching concern with certain tasks delegated to an unlicensed staff member is the statement that AAVSB is not recommending the regulation of unlicensed staff. We agree that an unlicensed staff member is not subject to regulation, however some tasks that are performed by veterinarians and veterinary technicians should be subject to regulation to protect the animal and the public.	Thank you for this comment. The RPC wishes to reassure the AABP that all tasks are subject to regulation by way of supervision, just not all individuals. We have amended the commentary to reinforce this point and have reworded the first paragraph slightly to reinforce delegation.
General	AVMA: We concur with the concern of the AABP regarding the statement that the AAVSB is not recommending regulation of unlicensed staff. While an unlicensed staff member is – by definition – not subject to regulation, some tasks that are performed by veterinarians and veterinary technicians should be subject to regulation to protect veterinary patients and the public.	All tasks are still subject to regulation by way of supervision and delegation decisions of the Licensee. As stated in the response to the AABP, the RPC has amended the commentary and this opening paragraph to reinforce this point.
General	BOD: While Staff is a defined term, confusion may arise with unlicensed Staff. Consider the value in providing either commentary to explain or a separate definition for unlicensed Staff	Thank you for this comment. The RPC has added commentary to address this potential confusion.
General	NAVTA: how would 'unlicensed staff' or 'veterinary assistants' have any 'Section 4. Indirect Supervision' tasks. Given the very long list provided in this section, this would not encourage practices to hire credentialed veterinary technicians. Additionally, this is direct conflict with many/most definitions of what a veterinary assistant is allowed to do. The tasks on this list for this model should be moved to Prohibited, Direct or Indirect. After discussion amongst the review committee and input from other stakeholders, we recommend that the Section 3: Direct Supervision and Section 4: Indirect Supervision be combined and defined as 'Direct Supervision by either a Veterinarian or a Credentialed Veterinary Technician'.	Thank you for this comment. The intention of this model regulation is to allow for supervision of a Licensee- either a Veterinarian or Veterinary Technician. Commentary has been added to address this. Regarding the concern expressed in the rest of this note: The AAVSB promotes the licensing of Veterinary Technicians. The RPC believes that having a separate list for what veterinary technicians can do vs unlicensed Staff would promote such licensing. However, this model regulation reflects common practice in veterinary medicine, and the RPC believes that there are times in which the Unlicensed Staff may be called

	We understand that the lengthy list of 'Indirect' tasks provided here is meant to provide flexibility for animal shelters that do not have credentialed staff but we feel very strongly that making this allowance for that reason creates a nationwide loophole supporting those that choose not to hire credentialed veterinary technicians. Additionally, since legislation to provide title protection and scope of duty for veterinary technicians is designed first and foremost to provide for client safety, leaving this wide opening for 'non-licensed staff' suggests a large window for that to not actually be the case. And if legislative committees are reviewing language and see this large window, it would be logical for them to ask how this would consistently provide client safety assurance. NAVTA credentialed veterinary assistants wouldn't even have been trained to do some of these tasks. We hope that we can be more supportive for the educational value of hiring veterinary technicians. In many or most states, in order to get a shelter license, you must provide proof of having veterinary support and many veterinary organizations provide volunteer assistance to support care for animals in shelters.	on to perform low-risk tasks without a Licensee present. When viewed in tandem, the Veterinary Technician Scope of Practice and Unlicensed Staff Delegation of Tasks reflects an elevated scope of practice and autonomy for veterinary technicians: supervision levels are lower for veterinary technicians vs unlicensed Staff, explicit allowance for advanced procedures that may have been previously unclear to be within scope or prohibited, including procedures involving incisions, working along protocols and algorithms that enable more autonomy and decision-making ability, and supervising other staff members.
Introduction	NAVTA: The task force is questioning the legality of the language in the opening paragraph stating that 'All licensees are responsible for the actions of unlicensed Staff and must consider…' Is this a legal interpretation? If so, this would suggest that Veterinary Technicians are responsible for what CSRs and Practice Managers do in addition to Veterinary Assistants. If you reduce that statement to say only Veterinary Assistants, it is still problematic. They are responsible for supervision and in a practice handbook this should be addressed but we are unclear about what this language is meant to suggest, and the legality of such language.	Thank you for this feedback. The RPC has clarified the opening paragraph to address this concern
Introduction	BOD: please consider if education should be a consideration specified in regulations	Thank you for this feedback. The RPC agrees and has added education
Introduction Commentary	AVMA: "Allowed" tasks suggests regulation, which follows the statement that AAVSB is not recommending the regulation of unlicensed staff. With this in mind, suggest referring to "appropriate tasks" instead.	The RPC is stating that the delegation of tasks is regulated, and certain tasks should not be delegated to unlicensed Staff. This is in accordance with prior comment from the AVMA and AABP. The RPC hopes that the language amendments has cleared up this confusion.
Introduction Commentary	KBVE believes this is a typo: "Certified Veterinary Associates" and should instead read "Certified Veterinary Assistants".	Thank you, this was deleted per NAVTA's comment.
Introduction Commentary	NAVTA: If the Certified Veterinary Associate is going to be referred to here it needs to be defined. Many are more familiar with the term VPA (veterinary professional associate) and are confusing the term used with CVA	Thank you for this comment. The RPC reviewed and determined that the risk of confusion does not warrant the mention in commentary.

	referencing a veterinary assistant. There needs to be clarified about which you are referencing.	
Section 1. Prohibited Tasks	BOD: When determining prohibited vs supervised tasks, please provide commentary on the RPC's considerations on these topics, especially with regards to single practitioner, rural large and mixed animal veterinarians that rely heavily on unlicensed Staff. These Staff members, while unlicensed, may be able to competently complete tasks at the RVT level with Immediate or Direct Supervision and are vital to many clinics in areas where credentialed vet techs are not available. Please provide commentary confirming the understanding that the Licensee would be held liable and responsible for the proper training and determination of the skill of the unlicensed Staff. For example, please provide the RPC's considerations for prohibiting the administration (induction) of IM and SQ sedation yet allowing maintenance of anesthesia and sedation, or prohibiting the placement of an endotracheal tube under immediate supervision.	Thank you for this comment. The RPC had discussed this and reviewed public complaint history from several jurisdictions. The induction and intubation phase of anesthesia is the most dangerous and corresponds with a greater number of complaints. This is a common prohibition in many jurisdictions. Because of this, the RPC believes that it is most safe for a licensed individual to perform. Commentary has been added in several places to address these concerns.
Section 1. Prohibited Tasks	AVMA: "prohibited from delegating the following tasks…" We note that, unfortunately, there are still states in which veterinary technicians are not licensed. With that in mind, it may be useful to include mention of this in the introductory Commentary to this document, because, in those states, this document would seem to apply not only to non-veterinary technician team members, but also to veterinary technicians who could be credentialed for licensing in other states.	This comment suggests to the RPC that the AVMA is asking if a individual licensed in, for example, New York, may be allowed to perform some of these Section 1 tasks in Vermont, without a license. If this is the case, the RPC disagrees for several reasons. 1) While we acknowledge such an individual would be capable of performing such tasks, there is no disciplinary process to protect the public should Patient harm result. 2) The AAVSB fully promotes the regulation of veterinary technicians. To allow unregulated individuals from performing these tasks would run counter to that goal.
Section 1. Prohibited Tasks	KBVE finds this ("Any procedure that enters the esophagus, trachea, abdomen, thorax, skeleton, central nervous system, or coelom ") is not worded well. Members of the Board suggest, for example, that "trachea" be better defined to state "intubating, passing OG/NG tubes" or similar.	Thank you for this comment. The RPC reviewed and determined that as the other words refer to anatomy, than "trachea" is best suited to remain.
Section 1. Prohibited Tasks	AVMA: "Any procedure that enters the esophagus…abdomen…" and "minimally invasive, scope-assisted procedures". We assume this includes blind or guided cystocentesis (or any other body wall/organ puncture)?	Thank you for this question. Yes this would include those tasks.
General	KBVE: Members of the Board expressed great concern that these model regulations appear to be written for	Thank you for this comment; that sentiment is regrettable. Feedback on the Veterinary Technician model regulation suggested that a

	small animal medicine only. There is little separation for large animal medicine and practices.	"species agnostic" approach was preferrable. The RPC requested feedback from professional associations representing large, small, exotic, and lab animals, and has made significant edits as a result of feedback received. Please consider providing concrete suggestions for future improvements, if this model regulation is passed. As this is a living document, the RPC welcomes additional input on what changes may be made to allow for more inclusion for large animal medicine in its next iteration. This feedback can be provided on the AAVSB website. In the meantime, jurisdictions are encouraged to amend any language to best adapt it to their unique needs.
Section 1. Prohibited Tasks	KBVE requests to add to prohibited tasks under (j) the suturing of gums/gingiva.	Thank you, this has been made
Section 1. Prohibited Tasks	BOD: [Insertion of any tube or catheter] excludes urinary catheters in male dogs or for the purpose of urine collection / bladder collection	Thank you for this observation. The RPC discussed this and determined that unlicensed Staff should be allowed to collect voided urine samples only, given the potential for harm from other methods.
Section 1. Prohibited Tasks	BOD: How can we distinguish the Physical exam (to be performed by a DVM and/or RVT, and documented in the medical record) from the unlicensed staff taking vital signs, noting a skin lesion, checking for fleas, an ear infection, the location of growths/tumors, etc. How does this document distinguish these skills from performing and documenting a complete physical exam? In addition, does this include monitoring vital signs during anesthesia or sedation?	Thank you for pointing this out. The RPC discussed this and agrees that it is confusing. Because the actual act of performing a physical exam does not necessarily lead to Patient harm, the RPC has decided to remove this from the prohibited list to remove confusion
Section 1. Prohibited Tasks	BOD: Please provide commentary clarifying that "supervision of staff" refers to the defined term of Supervision, rather than a managerial level of supervision.	Thank you for this, the RPC understands the confusion and has added commentary and additional language to reduce it.
Section 1. Prohibited Tasks	NAVTA: Supervision of Staff should likely be removed because they could potentially supervise a CSR or be hired as a practice manager.	Thank you, this was pointed out and addressed in a prior comment. The RPC appreciates the identification of potentially confusing language.
Section 1. Prohibited Tasks	AVMA: "Supervision of staff". Language should be clarified to refer to providing medical supervision, because some management roles do not involve veterinarians or veterinary technicians.	Thank you, this was pointed out and addressed in a prior comment. The RPC appreciates the identification of potentially confusing language.

Section 1. Prohibited Tasks	AVMA: "Radio-opaque material administration". Consideration should be given to extending this to include all high-volume oral substances (e.g., Toxiban).	Thank you, this has been changed to "Administration of radio-opaque material for diagnostic purposes"
Section 1. Prohibited Tasks	NAVTA: recommend moving [Patient transport while actively providing medical care] to direct supervision	Thank you for this comment. The RPC believes moving this to Direct would negate the point of patient transport
Section 1. Prohibited Tasks	BOD: please elaborate on the RPC's rationale for prohibiting [Recommendation and initiation of diagnostics per written protocols.]	Thank you for this question. The RPC discussed and concluded that this level of autonomy would be best performed by a licensed individual.
Section 1. Prohibited Tasks	KBVE: The text notes that tasks by unlicensed staff may be delegated, but not who does the delegating. Is this delegation by only a veterinarian? KBVE asks the RPC to consider allowing Licensed Veterinary Technicians to also delegate tasks to unlicensed staff under Direct Supervision.	Thank you for this question, the RPC is in complete alignment. By definition, the term Licensee includes both Veterinarians and Veterinary Technicians.
Section 2. Immediate Supervision	BOD: please consider the risks vs benefits of allowing unlicensed staff to maintain general anesthesia, and provide your rationale for including this task	Thank you for this question. These model regulations address the current reality of veterinary practices today. Most veterinary practice acts in North America do not prevent veterinary assistants from monitoring anesthesia under veterinary supervision. Many clinics do not have veterinary technicians, yet still perform surgical procedures. This line items allows a staff member to adjust anesthetic levels under immediate supervision of the veterinarian; if this was not allowed, the veterinarian would have to break sterility to change the gas level or give injections themselves; this increases the time under anesthesia, as the veterinarian would then have to reglove or perhaps even regown. The RPC discussed this extensively and determined that in this scenario, the veterinarian would be instructing the Staff on appropriate actions. The RPC has added commentary to address this confusion
Section 2. Immediate Supervision	AVMA: "General anesthesia or sedation maintenance". "Maintenance" should probably be "monitoring", since "maintenance" could be interpreted as performing interventions/adjustments to drugs/gases being administered, which is not appropriate for an unlicensed individual.	Thank you for this comment, the intention was indeed to have maintenance. Please see the RPC's responses to the prior question.
Section 2. Immediate Supervision	AABP: Line 70: Semen collection of the purpose of motility and concentration assessment. ● It is unclear if this task is for just collecting the semen or will the unlicensed person be performing the assessment	Thank you for this comment. The RPC discussed and determined to remove the additional language to remove confusion. If the semen is collected for high-stakes reason, it is up to the

	as part of a Breeding Soundness Exam (BSE) which is a veterinarian only procedure. The veterinarian is the licensed professional who is tasked with performing the BSE which includes assessment of semen and sperm. This should be clearly stated in the document. ● The BSE semen exam involves much more than "motility and concentration assessment" and must always include a morphologic assessment of a minimum of 100 individual spermatozoa for the veterinarian to reach a diagnosis of satisfactory, unsatisfactory, or deferred classification for breeding. The lack of this portion of the BSE compromises the validity of the exam and this type of expertise is derived from the veterinarian and their training. Thus, this type of examination must be a veterinarian-only procedure.	professional judgement of the veterinarian to determine the most suitable individual to perform this task.
Section 2. Immediate Supervision	AVMA: "Semen collection for purpose of motility and concentration assessment." It is unclear whether this task refers to only collecting the semen or that the unlicensed person will be performing the assessment as part of a Breeding Soundness Examination. The latter is a procedure that should only be performed by a veterinarian. This needs to be made clear in the document. In addition, concerns were expressed by our companion animal colleagues that the use of electroejaculators by nonlicensed individuals includes insertion of a tube rectally – which appears to be in conflict with language in Section 1, line 44 – and that semen collection performed incorrectly can cause organ damage. It was mentioned that performing this procedure may also require sedation. At minimum, it appears more detail is necessary to clarify by species and approach.	Thank you for this question, the RPC has addressed this concern by removing language and adding commentary.
Section 2. Immediate Supervision	BOD: the wording of [Cellular or microbiological sample collection or preparation…] may be confusing. Please consider rewording or providing explanation in commentary.	Thank you for this comment - this has been adapted from pre-existing language in the Veterinary Technician Scope of Practice model regulations and the RPC has not received questions or comments regarding a lack of clarity. The RPC will continue to monitor for confusion and address as necessary.
Section 2. Immediate Supervision	AABP: Line 74: Bovine rectal palpation ● AABP strongly objects to the allowance of bovine rectal palpation by an unlicensed staff member. This is an invasive procedure that has a risk of significant health consequences to the animal if done incorrectly. This procedure is different from artificial insemination because it requires significant manipulation of the reproductive tract versus only passing a rod through the cervix. ● Rectal palpation is also far more advanced and requires a different skill set than ultrasound. Palpation alone is an	Thank you, this has been removed. The RPC appreciates AABP's extensive explanation.

	advanced skill that is a veterinarian only procedure and it also requires a diagnosis. Our comments above outline what encompasses a reproductive exam. Rectal palpation for reproductive exams should never be performed by an unlicensed and unregulated person. ● The document prohibits an unlicensed person from performing a physical exam (Line 45) but allows bovine rectal palpation which is a part of a complete physical examination and therefore is conflicting. ● Why is AAVSB providing an allowance for this procedure on bovines but not other species? Many of the prohibited tasks are far less invasive and require significantly less training than bovine rectal palpation. ● Access to veterinary care in rural areas does not mean we should decrease the quality of that care by allowing for an unlicensed and unregulated person to perform an invasive procedure. The unintended consequences of such an allowance will further drive veterinarians out of rural communities and decrease access to care. This is not the approach that a licensing body should take but instead should support the profession. The undefined needs of a community, which is not based on any stated fact, should not be used to determine the regulated level of care that is provided to the animals in that community.	
Section 3. Direct Supervision	BOD: RPC, please provide commentary or rewording "General anesthesia or sedation recovery monitoring" to make it clear that it is referring to the monitoring of recovery, not monitoring sedation or anesthesia.	Thank you for this feedback. The RPC believes that the removal of the word monitoring retains the meaning yet removes the confusion
Section 3. Direct Supervision	CVMA: "General anesthesia or sedation recovery monitoring" should not be allowed to be delegated to unlicensed staff as unlicensed staff do not have the expertise or training to be able to respond to negative anesthetic events. The public expects that anesthesia, which is a high risk procedure, will be carried out by licensed individuals.	Thank you for this question. Please see the above answer to our Board of directors on this topic.
Section 3. Direct Supervision	KBVE notes that a TPR should be allowable by unlicensed staff under Indirect (rather than Direct) Supervision.	Thank you for this note, the RPC is in alignment. "Vital sign monitoring" which includes a TPR, is indeed listed under indirect supervision.
Section 3. Direct Supervision	AAEP: We do not think unlicensed staff should be monitoring anesthesia. While we understand that the staff would be under immediate supervision, the surgeon cannot do two things and once, especially when things get complicated.	Thank you for this question. Please see the above answer to this issue to our Board of Directors. The RPC does believe that unlicensed Staff can monitor anesthesia under immediate supervision, and this practice reflects current practice. It is up to the professional judgement of the veterinarian to determine the skill of the Staff. Please see other responses to this topic.

Section 3. Direct Supervision	CVMA: “Dental procedures” should not be allowed to be delegated to unlicensed staff as they do not have the necessary anatomical knowledge and hands on training to use scaling equipment. Permanent damage can be done to healthy teeth.	Thank you for this comment. The RPC understands that only licensed veterinary technicians can perform these tasks in some jurisdictions. This document reflects common practice in the majority of AAVSB Member Boards, with the understanding that each jurisdiction may change this wording according to what is best for that jurisdiction. It is the duty of the veterinarian to delegate tasks only to individuals who have the skills, education, and training to perform the task safely.
Section 3. Direct Supervision	BOD: “Nasal oxygen tube placement” conflicts with Section 1	Thank you for noting this. Section 1(n) has been modified to allow for explicitly stated tasks in sections 2-4
Section 3. Direct Supervision	KBVE: Is this in conflict with Section 1(m) (Line 44), where the Model states that "insertion of any tube or catheter..." is a prohibited task.	Thank you noting this. Section 1(n) has been modified to allow for explicitly stated tasks in sections 2-4
Section 3. Direct Supervision	Autumn Cooper: Section 3. Direct Supervision 6 (g) Dispensing of a Controlled Substance - Do not agree with this being a task delegated to unlicensed staff. Without having gone through a licensing pathway with tracking of license-related offenses regarding C/S abuse, this put the practice at risk. I believe this task is best left under control of the veterinarian and licensed technicians.	Thank you, this has been moved to Prohibited Tasks.
Section 3. Direct Supervision	CVMA: “Dispensing of a Controlled Substance” should not be allowed to be delegated to unlicensed staff. The risk of diversion is significant and handling of controlled substances should be restricted to licensed veterinarians and technicians.	Thank you, this has been moved to Prohibited Tasks.
Section 3. Direct Supervision	CVMA: “Staple, suture, or drain removal” should not be allowed to be delegated to unlicensed staff who do not possess knowledge of anatomy, physiology and surgical principles.	Thank you for this comment. The RPC believes that this can be performed by an unlicensed Staff member under Direct Supervision of the Veterinarian or Veterinary Technician, who would have this knowledge.
Section 3. Direct Supervision	BOD: please note that enemas are listed under both indirect and direct supervision.	Thank you for noting this. It has been removed from Indirect.
Section 3. Direct Supervision	AVMA: “Enema administration”. This appears contradictory to language in Section 1, Line 44 that prohibits the insertion of any tube or catheter. The bowel can be perforated if performed incorrectly.	Thank you, the language for that line has been amended. While the RPC notes that there is a small risk for perforation, this risk is small. It is up to the professional judgement of the Licensee to determine if the individual to which the task was delegated can perform the task safely.

Section 3. Direct Supervision	AVMA: “Nonsurgical sterilization”. This may involve the use of biologics and, as such, should be performed by a licensed individual.	Thank you for this comment. The RPC discussed and has opted to remove this from the list.
Section 3. Direct Supervision	CVMA: “Ocular tonometry, Schirmer tear teat, and fluoresceine staining” should not be allowed to be delegated to unlicensed staff as these procedures risk injuring diseased eyes i.e. animals with increased intraocular pressure, corneal ulcers.	While the RPC notes that there is a small risk for complications, these are also tasks that are performed by unlicensed individuals every day. It is up to the professional judgement of the Licensee to determine if the individual to which the task was delegated can perform the task safely.
Section 2. Direct Supervision	Autumn Cooper: Section 3. Direct Supervision 6 (g) Dispensing of a Controlled Substance - Do not agree with this being a task delegated to unlicensed staff. Without having gone through a licensing pathway with tracking of license-related offenses regarding C/S abuse, this put the practice at risk. I believe this task is best left under control of the veterinarian and licensed technicians.	Thank you for pointing this out. The RPC agrees.
Section 2. Direct Supervision	CVMA: Dispensing of a Controlled Substance should not be allowed to be delegated to unlicensed staff. The risk of diversion is significant and handling of controlled substances should be restricted to licensed veterinarians and technicians.	Thank you for pointing this out. The RPC agrees.
Section 4. Indirect Supervision	KBVE: In paragraph (b), is "temporary" defined? Arguably, all bandages are temporary. Is this word needed, or what is its purpose? If needed and not defined, consider defining this term.	Thank you, the RPC has removed this item given the risk for confusion.
Section 4. Indirect Supervision	AVMA: “Temporary bandage application or removal”. “Temporary” seems inappropriate and unclear, because all bandages are “temporary”. Bandage application, in general, should be under at least direct supervision as placing these incorrectly (e.g., too tightly, wrong position on the limb) can result in failures and or injury. Placement of casts and splints should also be clearly excluded.	Thank you, the RPC agrees that this is confusing and has removed it.
Section 4. Indirect Supervision	AVMA: “Biohazardous or radioactive waste disposal.” Need additional language around need for compliance with federal and state regulations, including required employee training.	Thank you for this comment. In response to a prior comment, the RPC has moved the reference to federal and jurisdictional law as a blanket statement. The RPC has discussed required employee training for biohazardous waste disposal and has determined that this is regulated by federal regulations. To include in jurisdictional regulations would be redundant, and this wil be removed.
Section 4. Indirect Supervision	AVMA: “Peripheral intravenous catheter placement’. Consider including this under direct supervision, as bleeding and phlebitis can occur if performed incorrectly.	Thank you for this comment. The RPC agrees that this task should not be delegated to an untrained or unskilled individual. It is up to the professional

		judgement of the Licensee to determine if that individual is capable of performing the task safely and under what supervision.
Section 4. Indirect Supervision	CVMA: "Peripheral IV catheter placement" should not be allowed to be delegated to unlicensed staff as this procedure requires training and carries risk of infection, patient discomfort.	Thank you for this comment. The RPC agrees that this task should not be delegated to an untrained or unskilled individual. It is up to the professional judgement of the Licensee to determine if that individual is capable of performing the task safely and under what supervision.
Section 4. Indirect Supervision	CVMA: "Blood sample collection via venipuncture" should not be allowed to be delegated to unlicensed staff as blood sample collection carries risk and requires didactic and hands on training to recognize puncturing an artery versus a vein, avoiding damage to the vein especially with jugular veins.	Thank you for this comment. The RPC agrees that this task should not be delegated to an untrained or unskilled individual. It is up to the professional judgement of the Licensee to determine if that individual is capable of performing the task safely.
Section 4. Indirect Supervision	KBVE recommends that all clinical laboratory procedures, including cytology, urinalysis, and other non-automated clinical laboratory procedures be under DIRECT supervision for unlicensed assistants.	Thank you for this comment. The RPC believes that skilled Staff may be competently trained to perform these tasks under Indirect Supervision.
Section 4. Indirect Supervision	CVMA: "Patient monitoring…" should not be allowed to be delegated to unlicensed staff who do not have the knowledge of interventions to make when results are not in the normal range.	Thank you for this comment. The RPC agrees that this task should not be delegated to an untrained or unskilled individual. It is up to the professional judgement of the Licensee to determine if that individual is capable of performing the task safely. In addition, a requirement for Indirect Supervision is that the Supervising Veterinarian is able to be contacted. It would be the responsibility of that Veterinarian to interpret the results.
Section 4. Indirect Supervision	AAEP: we would not want unlicensed staff monitoring vital parameters with indirect supervision if the patient is under anesthesia.	Thank you for this comment, nor would the RPC. The heading language for this section states that these tasks may be performed under indirect supervision only if the patient is not under sedation or anesthesia.
Section 4. Indirect Supervision	BOD: Please consider the risks vs benefits of inclusion of [SQ microchip…implantation] and provide rationale behind its inclusion.	Thank you for this question. In many jurisdictions, lay persons are allowed to administer microchips; microchip kits can be purchased online without a prescription. The RPC discussed this task thoroughly and given that reality, opted to list it in this section as to exclude it, or require that it be performed under a higher supervision, may discourage animal owners from utilizing any veterinary staff at all in microchip application. With its inclusion, the Licensee may use their professional judgement to determine if the Staff member is trained and experienced enough to implant the microchip.

Section 4. Indirect Supervision	AVMA: "Subcutaneous microchip or other permanent device implantation". Suggest direct supervision because of concerns expressed by our companion animal veterinarians that spinal implantations and implantations that are too shallow have occurred when unlicensed individuals have inserted these. We recognize the challenges this presents for shelters, but we were asked to share this comment regardless.	Thank you for this question. In many jurisdictions, lay persons are allowed to administer microchips; microchip kits can be purchased online without a prescription. The RPC discussed this task thoroughly and given that reality, opted to list it in this section as to exclude it, or require that it be performed under a higher supervision, may discourage animal owners from utilizing any veterinary staff at all in microchip application. With its inclusion, the Licensee may use their professional judgement to determine if the Staff member is trained and experienced enough to implant the microchip.
Section 4. Indirect Supervision	BOD: Administering vaccines involves more than the physical act of giving the injection. It also is the required to assess the patient's health status before deciding on whether to vaccinate or not. Please provide RPC's rationale to include this task, especially under indirect supervision, given these factors.	Thank you, we are moving this to direct supervision. The Veterinarian should confirm that Staff is trained to detect concerns for patient health as part of the training to provide vaccinations.
Section 4. Indirect Supervision	AVMA: "Treatment, administration, preparation…enemas, biological and immunological agents (vaccines)…" Administration of biologics should have a requirement for a clinician on the premises (i.e., direct supervision) for emergent care in case of anaphylaxis. We recognize the challenges this presents with respect to care of animals in shelters where a clinician's presence on the premises may be intermittent.	Thank you, we are moving this to Direct Supervision.
Section 4. Indirect Supervision	CVMA: "Treatment, administration, preparation…enemas, biological and immunological agents (vaccines)…" should not be allowed to be delegated to unlicensed staff as they do not have the expertise and ability to recognize and respond to negative events while administering these medications.	Thank you, we are moving this to Direct Supervision.
Section 4. Indirect Supervision	AAEP: We would not want this language to allow unlicensed staff to actually administer regenerative medicine, like joint injections. We have no concerns about unlicensed staff helping prepare centrifuge tubes or prepping the joint for injection but only a licensed veterinarian should be administering regenerative medicine.	Thank you for this comment. We have removed this portion.
Section 4. Indirect Supervision	CVMA: "Administration of a Dispensed Controlled Substance" should not be allowed to be delegated to unlicensed staff	Thank you for this comment. The RPC has discussed this and has moved it to direct supervision as this is to address the scenario of a patient in the hospital that is receiving previously-dispensed controlled substances.
Section 4. Indirect Supervision	BOD: Please provide commentary regarding these forms of oxygen administration (via flow by, oxygen cage, or	Thank you for this question, commentary has been added.

	mask) and why the RPC opted not to include oxygen therapy through nasal catheter.	
Section 4. Indirect Supervision	AVMA: “Anal sac expression”. Recommend clarifying that this does not include inserting medication into the anal gland.	The RPC has added commentary.
Section 4. Indirect Supervision	AVMA: “Fecal sample collection”. Indirect supervision should be limited to collection of feces once externalized. Inserting wands into the rectum to collect samples should only be done under direct supervision, as those wands can cause perforations.	Thank you for this comment, this has been changed to reflect this concern.
Section 4. Indirect Supervision	AVMA: “Artificial insemination”. This needs to be further defined per species and approach. See our previous comments related to reproductive procedures. Previous comment for reference: AVMA: “Semen collection for purpose of motility and concentration assessment.” It is unclear whether this task refers to only collecting the semen or that the unlicensed person will be performing the assessment as part of a Breeding Soundness Examination. The latter is a procedure that should only be performed by a veterinarian. This needs to be made clear in the document. In addition, concerns were expressed by our companion animal colleagues that the use of electroejaculators by nonlicensed individuals includes insertion of a tube rectally – which appears to be in conflict with language in Section 1, line 44 – and that semen collection performed incorrectly can cause organ damage. It was mentioned that performing this procedure may also require sedation. At minimum, it appears more detail is necessary to clarify by species and approach.	Thank you for this comment, the RPC has discussed this thoroughly and has opted to remove the line item
Section 4. Indirect Supervision	BOD: Please clarify what is meant by animal rehabilitation therapies. Would therapies such as acupuncture be included? Please provide rationale behind including this task and placing this under indirect supervision for unlicensed Staff. With indirect supervision, there is no guarantee for the reestablishment of a VCPR every year, and there would not be a veterinarian on the premises in case of an emergency.	Thank you for this question. This could include acupuncture, based on how each jurisdiction defines this term. The task has been moved to direct supervision.
Section 4. Indirect Supervision	CVMA: “Animal Rehabilitation therapies” should not be allowed to be delegated to unlicensed staff as these modalities require knowledge and training to ensure safe practice.	Thank you for this question. This task would allow individuals who have certifications or other training to perform these tasks. That being said, this has been moved to direct supervision.
Section 5. Initiation of	KBVE: Members of the Board expressed strong concern with the word choice of "coordinates care with a	Thank you for this comment. The RPC is in alignment that the intention of this was that the

Emergency Care	Licensee". 1) How is "coordinate" defined? Section 5 should be clear that an unlicensed assistant cannot continue emergency care indefinitely -- a veterinarian must arrive ASAP in person to take over care. It is not acceptable in emergency care for a veterinarian to "coordinate" remotely for an unlimited amount of time. 2) Why does this section say "Licensee" instead of veterinarian? The Colorado VPA is not the national model, and AAVSB Resolution 2025-2 was adopted by a super majority of Member Boards rejecting the VPA as such. The language in this Model Document should remove the word "Licensee" and replace it with the word "Veterinarian".	Veterinarian should take over care asap. However, this section is regarding the initiation of Emergency Care, and giving provisions for such care. In specifying in regulation, that this care can only be provided if a Veterinarian can assume care as soon as possible, that would require the Staff to first contact the Veterinarian to verify this can be done. To the RPC, this would potentially delay the delivery of Emergency Care, to the detriment of the Patient. However, Veterinarians are still guided by minimum standards of care and a professional conduct. Should a veterinarian delay providing care to a critically injured animal, the RPC determined that this would fall under concerns of professional conduct.
Section 5. Initiation of Emergency Care	BOD: please consider including the administration of medications such as epinephrine or atropine administration if clear written guidelines are provided.	Thank you, this has been done
Section 5. Initiation of Emergency Care	CVMA: Intravenous Catheter placement should not be allowed to be delegated to unlicensed staff. This invasive procedure should be performed by a veterinary technician or veterinarian who can assess the whole animal.	Thank you for this concern. This section addresses instances where a patient has a life-threatening condition and immediate treatment is necessary to sustain life, or alleviate or end suffering. The RPC would not wish these conditions to continue because an unlicensed, yet-trained, individual was prevented from placing an IV catheter.
Section 5. Initiation of Emergency Care	BOD: does [open airway establishment] include intubation, and would it be worthwhile to provide specificity on this task?	Thank you, this change has been made
Section 5. Initiation of Emergency Care	KBVE: Repeat of prior comment regarding the use of the word "temporary" as all bandages are temporary. Is there a particular bandage application that would not be appropriate for an unlicensed assistant to apply? If so, please consider other word choice.	Thank you for pointing this out. The item has been changed as hemorrhaging and wound dressings have been addressed elsewhere. Additional information on the time period has been added.

Model Regulations: Scope of Practice for Veterinary Technicians

As recommended by the AAVSB Regulatory Policy Committee in April 2026

Scope of Practice for Veterinary Technicians ~~and Veterinary Technologists~~

Model Regulation.

A Veterinary Technician may be allowed to perform the following acts under the direction, supervision, and responsibility of a Supervising Veterinarian with an established Veterinarian-Client-Patient Relationship (VCPR). ~~The Veterinarian and Veterinary Technician shall comply with the record keeping rule established by the Board.~~ Supervising Veterinarians may delegate any task that is allowable under the scope of practice of Veterinary Technology and are responsible for exercising diligence in assessing the Veterinary Technician's competence to perform such a task. Veterinary Technicians are responsible for understanding and accurately communicating their competence to perform tasks to the Supervising Veterinarian.

The need to increase the level of Supervision exercised over a task shall be determined by the Supervising Veterinarian, taking into consideration the determined competence levels of the Veterinary Technician as well as the complexity of the delegated task. The Veterinary Technician may request a higher level of Supervision. Except where prohibited in Section 106 (c) or federal or Jurisdictional law, a Supervising Veterinarian shall exercise professional judgement in delegating tasks to a Veterinary Technician in addition to those included below. Under no circumstances may the level of Supervision for any delegated task fall below the minimum set forth in the following regulations.

Commentary: Model Regulation.

Practice of Veterinary Technology in the AAVSB PAM encourages the Board to promulgate regulations establishing Animal health care tasks and an appropriate degree of Supervision required for those tasks that may be performed only by a Veterinary Technician/Nurse, Veterinary Technologist, or a Veterinarian. For common terminology for this scope of practice, Veterinary Technician is used to identify a credentialed Veterinary Technician/Nurse or Veterinary Technologist. The AAVSB recognizes there have been statute changes in at least one Jurisdiction to recognize the educational difference between a Veterinary Technician (2-year degree) and a Veterinary Technologist (4 -year degree). To the best of AAVSB's knowledge, however, this different title does not appear to translate to a difference in scope of practice. If this distinction does exist within a specific Board, those Boards are welcome to adapt these Model Regulations to meet their needs.

At its June 2006 meeting, the AVMA Executive Board approved an AVMA recommendation that veterinary technician credentialing (i.e., licensing, registration, or certification) entities in the US recognize graduates of Canadian Veterinary Medical Association (CVMA)- accredited veterinary technology programs as eligible for credentialing. In turn, the CVMA recommends that Canadian provincial licensing bodies recognize graduates of AVMA CVTEA (Committee on Veterinary Technician, Education, and Activities)-accredited veterinary technology/nursing programs as being eligible for licensure. As always, eligibility for licensure/registration/certification of veterinary technicians is the purview of each state and provincial credentialing agency.

The AAVSB strongly believes there should be title protection as well as uniform degrees and titles for Veterinary Technicians. Regardless, in all cases, Jurisdictions are encouraged to specify the roles of each designated title (in the rules), recognizing that all veterinary employees must be Supervised by a Veterinarian.

The level of supervision of these tasks should not be interpreted as universal recommendations for all Veterinary Technicians or Patients. There are Veterinary Technicians with variable experience and expertise; likewise, Patients will have variable healthcare needs that may mandate a higher level of supervision. The final determination of the acceptability of an individual to perform a task is up to the professional judgement of the Veterinarian, in consultation with the Veterinary Technician and with knowledge of that Veterinary Technician's experience, training, and education.

Commentary: Model Regulation (continued).

To that end, the AAVSB discussed signifying additional duties for Veterinary Technician Specialists (VTS) or Veterinary Technicians with additional certifications but ultimately opted against this specificity for several reasons. There is variability within a framework in the process of obtaining a VTS, and each VTS is heavily focused on one specialty area, thus the AAVSB found it difficult to identify a scope that would apply to all VTS areas of specialty. The AAVSB believed that it would be difficult to suggest scope of practice for one certification, because that would then require additional scope for all certifications. This would become cumbersome within a model document such as this. The AAVSB believes that it would be problematic to allow a higher scope of practice only for VTS when an experienced Veterinary Technician may have similar skills and expertise. Rather, the AAVSB chose to set minimum standards of supervision. The veterinarian shall use their professional judgement to determine if a higher level of supervision is required depending on the technician's experience and the Patient's needs. If a Veterinary Technician were to hold a VTS within that specific area, this would certainly help to inform the Veterinarian's decision. Boards may wish to create guidance documents outlining how that Board would assess a Veterinary Technician's ability to complete a more complex task when considering disciplinary action.

Finally, the AAVSB recognizes the complexity and risk of Patient harm for many of these tasks. This task list does not represent expected day 1 skills. Rather, this task list considers the potential for a Veterinarian Technician to increase in training, skill, and competence throughout their career. For tasks to be included in these Model Regulations, the AAVSB considered what tasks are trainable to a Veterinary Technician, and if a task was prohibited in model statute or regulations. For the latter, specific exceptions were created for a limited set of tasks that would otherwise fall under the definition of Surgery in the PAM. The co-accountability model set forth in this model means that the Supervising Veterinarian and Veterinary Technician are both responsible for ensuring that the specific Veterinary Technician is competent enough to perform that specific task for that specific Patient under the agreed-upon Supervision. While the Supervision level cannot be lower than what is set forth in regulation, it may be higher depending on these specific circumstances. For all decisions, prevailing Standard of Care must be maintained by all Licensees.

~~Allowable~~ Animal Healthcare Tasks

Except where prohibited in the Act Section 106(a)(3) or by federal or Jurisdictional law, a Supervising Veterinarian shall exercise professional judgement in delegating tasks to a Veterinary Technician including, but not limited to those included in this Section 1-4.

Section 1. Immediate Supervision

The following tasks may be performed by Veterinary Technicians under Immediate Supervision:

(a) Surgical procedure assistance, and

(b) ~~Placement of abdominal, thoracic, or p~~Percutaneous endoscopic gastrostomy (PEG) tube placement~~; and~~

Section 2. Direct Supervision

~~(1) General anesthesia and sedation, maintenance and recovery~~

~~(2) Non-emergency endotracheal intubation~~

~~(3) Regional anesthesia, including paravertebral blocks, epidurals, local blocks~~

~~(4) Dental procedures including, but not limited to:~~

~~a. The removal of calculus, soft deposits, plaque, and stains;~~

~~b. The smoothing, filing, and polishing of teeth~~

~~c. Single root extractions not requiring sectioning of the tooth or sectioning of the bone.~~

~~(5) Euthanasia~~

~~(6) Blood or blood component collection, preparation, and administration for transfusion or blood banking purposes~~

~~(7) Placement of tubes, including but not limited to, gastric, nasogastric, and nasoesophageal~~

~~(8) Ear flushing with pressure or suction~~

~~(9) Application of casts, splints, and slings for the immobilization of fractures~~

~~(10) Fluid aspiration from a body cavity or organ (i.e., cystocentesis, thoracocentesis, abdominocentesis)~~

~~(11) Suturing, stapling, and gluing of an existing surgical skin incision~~

~~(12) Suturing a gingival incision s~~

~~(13) Placement of epidural, intraosseous, and nasal catheters~~

The following tasks may be performed by Veterinary Technicians under Direct Supervision:

(a) Minimally invasive, scope-assisted procedures;

(b) Subcutaneous, thoracic, or abdominal tube or drain placement;

(c) General anesthesia or sedation induction, maintenance, and recovery of a Patient, notwithstanding Section 3(a-b);

(d) Endotracheal intubation;

(e) Epidural or ultrasound-guided perineural block administration;

(f) Epidural catheter placement;

(g) Dental procedures including, but not limited to: the:

(1) Removal of plaque and calculus;
(2) Smoothing, filing, and polishing of teeth;
(3) Closed root planing, with the exception of creating a gingival flap;
(4) Placement of perioceutics;
(5) Application of sealants or fluoride materials;
(6) Suturing of a gingival incision;
(7) Pursuant to Section 106 (a)(3)(i):
    (i) Extraction of single rooted teeth not requiring sectioning of the tooth or bone;
    (ii) The removal of any tooth with a mobility score of 3, on a scale of 0-3; or
(8) Floating of equine teeth; or
(9) Trimming of lagomorph and rodent teeth;

(h) Esophagostomy tube placement;

(i) Epidermal / dermal relief hole creation for the purpose of placing a large bore catheter or tube;

(i) ~~(j)~~ Rumen trocar placement;

(j) Placement of intraosseous catheter;

(l) Thoracocentesis, abdominocentesis, cystocentesis, ;

(m) Catheterization or insertion of urinary catheter in an obstructed Patient;

(n) Semen collection;

(o) The following Surgeries, pursuant to Section 106(a)(3)(i):
Ear tipping for identification purposes only, pursuant to Section 106(a)(3)(i); and

(p) Any task listed in Section 3(b) requiring sedation or anesthesia.

Commentary: Section 2. Direct Supervision.

Section 2(a).
The scope of what a Veterinary Technician could perform under "Minimally-invasive, scope assisted procedures is limited because of restrictions elsewhere in the Practice Act Model or these model regulations. For example, endoscopic biopsies would include an incision of tissue, and would thus constitute as Surgery. The RPC believes that, if the procedure was performed for diagnostic purposes, prevailing Standard of Care would dictate that the entire procedure would be either captured on video, or performed by the Veterinarian.

Section 2(g).
The AAVSB acknowledges the wide range of opinions regarding whether or not Veterinary Technicians may perform extractions, including those presented in position statements such as the AVDC and AVDT. As part of the process for drafting these model regulations, the disciplinary history of those states allowing Veterinary Technicians to perform extractions was researched. To the best of the ability of the AAVSB to determine, there did not appear to be a greater incidence of disciplinary action against a Veterinary Technicians than a Veterinarian. Veterinary Technicians are capable of learning to perform this task with skill and Patient safety. Because of this, the AAVSB was disposed towards allowing Veterinary Technicians to perform any extractions. However, this was decided at the end of the creation of the model document. The AAVSB noted the lack of opportunity from feedback from Member Boards at that stage of the process and thus opted to include these considerations in commentary and not model regulation. This will be reassessed at the next review of these model regulations.

Section 2(h) (i).
The AAVSB defines Surgery as: "the incision of tissue for the purpose of repairing, replacing, evaluating, or removing an organ or body part, or portion of an organ or body part." This definition was carefully drafted to allow Veterinary Technicians to perform tasks that would be considered as Surgery, if the definition of Surgery was "to make an incision." Because (h) and (i) do not fall under AAVSB's definition of Surgery, an exemption is not necessary.

Section 2(n).
Standards of care dictate that for the purpose of motility, morphology, and concentration assessment, a breeding soundness exam, or for certain species / breed requirements or methods of semen collection, this should be performed by a Veterinarian or under Immediate Supervision. As with all tasks, it is up to the Veterinarian to determine the appropriate level of supervision, or even if delegation of a task is appropriate.

Section 2(o).
Although the definition of Surgery was drafted to eliminate most conflicts, ear tipping remained. To allow Veterinary Technicians to perform this procedure, an exemption was required in the Practice Act Model. This task is under Direct Supervision, rather than with the exceptions in Indirect Supervision, because the AAVSB determined that in no instance should ear tipping be performed on a non-sedated or non-anesthetized Patient. Once sedation or anesthesia is used, that task must be performed under Direct Supervision.

Section 3. Indirect Supervision

~~(1) Administration, preparation, and application of treatments, including but not limited to, drugs, medications, controlled substances, enemas, biological and immunological agents, unless prohibited by government regulation~~

~~(2) Intravenous catheterizations and maintenance of intra-arterial catheterizations~~

~~(3) Imaging including, but not limited to, radiography, ultrasonography, computed tomography, magnetic resonance imaging, and fluoroscopy and the administration of radio-opaque agents/materials~~

~~(4) Collection of blood except when in conflict with government regulations, (i.e., Coggins)~~

~~(5) Collection and preparation of cellular, or microbiological samples by skin scrapings, impressions, or other non-surgical methods except when in conflict with government regulations~~

~~(6) Collection of urine by bladder expression, catheterization (unobstructed) and insertion of an indwelling urinary catheter~~

~~(7) Monitoring including, but not limited to, electrocardiogram (ECG), blood pressure, carbon dioxide (CO2) and blood oxygen saturation~~

~~(8) Clinical laboratory test procedures~~

~~(9) Handling and disposal of biohazardous waste materials~~

~~(10) Implantation of a subcutaneous microchip~~

~~(11) Laser Therapy~~

~~(12) Animal Rehabilitation Therapies~~

~~(13) Ocular tonometry, Schirmer tear test, and fluorescein stain application~~

~~(14) Suture and staple removal~~

~~(15) Application of splints and slings for the temporary immobilization of fractures~~

~~(16) Emergency animal patient care including, but not limited to:~~

~~a. Application of tourniquets and/or pressure procedures to control hemorrhage, application of appropriate wound dressings in severe burn cases, resuscitative oxygen procedures, anti-seizure treatment, and supportive treatment in heat prostration cases;~~

~~b. Administration of a drug or controlled substance to manage and control pain, to prevent further injury, and prevent or control shock, including parenteral fluids,~~

~~under direct communication with a Veterinarian or in accordance with written guidelines consistent with accepted standards of veterinary medical practice;~~

~~c. Administration of a drug or controlled substance to prevent suffering of an animal, up to and including euthanasia, under direct communication with a Veterinarian; and~~

~~Initiate and perform CPR, including administration of medication and defibrillation, and provide immediate post resuscitation care according to established protocols.~~

(a) if sedation or anesthesia is not required, the following tasks may be performed under Indirect Supervision:

(1) Oxygen therapy administration;

(2) Delegation of tasks to Staff in accordance with a Supervising Veterinarian's orders;

(3) Physical examination;

(4) Conduct follow-up appointments per written instructions in the Medical Record;

(5) Recommendation and initiation of diagnostics per protocols established by the Veterinary Facility or approved by the Supervising Veterinarian;

(6) Treatment, administration, preparation, and application including but not limited to: enemas, biological and immunological agents (vaccines), or regenerative medicine preparations;

(7) Dispensing or administration of a drug, medication, or Controlled Substance in accordance with a Veterinarian's prescription;

(8) Patient monitoring including, but not limited to, electrocardiogram, blood pressure, carbon dioxide, and blood oxygen saturation;

(9) Dermal incision or minor laceration closure, including suturing, stapling, or gluing;

(10) Treatment of skin lesion or wound;

(11) Staple, suture, or drain removal;

(12) Implantation of subcutaneous microchip or other permanent identification device;

(13) Nasogastric, nasoesophageal, or orogastric tube placement or passage with confirmation of correct placement;

(14) Catheter insertion, including but not limited to vascular, airway, and nasal catheters;

(15) Cellular or microbiological sample collection or preparation by any non- surgical methods;

(16) Bladder expression;

(17) Catheterization or insertion of a urinary catheter in an unobstructed Patient;

(18) Blood or blood component collection, preparation, or administration;

(19) Diagnostic imaging and radio-opaque material administration;

(20) Artificial insemination, animal enrollment in timed artificial insemination protocols, hormone injection administration, and uterine treatments;

(21) Embryo and oocyte collection, flushing, and processing, including searching, staging, grading, loading, and cryopreservation;

(22) Nonsurgical sterilization;

(23) Pregnancy testing via chemical diagnostics;

(24) Ear flushing with irrigation or suction;

(25) Subcutaneous fluid administration;

(26) Ocular tonometry, Schirmer tear test, and fluorescein staining;

(27) Maintenance of sub-palpebral lavage systems;

(28) Bandage, cast, splint, and sling application and removal;

(29) Regional analgesia administration, including paravertebral blocks, local blocks;

(30) Animal rehabilitation therapies, including the use of nonsurgical forms of energy; and

(31) The following Surgeries, pursuant to Section 106(a)(3)(i):
- (i) Punch biopsies, epidermal and dermal, with closure;
- (ii) Wound debridement;
- (iii) Postmortem collection of samples;
- (iv) Abscess lancing; and
- (v) Surgical bovine castration.

(b) The following tasks may be performed by Veterinary Technicians with or without sedation or anesthesia under Indirect Supervision:

(1) Euthanasia; and

(2) Patient transport while actively providing medical care.

Commentary: Section 3. Indirect Supervision.

Section 3.
Jurisdictions may want to have a special exception to allow a Veterinary Technician to perform routine accepted livestock management practices. Jurisdictions may wish to limit tasks performed by Veterinary Technicians at livestock auctions due to the lack of a VCPR and abundance of governmental regulatory requirements (i.e., interstate health certificates).

The AAVSB suggests referring to the AAVSB PAM on special provisions concerning laboratory animal medicine and Veterinary Technician tasks in Section 108. Special Provisions, (i): Any Persons engaged in scientific research that reasonably requires experimentation involving Animals and is conducted in a facility or with a company that complies with federal and Jurisdictional regulations regarding Animal welfare.

Section 3(a)(3).
Performing a physical examination should not be construed to mean providing a diagnosis. This refers to the act of noting the physical condition of a Patient.

Section 3(a)(14).
This task is intended to include arterial catheterization as well as venous cut downs. As for all tasks, it is the responsibility of the Veterinarian and the Veterinary Technician to determine the appropriate level of supervision for each task and each Patient.

Commentary: Section 3. Indirect Supervision (continued).

Section 3(a)(31).
Although the definition of Surgery was drafted to eliminate many conflicts, these tasks remained. The AAVSB created exemptions to allow Veterinary Technicians to perform these procedures.

As with all tasks, Veterinarians must exercise their professional judgement when delegating a necropsy. When a necropsy is performed for known or potential legal reasons e.g., an animal cruelty or malpractice case requiring expert witness testimony, a Veterinarian should perform the entire necropsy, including sample collection. The final diagnosis must be made by a Veterinarian, not Veterinary Technician.

Bovine castration via cutting was added to align with the AABP's 2024 Guideline for Credentialed Veterinary Technicians in Bovine Practice.

Section 3(b).
The AAVSB emphasizes here that for a Veterinary Technician to perform euthanasia, a valid and current VCPR must exist, and euthanasia must have been delegated by a Veterinarian. An exception to these requirements exists, however, for Emergency Care as stated in Section 4. Emergency Care is defined as “Care rendered to a Patient(s) that has a life-threatening condition, and immediate treatment is necessary to sustain life, or alleviate or end suffering.” Practice Act Model Section 106 (b)(1)(i) allows a Veterinary Technician to perform Emergency Care without a Veterinarian’s Supervision. Because of these two circumstances, euthanasia was listed twice in this Model Regulation to reflect both emergency and non-emergency euthanasia. Boards may wish to consult with applicable and jurisdictional laws when considering these tasks.

Section (3)(b)(2).
"Emergency Patient transport" was included to allow for those instances in which it is necessary to transport a sedated animal. Concerning the practice of transporting anesthetized or sedated patients and maintaining anesthesia and sedation throughout the transport, Boards in the United States should consult DEA Title 21 of the CFR Chapter II – Part 1301.22 Exemption of agents and employees; affiliated with practitioners, as well as their state pharmacy board regulations, to assure compliance with federal, state, and local laws governing non-practitioners possessing Controlled Substances outside of the Veterinary Facility.

Section 4: Initiation of Emergency Care

Regardless of the existence of a VCPR, a Veterinary Technician may perform the tasks in this Section 4 without Supervision if they are performed in the delivery of Emergency Care, are within the Veterinary Technician's skills, knowledge, and judgement, and the Veterinary Technician consults with a Veterinarian ~~coordinates care with the Veterinarian~~ as soon as possible.~~, and if permitted under jurisdictional and federal law~~.

(a) Tourniquets and/or pressure procedures application to control hemorrhage;

(b) Wound dressing application;

(c) Resuscitative oxygen procedures, including emergency endotracheal intubation;

(d) Open airway establishment;

(e) Anti-seizure treatment administration;

(f) Burn or heat- or cold-induced illness treatment;

(g) Drug or Controlled Substance administration to manage and control pain, prevent further injury, and prevent or control shock, including parenteral fluids, under written or oral orders by a Veterinarian or in accordance with written guidelines consistent with accepted standards of veterinary medical practice;

(h) Drug or Controlled Substance administration to prevent suffering of an animal, up to and including euthanasia, under direct communication with a Veterinarian or in accordance with written guidelines consistent with accepted standards of veterinary medical practice; and

(i) Cardiopulmonary resuscitation, including medication administration and defibrillation, and immediate post resuscitation care according to established protocols.

Feedback Summary for Veterinary Technician Scope of Practice Model Regulations

Section	Comment	RPC response
General	Delaware Board of Veterinary Medicine (Delaware): Overall - our VMB is very supportive of this expanded SOP document and believe increased utilization of CrVTs will be beneficial for the veterinary medical team. With this advanced scope, will it be advised for VT to have individual practice insurance?	Thank you. While this is an interesting question, to the RPC's knowledge, it is not common practice within veterinary medicine for regulations to require liability insurance. RPC does not feel qualified to comment on this question.
General	NAVTA: Relative to the changes made to the 2nd document, 'Scope of Practice for Veterinary Technicians', on page four in blue we are not in favor of removing the term 'Veterinary Technologist'. In many situations there is little room for advancement of veterinary technicians but one route may be through completing a bachelor's degree and achieving that technologist recognition. Some states have already included this in their legislation and we feel that supporting this is important as we work to grow the pipeline of veterinary technicians and to retain them in the field.	Thank you for this comment. The AAVSB PAM does not have a separate set of regulations for veterinary technologists, nor, to the best of RPC's knowledge, do any jurisdictions in North America. While there may be a distinction in title set forth in legislation, there does not seem to be a difference in scope of practice. While the RPC appreciates the difference in a 2 vs 4 year degree, it is not a universal standard that the extra time in this degree is devoted to more veterinary-related tasks. Whether the individual is a veterinary technician or veterinary technologist, the scope of practice appears to be the same. Thus it was ultimately struck.
General	American Veterinary Medical Association (AVMA): The terms "veterinary technician" and "veterinary technologist" are not consistently or formally defined across the PAM, veterinary technician scope of practice, and delegation documents. In the PAM and its proposed Amendments, the "veterinary technologist" definition is missing entirely. We recommend that AAVSB add explicit, parallel definitions for "veterinary technician" and "veterinary technologist" in the Definitions section of all relevant documents.	Thank you for this comment, please see the RPC's response to the NAVTA comment above.
General	AAHA: The terms "Veterinary Technician" and "Veterinary Technologist" are not consistently or formally defined across the three documents. In the Proposed Changes to the Practice Act Model, these definitions are missing entirely, while in the Scope of Practice for Veterinary Technicians they appear only in the Commentary, not in the Definitions section. Recommend: Add explicit, parallel definitions for Veterinary Technician and Veterinary Technologist in the formal Definitions section of all relevant documents.	Thank you for this comment. This has been addressed in other responses, please refer to them.

General	AAHA: Board members appreciated the AAVSB's recognition of varying degrees and credentials but expressed concern that technician and technologist distinctions remain vague.	The AAVSB PAM does not have separate regulations for veterinary technologists, and thus it was struck. Although there may be different names in some jurisdictions, the scope of practice does not differ within these model documents, thus the difference in titles does not appear to hold regulatory distinction.
General	KBVE asks why a list of skills is recommended in regulation or statute when the list of skills is subject to change. Why not simply refer to the skills list of what Veterinary Technician students are taught, in the CVTEA Essential Skills and Recommended Skills lists? Additionally, jurisdictions may consider recognizing NAVTA specialties and the various skills trained Veterinary Technician Specialists can perform, which may be above and beyond (or more restrictive) compared to what a non-specialized Veterinary Technician may perform. At the least, KBVE recommends including these points in the Commentary to facilitate Member Board consideration and discussion.	If this Scope of Practice was limited to the CVTEA skills list, this would severely limit tasks that may be delegated to a Veterinary Technician, and does not reflect that possibility that the Technician may advance their skill and expertise throughout their career. The RPC considered NAVTA VTS specialties and notes that while that may be one factor in aiding a vet's determination of the delegated tasks and supervision level, there may be many more factors. It may be wise for boards to develop their own task list rather than delegate that authority to a private entity such as the CVTEA.
General	KBVE offers a general caution that regulations establish minimum standards -- the RPC should endeavor to ensure that tasks in this Model Regulation are not specific to VTSs, but only fall within the essential skills list for veterinary technicians as taught at a CVTEA accredited school.	Thank you for this comment. Limiting tasks to the CVTEA essential skills list for veterinary technicians would imply that these individuals are not capable of acquiring new skills as they advance in their careers. This model regulation is founded in the acknowledgement that individuals can learn and expand their skillset; it is up to the Veterinarian and the Veterinary Technician to determine the proper supervision level for that specific task in each specific Patient.
Introductory Language	AABP: Competence needs to be determined by the Veterinarian, not self-determined by the veterinary technician. We recognize that in some corporate practices and definitely in relief situations, Veterinarians may be traveling to practices where they are not familiar or are less familiar with team members. In those situations, competence should be determined by the Veterinarian responsible for supervising staff in that practice and then documented.	Thank you for this comment. This is a co-accountability model in which both parties are accountable for the decision to assign a level of supervision. In fact, in instances where the vet is not fully familiar with team members, it makes it more important for veterinary technicians to be held responsible for identifying their level of competency when a task is assigned.
Introductory Language	Ray Ramirez: [For the phrase "The need to increase the level of Supervision exercised over a task shall be determined by the Supervising Veterinarian, taking into consideration the determined competence levels of the Veterinary Technician as well as the complexity of the delegated task. "]- should that state 'supervising Veterinarian'?, as should any subsequent references to 'Veterinarian', since 'supervising Veterinarian' is defined,	Thank you for this comment. Yes - this should be the Supervising Veterinarian and it has been amended.

	but 'Veterinarian' is not defined. Or maybe in Definitions F-1 at end 'hereafter referred to as 'Veterinarian' .	
Introductory Language	AABP: Delete "…according to their competence and experience level." Not necessary and seems to reiterate the approach in [other lines].	Thank you, this has been deleted
Commentary to Introduction	(Canadian Veterinary Medical Association AHT/VT program accreditation committee (CVMA): we hope the commentary will remain within the document ie: "For common terminology for this scope of practice, vet tech is used to identify…."	Thank you for this comment. This verbiage has remained.
Commentary to Introduction	AABP: "…educational difference..." (editorial adjustment)	Thank you for this comment. That word has been edited.
Commentary to Introduction	•NAVTA: ["The AAVSB strongly believes there should be uniform degrees and titles for Veterinary Technicians ."] could be changed to say, "The AAVSB strongly believes there should be title protection as well as uniform degrees and titles for Veterinary Technicians."	Thank you, it has been changed.
Commentary to Introduction	KBVE requests that commentary be included that the VTSs should be considered similar to a Veterinarian boarded specialists/Diplomats. Generally, this does not means separate regulations, rather this means that VTS must keep the Board updated related to their VTS status, that title protections exist for the VTS, and the licensee can use the VTS title in advertising.	Thank you for this suggestion. The AAVSB PAM does not provide such specific requirements for Veterinarian specialists. Thus, it would not provide such language for veterinary technician specialists. That being said, please refer to PAM 401(a)(12).
Title	AABP: "Allowable Animal Healthcare Tasks". It's challenging to reconcile the title of this section with the commentary from the previous section. We understand the commentary to indicate that there may be competencies that a VTS has that are not enumerated within the document, but that these are minimum levels of supervision. Using "allowable" may suggest to some that if not listed, then a task is not allowed.	Thank you for pointing this out. The word Allowable has been removed.
Section 1 Immediate Supervision	BOD: Please provide the rationale behind listing a PEG placement as Immediate supervision, yet other tube placements such as thoracic and abdominal tubes are listed under direct supervision.	Thank you for this comment. The rationale behind this is that the Veterinarian would be involved in the process of placing a PEG tube, and thus would be in the room. The RPC believes that it is possible to teach a veterinary technician adequately enough that the risk of Patient harm via a skilled Technician and skilled Veterinarian is similar. Therefore the RPC feels comfortable leaving thoracic and abdominal tubes under direct supervision.

Section 1 Immediate Supervision	BOD: Given that both the Veterinarian and veterinary technician should be aware of the time constraints when performing semen collection and position themselves appropriately, please provide justification for this level of supervision. This level of supervision prevents the Veterinarian from being in a room immediately next to the veterinary technician.	Thank you for this comment. The RPC discussed this at length, numerous times. In the determination of the RPC and given the very short viability of semen, the Veterinarian should be prepared to review the motility of semen as soon as the slide is prepared. The RPC believes that the only way to achieve this short time frame is if the Veterinarian is standing immediately next to the technician as they are setting up the slide. That being said, it was determined in other comments that this line was confusing. It has been shortened to simply "semen collection" and moved to Direct supervision.
Section 1 Immediate Supervision	AABP: ● It is unclear if this task is for just collecting the semen or will the technician be performing the assessment as part of a Breeding Soundness Exam (BSE) which is a Veterinarian only procedure. The Veterinarian is the licensed professional who is tasked with performing the BSE which includes assessment of semen and sperm. This should be clearly stated in the document. ● The BSE semen exam involves much more than "motility and concentration assessment" and must always include a morphologic assessment of a minimum of 100 individual spermatozoa for the Veterinarian to reach a diagnosis of satisfactory, unsatisfactory, or deferred classification for breeding. The lack of this portion of the BSE compromises the validity of the exam and this type of expertise is derived from the Veterinarian and their training. Thus, this type of examination must be a Veterinarian-only procedure.	Thank you for this questions. The task is for collection only, not assessment. This clarification has been added to commentary and the line modified to address this confusion
Section 2. Direct Supervision	BOD: several of these tasks listed under direct supervision carry the risk of severe harm or death to a patient, including minimally invasive scope-assisted procedures, and drain placement. Please provide rationale for including these tasks under direct supervision rather than immediate supervision.	The RPC discussed this thoroughly and believes that with proper training and education, a Veterinary Technician can accomplish these advanced tasks with the same Patient safety as a Veterinarian. Commentary has been added.
Section 2. Direct Supervision	BOD: [Minimally invasive, scope-assisted procedures] may be too broad. This may be interpreted to include laparoscopic biopsies and arthroscopies, both of which may fall under the proposed definition of Surgery. The BOD suggests review and requests either rationale or commentary if this remains in. Finally, many of these procedures are performed for diagnostic purposes. Frequently, the entire procedure is not captured on video. Please provide the rationale behind including this task, given the above considerations and potential of harm to the patient if done by an unskilled operator.	This was discussed at length within the RPC. Biopsies would include the incision and removal of tissue, so would not be within the scope of a veterinary technician. RPC has changed the definition of surgery to address some of these concerns. As with all items, it is up to the Veterinarian to determine if the individual performing the task is skilled enough to accomplish it within standards of care. Vet techs have been trained to use an endoscopy, and can be trained to remove foreign bodies.

Section 2. Direct Supervision	BOD: Please provide the rationale for including thoracic and abdominal tube or drain placement given the high risk of harm to the Patient	Thank you for this comment. The RPC recognizes that some of the tasks on this list are advanced and would require significant training to ensure the Patient is not harmed. The RPC believes that Veterinarian Technicians are as capable of undergoing that training as are Veterinarians, and with this training, may be able to perform these tasks safely.
Section 2. Direct Supervision	NAVTA: I highly recommend changing the wording so we are using updated terminology. 1. "Soft deposits" is not a term used in dentistry. Caries and enamel hypoplasia or hypocalcification would be the closest to this, and it is not recommended that we remove caries lesions or roughened edges of enamel hypoplasia via ultrasonic scaling. We are only removing plaque and calculus when cleaning teeth. Additionally, we are not removing stains, as that would reference intrinsic staining or tertiary (reparative) dentin, which are also not removed ultrasonically. 2. Polishing of teeth is all we do in small animal medicine. If we are referencing equine/pocket pet dentistry, numbers g3 (floating) and g4 (trimming of lagamorph and rodent teeth) are the correct terminology. Performing odontoplasty (smoothing) exposes the dentinal tubules, and when you do this, it requires sealing those tubules via a universal sealant or other sealant that requires light curing. Without sealing these dentin tubules, the patient can exhibit signs of sensitivity and/or develop endodontic or periodontal disease. 3. Recommend removing line 162 (#8) "the extraction of single-rooted teeth not requiring sectioning of the tooth or sectioning of the bone." Single-rooted teeth include the maxillary and mandibular canine teeth, as well as the maxillary third incisors (103, 203). There are increased intra-op iatrogenic complications that can arise from surgically extracting canine teeth, which include fracturing of the mandible, oronasal fistulas, or recurring dehiscence of the extraction site or gingival flap. Whereas, 103 and 203 have been proven to take just as long, if not longer than a canine tooth to remove due to the nature of their location and the dilacerated roots they can have. Lastly, "sectioning of the bone" is not a dental term. Alveoplasty is the process of smoothing the alveolar bone after surgically extracting the tooth with a high-speed bur. Recommended list for section 153-165 (g): 1. Removal of plaque and calculus;	Thank you for this comment; some items have been modified according to your much-appreciated recommendations. The RPC has respectfully opted not to adhere to other recommendations. The RPC has discussed and researched this issue of veterinary technicians performing dental extractions. In a review of disciplinary actions, veterinary technicians do not have a higher rate of discipline with dental extractions as compared to Veterinarians. This is a teachable task, and the RPC believes that veterinary technicians can learn to perform this task with a same degree of skill and care as a Veterinarian, under a Veterinarian's supervision. Regarding the comment on smoothing of teeth, application of a sealant is also included.

	2. Polishing of teeth; 3. Closed root planing, with the exception of creating a gingival flap (open root planing); 4. Placement of perioceutics; 5. Application of universal dentin sealants or fluoride materials; 6. Suturing of a gingival incision; 7. The removal of any tooth with a mobility index score of 3 8. Floating of equine teeth; 9. Trimming of lagomorph and rodent teeth	
Section 2. Direct Supervision	American Association of Equine Practitioners (AAEP) recommends removing language permitting extraction of single rooted teeth not requiring sectioning of the tooth. Unless a tooth has a mobility score of 3, extraction of a single-rooted tooth usually requires the use of elevators or other instruments which cut the gingival attachment - this constitutes surgery and surgery falls under the scope of practice of a Veterinarian.	Thank you for this comment and noting this conflict. The RPC has opted to include limited tooth extractions as an exempted task.
Section 2. Direct Supervision	Ray Ramirez: [for dental procedures] mobility score of 3 , should there be a reference on what scale? 0-3 with 3 being highest? or 0-5 or 0-10?	Thank you, the scale has been added.
Section 2. Direct Supervision	AABP: "Extraction of single-rooted teeth, not requiring sectioning of the tooth or sectioning of the bone". This is contrary to the guidance of both the AVDC and the AVDT, which require extractions (irrespective of the number of roots) to be performed by a Veterinarian, with the exception of those that are extremely loose.	Thank you for this comment. The RPC respects the opinion of these bodies but believes that tooth extraction is a skill that Veterinarian Technicians may accomplish safely and competently after receiving training and under the supervision of a Veterinarian. The RPC has looked into this matter and has not found a higher number of complaints related to veterinary technicians performing extractions vs Veterinarians.
Section 2. Direct Supervision	AAEP supports requiring Immediate Supervision, rather than Direct Supervision, for the floating of equine teeth. A competent exam and floating requires sedation, which can only be administered by a Veterinarian.	Thank you for this question. With the supervision being Direct, the Veterinarian would be on the premises, and future model regulations for Standard of Practice are drafted to require an exam prior to administering sedation or anesthesia. That being said, this model regulation allows a Veterinary Technician to administer sedation under the direction of a Veterinarian who holds a VCPR. The RPC believes that common Standards of Care would necessitate that the Veterinarian would have examined the Patient prior to sedation.

Section 2. Direct Supervision	BOD: Please provide the rationale for including [esophagostomy tube placement], given the proximity to the jugular vein, misplacement of the tube, or other potentially fatal complications.	Thank you for this question. The RPC agrees there is a risk for patient harm if this task is performed by an incompetent, untrained individual. However, the RPC recognizes that Veterinary Technicians are as capable of learning to do this task safely as are Veterinarians. Anatomy and physiology are a required CVTEA course so the critical structures would be known to the competent Veterinary Technician. This refers back to the co-accountability model - the Veterinarian and Veterinary Technician must both agree that the Veterinary Technician is capable of safely completing a task.
Section 2. Direct Supervision	AVMA: "Pericardiocentesis". This should require – at minimum – immediate, not direct, supervision by the Veterinarian or be limited to the Veterinarian. Many Veterinarians are hesitant to perform this procedure.	Thank you for this question. The RPC has discussed the concerns and has opted to remove the item entirely as a Veterinarian would need to be present regardless to diagnose any arrythmias. The RPC did not find any language that would prevent a Veterinary Technician from assisting with this procedure, and thus felt that a specific call out was potentially confusing and unnecessary.
Section 2. Direct Supervision	BOD: Please provide the rationale for including [Pericardiocentesis]. During this procedure, arrythmias must be monitored, diagnosed, and treated accordingly. Would removing a Veterinarian from this process expose the Patient to unnecessary risk?	Thank you for this question. The RPC has discussed the concerns and has opted to remove the item entirely as a Veterinarian would need to be present regardless to diagnose any arrythmias. The RPC did not find any language that would prevent a Veterinary Technician from assisting with this procedure, and thus felt that a specific call out was potentially confusing and unnecessary..
Section 2. Direct Supervision	AVMA: Line 180: "Production Animal pregnancy evaluation via rectal palpation or ultrasound". We were not able to locate a definition of "production animal"; we assume equivalent to a "food animal", but this should be defined and should exclude horses. The AABP's position statement on transrectal ultrasound and palpation indicates that these are Veterinarian-only procedures. A reproductive examination requires a diagnosis, which conflicts with line 11 that prohibits technicians from diagnosing. During an ultrasonic reproductive examination, the Veterinarian determines pregnancy status, state of pregnancy, fetal viability, presence of twins, presence of any pathology, and ovarian structures for enrolling in hormonal treatments or other therapies, which may involve extralabel drug use. This examination is not a pregnancy determination, but is a reproductive examination.	Thank you for the comment. The RPC has discussed the matter and removed the item as we agree that it would fall under Diagnosis.

Section 2. Direct Supervision	AABP: Line 180 - Production Animal pregnancy evaluation via rectal palpation or ultrasound. ● There is no definition of production animal provided. Does this include all food animal species? AABP suggests using definitions provided by FDA such as "food animal species" ● AABP's position statement on transrectal ultrasound and palpation states that this is a veterinary only procedure. We strongly disagree that this procedure should be provided to a veterinary technician. Why are only food animal species allowed but not companion animals where the procedure is non-invasive or equine? ● A reproductive exam requires a diagnosis, therefore this allowance conflicts with Line 11 which prohibits technicians from diagnosing. ● During the ultrasonic reproductive exam, the Veterinarian determines pregnancy status, stage of pregnancy, fetal viability, presence of twins, presence of any pathology, and ovarian structures for enrolling in hormonal treatments or other therapies, which may involve extra-label drug use. This examination is not a pregnancy determination but is a reproductive examination	Thank you for thoroughly outlining your concerns. The RPC has discussed this and removed the item as it would fall under Diagnosis.
Section 3. Indirect Supervision	Ray Ramirez: I like [Delegation of tasks to Staff..] - it helps with some issues where the CVT is directing the care.	Thank you Dr Ramirez!
Section 3. Indirect Supervision	Autumn Cooper: 216 Section 3. Indirect Supervision (3) Physical Exam and (4) Follow-Up Appointments - Strongly agree with this addition as it will greatly improve utilization of technicians and workflow in the veterinary hospital.	Thank you Ms Cooper!
Section 3. Indirect Supervision	AVMA: "Recommendation and initiation of diagnostics per protocols…" We note that deciding to implement a protocol may suggest that a preliminary diagnosis has been made, with diagnostics conducted to confirm that diagnosis. This may conflict with [PAM Section 106], which prohibits a veterinary technician from diagnosing.	Thank you for this comment. While the RPC agrees with the concern expressed, the committee disagrees that *this* task raises *that* concern. For example, a protocol may be initiating a fecal flotation for a presentation of acute diarrhea; there is no preliminary diagnosis in this scenario. The RPC would leave the

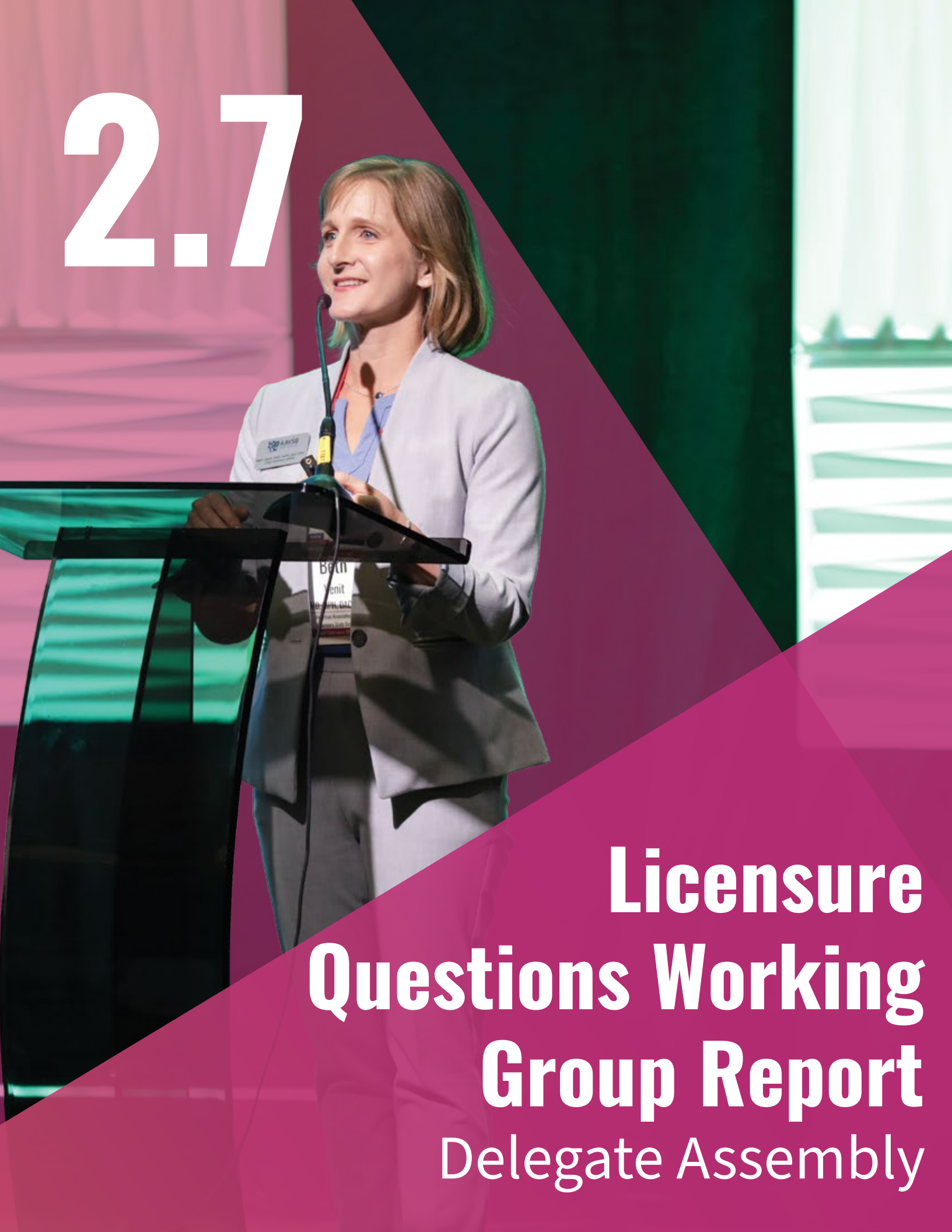
		development of these protocols up to the professional judgement of the Veterinarian to ensure that they are not reliant on a preliminary diagnosis.
Section 3. Indirect Supervision	AVMA: "…biological and immunological agents (vaccines)…" Administration of biologics should have a requirement for a clinician on the premises (i.e., direct supervision) for emergent care in case of anaphylaxis. We recognize the challenges this presents with respect to care of animals in shelters where a clinician's presence on the premises may be intermittent.	Thank you for this comment. Given the scenario described in this comment and the reality that vaccines are available for purchase off the shelf at farm and livestock supply stores, to require a Veterinarian be on the premises would create more limitations than what is practical. It is up to the Veterinarian to use their professional judgement in delegating this task at the level of supervision they deem appropriate
Section 3. Indirect Supervision	BOD: Consider removing the word "surgical" (in "Surgical incision or minor laceration closure") as this is confusing with the definition of Surgery	Thank you for this comment. The RPC has made this change.
Section 3. Indirect Supervision	Ray Ramirez: (Regarding "Surgical incision or minor laceration closure ") maybe something defining "dermal" closure, specifically not linea / muscle / tissue, exp as related to laceration	Thank you for this suggestion but the RPC believes that "dermal" is sufficient and would not be confused with "body wall" layers.
Section 3. Indirect Supervision	AVMA: "Surgical incision or minor laceration closure, including…" Should be under direct supervision, as the animal will be under anesthesia or at least sedation will be required. Also, what appears to be a "simple" laceration often is not because of subcutaneous injury and/or the presence of a foreign body/material in the wound.	Thank you for this comment. There are instances that may allow for closure without sedation, for example, using local anesthesia or gluing. If a procedure requires sedation, these model regulations require it to be moved to direct supervision at a minimum. Using their professional judgement, the Veterinarian may, at any time, require the Patient to be seen by a Veterinarian. Indirect supervision requires the input of a Veterinarian, as the Veterinarian must have given instructions for the treatment of that specific patient.
Section 3. Indirect Supervision	AVMA: "Treatment of skin lesion or wound". This language is vague, including as to the seriousness of the wound and whether this is a new lesion/wound or one that the Veterinarian has already seen and for which directions for treatment have been provided. If a new or serious wound, then this should be under direct supervision.	Thank you for this comment. Using their professional judgement, the Veterinarian may, at any time, require the Patient to be seen by the Veterinarian. Indirect supervision requires the input of a Veterinarian, as the Veterinarian must have given instructions for the treatment of that specific patient.
Section 3. Indirect Supervision	BOD: (for Nasogastric, nasoesophageal, or orogastric tube placement or passage) please consider the value in addressing the confirmation of the tube placement by a Veterinarian prior to administration of an agent, either in regulation or commentary. Please consider if this confirmation can be achieved via indirect supervision.	Thank you for this excellent point. The RPC notes that patients can be harmed with incorrect placement of tubes, yet also acknowledges that this is within a veterinary technician's skillset. Language has been added.

Section 3. Indirect Supervision	BOD: please provide commentary regarding the inclusion or exclusion of arterial catheters and venous cut downs in this category.	Thank you for this comment. The following commentary will be added:
Section 3. Indirect Supervision	AVMA: "Catheterization…of an unobstructed patient." Consider Direct Supervision, as many of these animals will need to be anesthetized and there is always the possibility of a urethral tear.	Thank you for this comment. The RPC notes and appreciates the risk of a urethral tear, but also notes the risk is rare if the procedure is performed by a trained individual. If sedation or anesthesia is needed, these model regulations require it to be performed under a minimum of Direct Supervision.
Section 3. Indirect Supervision	AABP agrees with these bovine-oriented tasks that are in the CVT guideline	Thank you for this reassurance. The AABP's CVT guideline was a powerful resource in the development of these model regulations.
Section 3. Indirect Supervision	AVMA: "artificial insemination, animal enrollment…" and "embryo and oocyte collection, flushing, and processing…" The target species for these tasks are not clear and some of these tasks may not be appropriate for indirect supervision in some types of patients (e.g., horses). We note the item in the commentary referring to Section 3(a)(21) and wonder if that was meant to refer to Section 3(a)(22) and (23)?	Thank you for this comment. The RPC discussed naming a specific species, but opted to remain silent on the issue, instead leaving this up to the professional judgement of the Veterinarian when deciding to delegate or not, with each species. This applies to both artificial insemination practices as well as embryo collection, flushing, etc.
Section 3. Indirect Supervision	AVMA: "nonsurgical sterilization". This may involve the use of biologics and, as such, should be under direct supervision.	Thank you for this comment. Administration of biologics is under Indirect Supervision, but of course will be up to the professional judgement of the Veterinarian.
Section 3. Indirect Supervision	AVMA: "Bandage, cast, splint, and sling application and removal." Complications can occur with these procedures, particularly when applying casts. As such, we recommend that these be listed under direct, rather than indirect supervision.	Thank you for this comment. The RPC has discussed this, and noted that in many of the committee member's professional practice, Veterinary Technicians far exceeded the Veterinarians in skill in bandage placement, including those for stabilization. Given this reality, the committee opted to leave this under Indirect Supervision, but as with all tasks, this is up to the professional judgement of the Veterinarian and Veterinary Technician in determining the appropriate supervision level.
Section 3. Indirect Supervision	AVMA: Regional anesthesia administration…paravertebral blocks…" Paralysis can occur with paravertebral and coccygeal blocks if performed incorrectly. We suggest direct supervision for these procedures.	Thank you for this comment, the RPC notes that this can be performed safely by either a Veterinarian or Veterinary Technician with the same degree of skill and safety. Any block performed under sedation or anesthesia must be performed under Indirect Supervision.
Section 3. Indirect Supervision	AVMA: "Punch biopsies, epidermal and dermal, with closure". These require anesthesia or sedation and, as such, supervision should be direct.	Thank you for this comment. The RPC notes that in clinical practice, this may be performed with local block only. If sedation is required, the

		model regulations to require it to be moved to Direct Supervision
Section 3. Indirect Supervision	BOD: (for wound debridement) Please consider to what tissue level is appropriate for delegation to a veterinary technician (eg: skin, SC, fascia?) and if that detail is important to put in regulations.	Thank you for this comment. Even with Indirect Supervision, the Veterinarian is responsible for assessing the wound and for directing the Veterinary Technician. In practice, if a wound is extensive or deep, sedation would be required. In such instances, these model regulations require this to be performed under Direct Supervision.
Section 3. Indirect Supervision	AVMA: "Postmortem collection of samples". Recommend revision to the statement in the commentary, replacing "may be best suited to" with "should" as follows: "When a necropsy is performed for known or potential legal reasons…a Veterinarian should perform the entire necropsy, including sample collection."	Thank you, the RPC has made this change.
Section 3. Indirect Supervision	AABP: AABP appreciates the allowance of surgical bovine castration under Indirect Supervision per our CVT guideline	Thank you. The RPC appreciates the AABP's CVT Guidelines.
Section 3. Indirect Supervision	Alberta: Line 301 - Bovine castration via cutting meets the definition of surgery the practice of veterinary medicine cannot be delegated when it involves prescribing, diagnosing, or surgery.	Thank you for this comment. The RPC agrees that it would fall under the current definition of surgery. Because of this, an exception was made to allow for Veterinary Technicians to perform the task.
Section 3. Indirect Supervision	KBVE believes that euthanasia should only be under direct supervision.	Thank you for this comment. Euthanasia technicians do not have to operate under Direct Supervision in many practice acts. The RPC did not determine it a necessary requirement for Veterinary Technicians. However, the AAVSB encourages each jurisdiction to amend these model regulations to fit the unique needs of their jurisdictions.
Section 3. Indirect Supervision	AVMA: Euthanasia". Suggest cautions be added to the Commentary for euthanasia related to access and use of controlled substances.	Thank you for this feedback. The RPC discussed and believes that the preexisting language indicating the requirement of a VCPR and the requirement to adhere to Federal and Jurisdictional laws meets this need.
Section 3 Commentary	KBVE contests the commentary under Section 3(a)(3) stating that a "physical examination should not be construed to mean providing a diagnosis." Can a Veterinary Technician conduct a physical exam without making a determination on the health of the animal patient? If so, then what is the Veterinarian's role in establishing a VCPR? Does this statement lead to the conclusion that a VCPR may be established by a Veterinary Technician? KBVE has determined that a VCPR can only be established by a Veterinarian, by definition (i.e.,	Thank you for this comment. The RPC agrees that a VCPR can only be established by a Veterinarian but disagrees that a physical exam should result in a diagnosis. A physical exam is simply that: an examination of the physical characteristics of the Patient. A diagnosis involves identifying the etiology of an injury or illness, per these new definitions. In addition, the CVTEA task list requires proficiency in performing a physical

	Veterinarian-Client-Patient Relationship). Further, what is a physical exam if you don't have findings as a result? Either the animal is well or there are issues identified of concern -- this is the role of the Veterinarian to determine. A physical examination should result in diagnosis.	exam; all Veterinary Technicians should be able to perform one competently.
Section 3 Commentary	AAEP: We have concerns that the direction for Boards to separate tasks for different species could be used to give Boards the opportunity to reduce the roles of licensed technicians in equine practice. There are places in the document (Lines 49-53, 55-58, 92-98) that allow the supervising Veterinarian to make an informed decision on what is an appropriate level of supervision, including taking the species being treated into account.	Thank you for this feedback. The RPC agrees and has removed this commentary. For this model regulation and the unlicensed Staff list, the RPC has decided to take a "species agnostic" approach as AAEP suggests.
Section 3 Commentary	BOD: please emphasize the prohibition of veterinary technicians from providing a diagnosis based on necropsy results.	Thank you, this has been added in Commentary.
Section 4. Initiation of ER Care	KBVE: Members of the Board expressed great concern with the word choice of "coordinates care with the Veterinarian". How is "coordinate" defined? Section 4 should be clear that an LVT cannot continue emergency care indefinitely -- a Veterinarian must arrive ASAP in person to take over care. It is not acceptable in emergency care for a Veterinarian to "coordinate" remotely for an unlimited amount of time.	Thank you for sharing this concern. The RPC has amended the language.
Section 4. Initiation of ER Care	BOD: is it the intention of the RPC to also allow procedures such as trans-tracheal catheter or emergency tracheostomies?	Thank you for this question. Yes. The RPC has reviewed the document and does not see where these procedures would be limited with the current language. The RPC has added "open airway establishment" to address emergency tracheostomies and believes that trans-tracheal catheters are included in "resuscitative oxygen procedures."

2.7



Licensure Questions Working Group Report

Delegate Assembly

Summary

- Veterinary regulatory boards have a public protection mandate, and licensure questions seeking to fulfill this mandate should be tied to current ability to practice safely and competently.
- Broad questions about past mental health or substance use diagnosis or treatment discourages treatment-seeking and increases stigma and should be avoided.
- Past diagnosis or treatment is not a reliable proxy for current impairment or public risk.
- Current guidance increasingly supports limiting inquiries to present functional impairment.
- Retrospective questions may create legal risk, particularly in jurisdictions where mental health and substance use disorders are protected as disabilities.
- The placement and wording of impairment-related questions can reinforce stigma if they appear alongside questions about criminal history or moral character.
- Utilizing the services of Physician Health Programs and Safe Haven Programs further reduces barriers to seeking care.

Key Recommendations

- Remove questions asking whether an applicant has ever had, been diagnosed with, or been treated for a mental health or substance use disorder.
- If impairment questions are retained, limit them to current conditions that impair the applicant's ability to practice safely.
- Consider using positive attestation language for fitness to practice instead of diagnosis-based questions.
- Distinguish illness from impairment and avoid language that treats mental health conditions as inherently disqualifying.
- Avoid placing impairment-related questions near moral character, criminal history, or prior conviction questions.
- Include supportive language that normalizes wellness, encourages treatment-seeking, and directs licensees to confidential resources and programs such as Physician Health Programs.
- Permit applicants who are appropriately monitored and not currently impaired to answer "no" to current impairment questions.
- Allow for Safe Haven Program provisions in which individuals may enter into treatment programs without automatic notification to the regulatory board.
- Align veterinary licensure applications with current legal guidance and emerging standards used by other health regulatory boards.

Report

Veterinary regulatory boards have a critical responsibility to protect the public by ensuring that licensees can safely and competently practice. However, licensure questions that inquire broadly into an applicant's past mental health or substance use history may undermine that goal when they discourage treatment-seeking, increase stigma, or rely on diagnosis rather than evidence of current functional impairment. Current legal guidance, policy efforts, and evolving regulatory standards support a more focused approach that evaluates one's current fitness to practice, encourages access to care, and avoids unnecessary inquiries into past diagnosis or treatment.

Licensing boards operate within a framework designed to ensure public protection through the regulation of veterinary professionals. As part of licensure and renewal processes, boards determine whether applicants meet the standards required for safe and effective practice. Historically, some jurisdictions have included questions related to mental health and substance use, including inquiries into any previous or current diagnoses or treatment. In many of these jurisdictions, these questions are required by law. These questions may have been initially introduced in an effort to identify potential impairment and thereby promote public protection. However, the available evidence indicates that they fail to achieve this goal and may instead contribute to unintended outcomes that undermine both public protection and practitioner wellbeing. Emerging national policy efforts, including guidance from the Federation of State Medical Boards (FSMB) in 2018 and 2021, indicate that retrospective inquiries into mental health conditions are not necessary to fulfill a regulatory board's public protection mandate. These questions may also conflict with federal or jurisdictional laws that recognize mental health conditions, including substance use and alcohol use disorders, as disabilities.

In the United States, recent interpretation of the Americans with Disabilities Act (ADA) affirms that state licensing boards are public entities and must not impose eligibility criteria that discriminate against individuals with disabilities. In a 2023 letter to Senator Wyden, the United States Department of Justice (DOJ) has stated that "it is clear that intrusive inquiries regarding an applicant's mental health history run afoul of the ADA…and such inquiries are not necessary to determine whether an applicant is fit to practice medicine." The DOJ requested that the Senator encourage those subjected to such discriminatory actions to file suit in federal court. Furthermore, in a 2024 Letter of Findings, the DOJ concluded that applicants were subjected to discrimination when licensing decisions were based on diagnosis or treatment rather than evidence of current impairment. The DOJ recommended that licensing bodies refrain from broad inquiries into diagnosis or treatment and rather focus solely on whether a condition currently impairs the ability to practice.

The Licensure Questions Working Group was unable to identify clear legal guidance for licensure questions within Canada. However, the Canada Human Rights Act does also include mental illnesses, such as substance use disorder, as disabilities. Moreover, calls such as those from Stergiopoulos, et al. in 2023 are growing to restrict licensure questions to current impairment only, based on concerns for stigmatization and reduced utilization of treatment programs. In both the US and Canada, jurisdictional laws may also provide restrictions on the types of questions that may be asked by the licensing body.

Evidence presented by Dyrbye et al. in 2017 indicates that licensure questions about mental health history can discourage practitioners from seeking needed care. Nearly 40% of surveyed physicians

reported reluctance to seek formal mental health care because of concerns about repercussions for medical licensure. That reluctance was significantly more common among physicians practicing in states where neither initial nor renewal licensure applications were consistent with current impairment-focused standards. Questions asking about past diagnosis or treatments are likely to be answered falsely or may discourage future treatment-seeking. A recent survey of New York State physicians, conducted by the FSMB and the Medical Society of the State of New York, found that 69% of physicians experiencing burnout symptoms were significantly more likely to avoid seeking treatment if required to report this on licensure application or renewals. When licensees fear that acknowledging a mental health condition could place their license at risk, they may delay or avoid treatment, allowing the illness to progress and potentially increasing risk to patients and the public. In this way, questions intended to protect the public may instead have the opposite effect. There are additional considerations. These questions also reflect a disparity in how some regulatory boards treat mental and physical health conditions. In some jurisdictions, concerns related to mental impairment may trigger an immediate, although temporary, suspension, while comparable physical health concerns are not addressed as severely. Treating mental health disclosures as a signal for alarm reinforces stigma and may further discourage licensees from seeking care. In addition, the placement of impairment-related questions can compound this problem. When questions about mental health or substance use appear alongside inquiries about criminal history, moral character, or prior convictions, the application may implicitly suggest that mental health conditions are comparable to misconduct or criminal behavior. This framing is inconsistent with a modern understanding of mental health and may further undermine treatment-seeking.

Associations of regulatory boards and the Dr. Lorna Breen Heroes Foundation (DLBHF) have recently provided guidance for physicians and related health professions. In 2018 and 2021, the FSMB adopted policies recommending the removal of intrusive questions into mental health diagnosis and treatment while promoting the adoption of physician health programs. In 2018, the FSMB and Federation of State Boards of Physical Therapy (FSBPT) described how practitioners may avoid seeking treatment when applications inquire into mental health history and emphasized the regulatory distinction between illness and current impairment. In 2024, the American Psychiatric Association (APA) issued a formal position stating that diagnosis or treatment history is not relevant to current impairment, and a history of a mental health disorder holds little predictive value for current impairment. The consensus within these associations is that general screening questions about mental health conditions are discriminatory, and therefore, only inquiries into current functional impairment are appropriate.

To best adhere to current recommendations, veterinary regulatory boards should consider removing questions that ask whether an applicant has ever experienced or been treated for a mental health or substance use disorder. Licensure questions, if asked at all, should be limited to whether the applicant currently has a condition that impairs their ability to practice, or incorporate positive attestation statements. These attestation statements require applicants to positively attest that they can practice in accordance with professional standards and will not engage in practice if impaired, but do not query into the applicant's historical or current mental health status. Application language should emphasize competence and current function, avoid stigmatizing or overly broad terminology, and encourage, rather than discourage, treatment-seeking behavior. Furthermore, boards may wish to differentiate between a treated and untreated condition and allow those currently in treatment to answer "no" to a question inquiring about current impairment.

The placement of impairment-related questions is critical. These questions should not appear alongside inquiries about moral character or prior convictions, because doing so may imply that mental health or substance use conditions are comparable to criminal conduct rather than medical conditions. Boards should also include supportive language that supports licensee wellbeing, encourages help-seeking, clearly communicates available resources such as Physician Health Programs, and reduces stigma and other barriers to confidential treatment. Boards that have not already done so should consider using Physician Health Programs as a way for licensees to access treatment. Safe Haven Programs, which allow anonymous referrals to treatment programs, can further reduce reluctance to seek treatment and fear of negative licensure consequences. This protects the public by decreasing the likelihood that untreated illness will progress to impairment.

Regulatory boards remain responsible for protecting the public, and this responsibility is best fulfilled through approaches that identify current impairment, encourage early intervention and treatment, and avoid unnecessary barriers that may prevent licensees from seeking care. Questions should be limited to current impairment or replaced with positive attestation language that affirms the applicant's ability to safely practice. Past diagnosis is not predictive of current impairment and should not serve as a proxy for risk. By removing retrospective, diagnosis-based inquiries and adopting language that supports treatment, confidentiality, and wellness, boards can reduce barriers to care while more accurately identifying actual risk. This approach strengthens, rather than weakens, the public protection mandate by encouraging early intervention before illness progresses to impairment.

Licensure Question Best Practices Examples

Boards may choose to remove all health-related questions from licensure applications.

If impairment questions are retained, they should be limited to current conditions that affect an applicant's ability to practice safely. Boards may also replace impairment questions with a positive attestation of fitness to practice. In either approach, boards should protect confidentiality, provide resources for licensees seeking help, and allow applicants who are compliant with treatment and monitoring programs to provide answers indicating non-impairment. Additional guidance is available in the **AAVSB Model Regulations: Safe Haven Program**.

Examples for this language follow.

POSITIVE ATTESTATION

If you are currently compliant with a treatment and monitoring agreement with this jurisdiction's Physician's Health Program, you may answer "Yes" to the following attestation.

Yes ☐ No☐ I possess the physical, mental, and behavioral health to safely, ethically, and competently practice with or without reasonable accommodation.

If you believe you are currently impaired or at elevated risk of impairment, please contact this jurisdiction's designated Physician Health Program for confidential assistance.

LICENSURE QUESTION EXAMPLES

Questions to Avoid	Reasoning	Consistent with Current Recommendations
Are you addicted to drugs or alcohol?	This wording is stigmatizing and focuses on diagnosis or status rather than current ability to practice safely.	Do you currently have an untreated or inadequately managed condition that impairs your ability to practice veterinary medicine safely, competently, ethically, and professionally?
Within the past X years, have you been diagnosed with or treated for a mental health condition or substance use disorder? If yes, provide an explanation and a physician letter confirming fitness to practice.	This question requests protected health information, looks backward rather than assessing current impairment, and treats mental health differently from physical health.	Do you currently have any conditions that impair your ability to practice veterinary medicine safely, with or without reasonable accommodation?
Are you currently participating in, or have you ever participated in a substance abuse treatment or rehabilitation program? If yes, provide an explanation and discharge summary.	Under a Safe Haven model, participation in treatment and monitoring should remain confidential from the Board when the licensee complies with program requirements.	If you are currently participating in a treatment and monitoring program, such as a Physician Health Program, in another jurisdiction, please contact this jurisdiction's program at XXX-XXX-XXXX if you require services within this jurisdiction.

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U.S. Department of Justice, United States Attorney, Middle District of Tennessee. Letter of Findings: Tennessee Board of Law Examiners. December 17, 2024.



Champion Equal Privacy in Mental Health Care for Veterinary Professionals

Veterinary professionals have a higher risk of suicide than the general population.



We must help veterinary professionals get the mental health support they need (and deserve) before more lives are lost.



3.35 Million Health Workers Can Access Mental Health Support Without Fear of Professional Repercussions

ALL IN Wellbeing First for Healthcare
Wellbeing First
CHAMPION
2026
Licensing and Credentialing

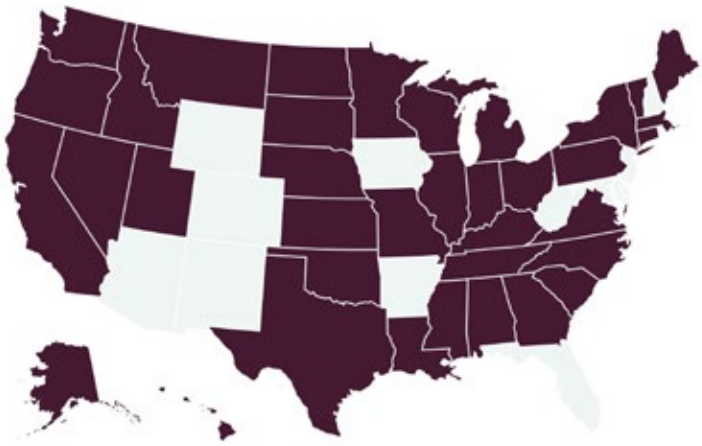
ALL IN Wellbeing First for Healthcare
HEROES

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Our Impact

Wellbeing First Champions for Medical Licensing



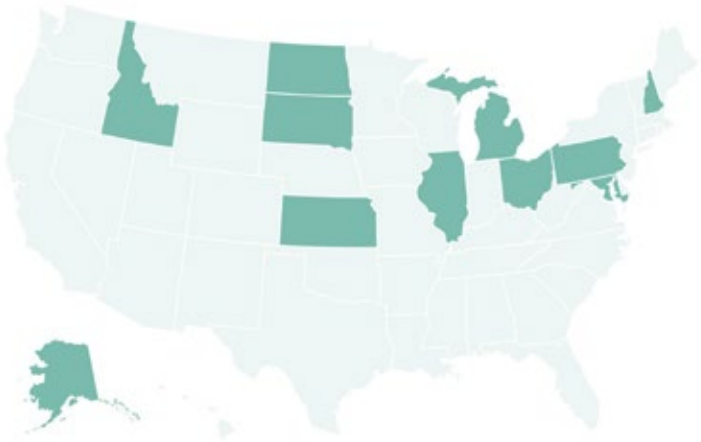
44 medical licensure boards verified their licensure applications do not include intrusive mental health questions—**benefiting nearly 1.15 million physicians**.

as of May 15, 2026

6

Our Impact

Wellbeing First Champions for Pharmacy Licensing

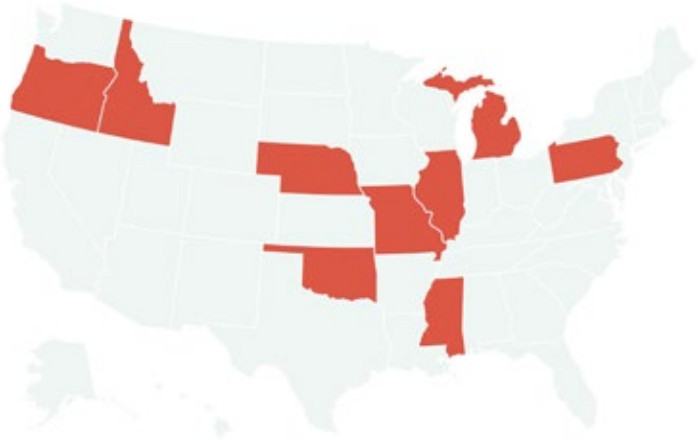


11 pharmacy licensure boards verified their licensure applications do not include intrusive mental health questions—**benefiting more than 362,000 pharmacy professionals**.

as of May 15, 2026

Our Impact

Wellbeing First Champions for Nurse Licensing



9 nursing licensure boards verified their licensure applications do not include intrusive mental health questions—**benefiting more than 1.2 million nurses**.

as of May 15, 2026

Our Impact
Wellbeing First Champions for Dental Licensing

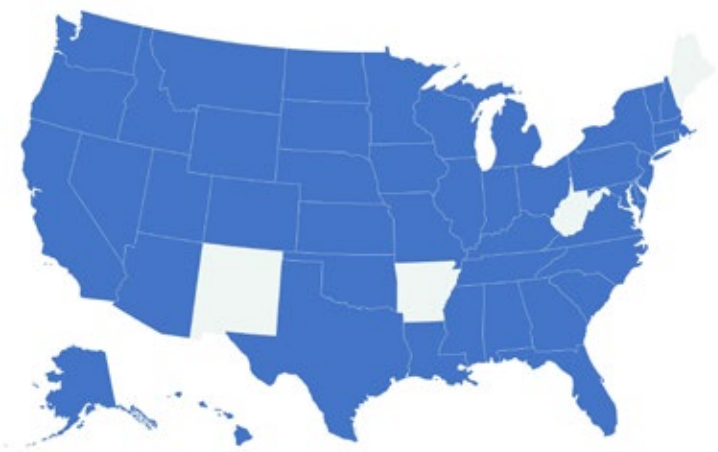


8 dental licensure boards verified their licensure applications do not include intrusive mental health questions—**benefiting more than 115,000 dental professionals**.

as of May 15, 2026

9

Our Impact
Wellbeing First Champions for Credentialing



- **1,427 hospitals, freestanding emergency departments, and freestanding surgery centers** as well as **1,965 urgent care centers and independent primary care clinics** verified their credentialing applications do not include intrusive mental health questions—benefiting nearly **500,000 credentialed health workers**.
- **12 medical/staffing groups, health plans, and professional liability insurers** verified their credentialing applications—benefiting more than **155,000 credentialed health workers**.

as of May 15, 2026

10

Let's Bring This to the Veterinary Community!

Wellbeing First Champion Challenge for Veterinary Licensing

Coming soon with board approval.

Measurable Results: Outcomes of Updated Credentialing

Study of 90 health systems confirms that removal of stigmatizing language from credentialing applications delivers immediate, positive impacts across organizations and patient safety.

41%

Increased usage of support services

Reported positive impact to use of mental health support services provided by the organization.

0%

Negative impact on risk & liability

Confirmed that updating applications did NOT negatively impact the organization's ability to manage risk and liability

28%

Positive impact on patient care

Reported a positive impact on patient safety and overall patient health outcomes.

26%

Positive impact to retention

Improved ability to recruit and retain physicians and advanced practice providers.

22%

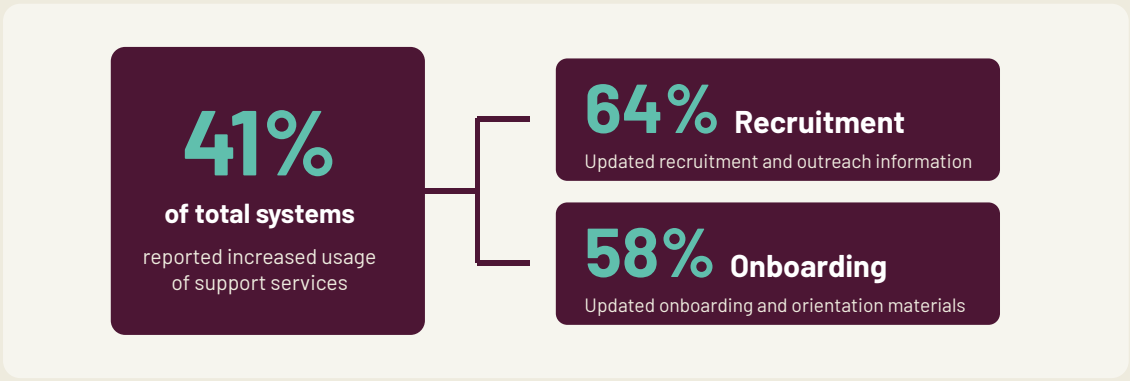
Increased disclosure

Reported increase in clinical impairment disclosure

Source: AMA / Dr. Lorna Breen Heroes' Foundation (2026). N=90 health systems.

Communication of Changes Drives Utilization

Systems seeing the highest increase in mental health support service usage were those that proactively communicated the change during recruitment and onboarding.



Source: AMA / Dr. Lorna Breen Heroes' Foundation (2026). N=90 health systems.

13

Qualitative Insights: What Health System Leaders Are Saying

Beyond the numbers, leaders emphasize that removal of stigmatizing language from credentialing applications fosters a culture of support.

"The change was not as difficult as imagined. There are many supporters from Behavioral Health, Legal, and Medical Staff Programs."

"Our physician leaders gave an overwhelmingly positive response to changing our questions on the credentialing application and peer review forms."

"While it may take effort and time, changing credentialing language supports clinicians and decreases stigma... Communicate the changes with positivity & support."

"This was a relatively easy change for our organization to make. We even had the support of legal input from the Dr. Lorna Breen Foundation team to change the wording and support a stronger understanding of how the applicant should respond to the application questions."

Source: AMA / Dr. Lorna Breen Heroes' Foundation (2026). N=90 health systems.

14



1. Audit

2. Revise

3. Verify

4. Communicate

How to Get Started

4 Step Journey

Drive National Change: Explore State Progress

Our interactive maps are a **source of truth for health workers** to know in what state or health system they are supported to access mental health care. It also guides healthcare leaders and policymakers to **identify where reform is still needed** so all health workers can seek mental health support without fear.

Learn & Communicate:

- Access quarterly impact updates to see which licensure boards and hospitals are recognized as Wellbeing First Champions.
- Use our information and resources to build a data-driven case for change for your licensure board or organization.

Act:

- Urge licensing boards to remove stigmatizing language and ask state representatives to enact laws that better protect health workers' access to confidential mental health care.
- Advocate for your organization to join the Wellbeing First Champion Challenge.

17

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6 Key Principles



1. **Focus on Current Impairment**
2. **Avoid Broad/Highly Subjective Language**
3. **Use Clear and Defined Terms**
4. **Combine Mental and Physical Health**
5. **Use Supportive Medical Terminology**
6. **Be Supportive and Transparent**

How to Conduct Your Self-Audit

5 Areas of Focus

1. **Fitness to Practice/Ability to Perform Essential Functions**
2. **Past Diagnosis/Treatment for Mental Health Conditions**
3. **Professional/Physician Health Program (PHP) Participation**
4. **Use of Illegal Substances**
5. **Gaps in Service**

One Single Fitness to Practice Question

"Are you currently suffering from any condition that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical, and professional manner? (Yes/No)"

What Questions Should Look Like

Not Consistent	Consistent
During the last x years, have you suffered from any physical, psychiatric, or substance use disorder that could impair your ability to practice safely?	**Are you currently suffering from any condition that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical, and professional manner? (Yes/No)**
Have you ever been informed of any physical, mental, emotional, behavioral issues, or drug and/or alcohol dependencies the applicant has or had that may/could/might affect his/her ability to practice medicine?	**To your actual knowledge, is the applicant currently suffering from or experiencing any condition or health issue that impairs the applicant's judgment or that would otherwise affect the applicant's ability to practice medicine in a competent, ethical, and professional manner? (Yes/No)** **Responses to this question are confidential and used strictly for credentialing purposes. This question should not be answered if doing so would or could violate physician/patient obligations.**

What Questions Should Look Like

Not Consistent	Consistent
Have you ever or are you currently using illegal drugs, including non-prescribed prescription medication?	**Are you currently engaged in the illegal use of drugs?** • **"Currently" means sufficiently recent to justify a reasonable belief that the use of the drug may have an ongoing impact on one's ability to practice medicine. It is not limited to the day of, or within a matter of days or weeks before the date of application, rather that it has occurred recently enough to indicate the individual is actively engaged in such conduct.** • **"Illegal use of drugs" refers to drugs whose possession or distribution is unlawful under the Controlled Substances Act, 21 U.S.C. § 812.22. It does not include the use of a drug taken under supervision by a licensed health care professional, or other uses authorized by the Controlled Substances Act or other provision of Federal law. The term does include, however, the unlawful use of prescription controlled substances.**

What Questions Should Look Like

Not Consistent	Consistent
Have you ever been hospitalized for a mental illness or substance use disorder that resulted in the inability to practice medicine for more than 30 days?	**Are you currently suffering from any condition that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical, and professional manner?**
Have you been treated for or do you have a diagnosis for any mental health condition?	**Do you currently have a physical, mental, or emotional condition that adversely affects your practice?**

Best Practices to Make Change Happen

1. Collaborate
2. Advocate
3. Accelerate

Our Verification & Recognition Approach

4 Step Journey

1. Audit
2. Revise
3. Verify
4. Communicate

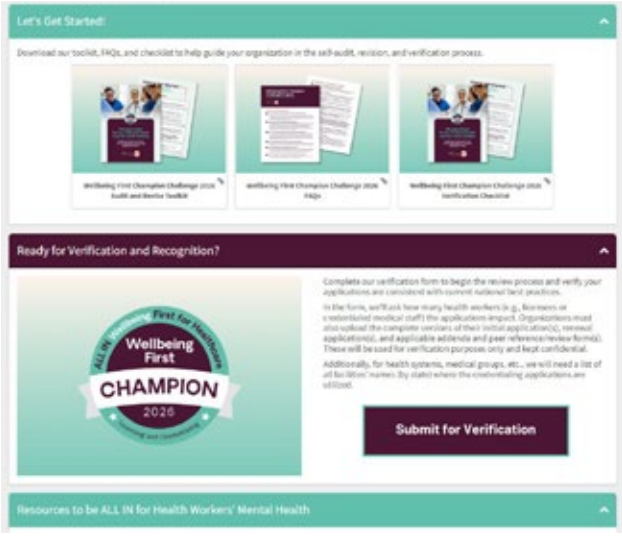
Resources Available to Help You in the Self-Audit, Revision, and Verification Process







Create a Free Account & Log In To Get Started!



Acronyms in Veterinary Regulation

Member Resources



3.1

Common Acronyms and Terminology

Vocabulary for Veterinary Medicine and Regulation

Overview

Learn more about the veterinary medicine and regulation industry with The Common Acronyms and Terminology. This resource includes categories, such as associations, organizations, policies, services, programs, exams, and roles.

Categories

Review the following colors and shapes to easily reference categories.

Navy represents AAVSB-specific services, programs, departments, exams, tests, and resources.

Teal represents associations, agencies organizations, institutions, and vendors supporting veterinary medicine and regulation.

Magenta represents the exams, tests, and exam-related vendors and services for veterinary certification and licensure.

Green represents roles in veterinary medicine.

Light Blue represents laws and policies enacted to support veterinary medicine regulation.

Orange represents key concepts in veterinary medicine and regulation.

AAAP	American Association of Avian Pathologists
AAHA	American Animal Hospital Association
AABP	American Association of Bovine Practitioners
AAEP	American Association of Equine Practitioners
AASV	American Association of Swine Veterinarians
AAVC	American Association of Veterinary Clinicians
AAVMC	American Association of Veterinary Medical Colleges
AAVSB®	American Association of Veterinary State Boards
ABVP	American Board of Veterinary Practitioners
ABVS	American Board of Veterinary Specialties (AVMA)
ADA	Americans with Disabilities Act
ADAAA	ADA Amendments Act
AHT	Animal Health Technician
AMAC	Affiliate Member Advisory Committee (AAVSB)
APHIS	Animal & Plant Health Inspection Service (USDA)
AVA	Approved Veterinary Assistant (NAVTA)
AVMA	American Veterinary Medical Association

AVMF	American Veterinary Medical Foundation (AVMA)
AVTE	Association of Veterinary Technician Educators
BCSE	Basic and Clinical Sciences Examination (ECFVG)
CAEL	Canadian Academic English Language Assessment
CAVM	Complementary Alternative Veterinary Medicine
CAVTT	Committee on Advancing Veterinary Technicians and Technologist (AVMA)
CBD	Cannabidiol
CBT	Computer-Based Testing
CCT	Clinical Competency Test
CAHI	Canadian Animal Health Institute
CCVR	Canadian Council of Veterinary Registrars
CDC	Centers for Disease Control
CE	Continuing Education
CLEAR	Council on Licensure, Enforcement & Regulation
COE®	Council on Education (AVMA)
CPE	Clinical Proficiency Examination (ECFVG)
CTS	Continental Testing Services

CVA	Certified Veterinary Assistant
CVI	Certificates of Veterinary Inspection (United States)
CVM	Center for Veterinary Medicine (FDA)
CVMA	Canadian Veterinary Medical Association
CVT	Certified Veterinary Technician
CVTEA	Committee on Veterinary Technician Education & Activities (AVMA)
CVTS	Committee on Veterinary Technician Specialties (NAVTA)
DEA	Drug Enforcement Administration
DVM	Doctor of Veterinary Medicine
EAEVE	European Association of Establishments for Veterinary Education
ECE	Evaluated Clinical Experience of the PAVE Program (AAVSB)
ECFVG	Education Commission for Foreign Veterinary Graduates (AVMA)
ETS	Educational Testing Service
FARB	Federation of Associations of Regulatory Boards
FDA	Food & Drug Administration
FRCVS	Fellow of the Royal College of Veterinary Surgeons (United Kingdom)
FSIS	Food Safety and Inspection Service (USDA) (United States)

FVE	Federation of Veterinarians of Europe
ICVA	International Council for Veterinary Assessment
IELTS	International English Language Testing System
IVRN	International Veterinary Regulators Network
LVT	Licensed Veterinary Technician
MRCVS	Member of the Royal College of Veterinary Surgeons (United Kingdom)
NAFV	National Association of Federal Veterinarians
NASPHV	National Association of State Public Health Veterinarians
NAVLE®	North American Veterinary Licensing Examination (ICVA)
NAVTA	National Association of Veterinary Technicians in America
NBE	National Board Examination
NBME	National Board of Medical Examiners
NEB	National Examining Board (Canada)
NIOSH	National Institute for Occupation Safety and Health
NVAP	National Veterinary Accreditation Program (APHIS)
OH	One Health
PAM	Practice Act Model (updated by the Regulatory Policy Committee) (AAVSB)

PAVE®	Program for the Assessment of Veterinary Education Equivalence (AAVSB) for veterinarians and veterinary technicians
PSI	PSI Services LLC
QSE	Qualifying Science Examination for PAVE (AAVSB)
RACE®	Registry of Approved Continuing Education (AAVSB)
RACEtrack®	Continuing education tracking for licensees and audit capabilities for Member Boards (AAVSB)
RCVS	Royal College of Veterinary Surgeons (United Kingdom)
RVT	Registered Veterinary Technician
RVTTC	Registered Veterinary Technologists and Technicians of Canada
SAVMA	Student American Veterinary Medical Association
SBE	State Board Exam
SCAVMA	Student Chapter of the American Veterinary Medical Association
SPA	State and Provincial Assessments (AAVSB)
TOEFL	Test of English as a Foreign Language
TSE	Test of Spoken English
TWE	Test of Written English
USDA	United States Department of Agriculture

USP	United States Pharmacopeia
VA	Veterinary Assistant
VAULT	Veterinary Application for Uniform Licensure Transfer (AAVSB)
VCPR	Veterinary-Client-Patient Relationship
VHMA	Veterinary Hospital Manager Association
VIC	Veterinary Innovation Council
VIVA®	Veterinary Information Verifying Agency Database (AAVSB)
VMA	Veterinary Medical Association
VMAE	Veterinary Medical Association Executives
VMD	Veterinary Medical Doctor
VPA	Veterinary Professional Associate
VSPS	Veterinary Services Process Streamlining (APHIS)
VTNE®	Veterinary Technician National Examination (AAVSB)

3.2



AAVSB Board of Directors

Member Resources

AAVSB Board of Directors



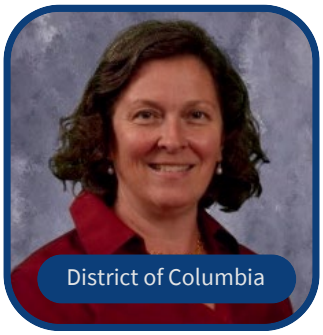
Timothy Kolb, DVM
President



Sheila Dodson, DVM
President-Elect



Frank Richardson, DVM
Immed. Past President



Amy Haywood, LVT
Treasurer



Christina Bradbury, DVM
Director



Mark Chmielewicz, DVM
Director



Robin Lazaro, RVT
Director



Holly Lunsford, DVM
Director



Michael Pfander, DVM
Director



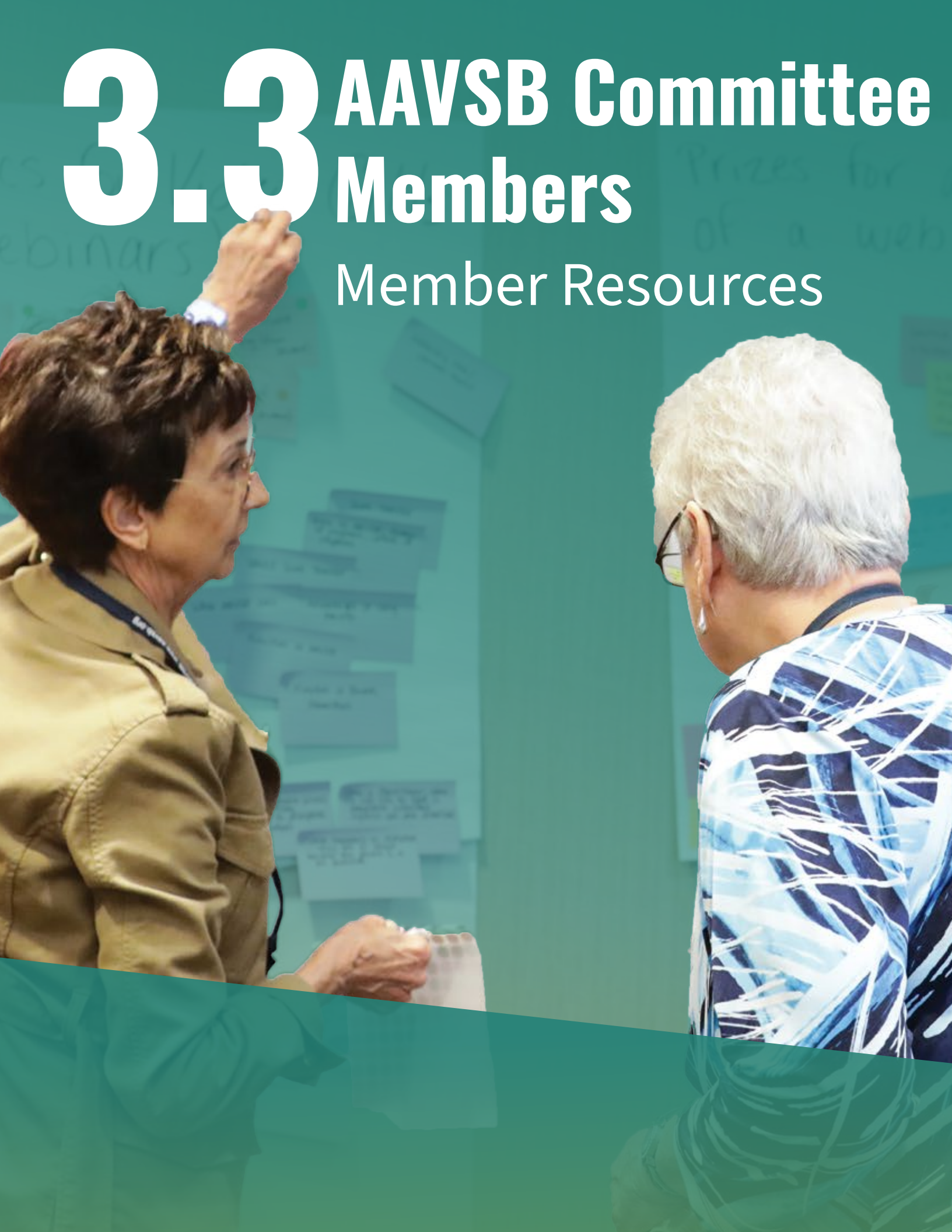
Jennifer Pedigo, EMBA
Director



James Penrod, CAE, FASLA
CEO & Secretary

3.3 AAVSB Committee Members

Member Resources



AAVSB Committee Members



Bylaws Committee

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Jeff Heins, DVM (ID)
Liz Saul, DVM (ON)
Jessica Sewell, MVCC, BAS, CVT, LVT, LVMT, VT, CPhT (GA)
Susan Skorupski, DVM (OH)
Maria Solacito, DVM (CA)
AAVSB Board Liaison:
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AAVSB Staff Member:
Nancy Grittman, MBA
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Nancy Christiansen (MS ED)
Nicole O'Brien, DVM (NL Registrar)
Jennifer Pedigo, EMBA (NV ED)
Brittany Sharkey, Esq. (TX ED)
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Ariel McBounds, RVT (IL)
Maci Paden, DVM (WA)
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Ronald Komich, DVM (NC)
Mark Nunez, DVM (CA)
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Mark Ekerberg, DVM (KS)
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Neil Moss, DVM (UT)
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Valerie Kehoe, BA, CVT (PA Bd)
Gary Norwood, DVM (WY Bd)
Jeremy Orr, DVM (NS Council)
Beth Ann Skiles, RVT, VTS (LAM), LATG
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Lila Miller, DVM (NY)
Randy Norton, DVM (KS)
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Ronald Welch, DVM (AL)
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Debbie Whitten, LVT (AL)
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Rochellie Cortés Martínez, LVTg, CVT, MBA (PR)
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3.4

AAVSB Staff

Member Resources

AAVSB Staff

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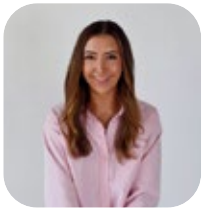


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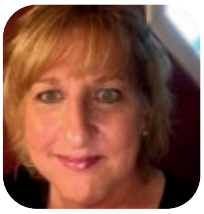


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4.1

Volunteer Interest Form

Member Feedback

Volunteers Needed

Do you have a desire to volunteer and support your fellow veterinary regulators?

The AAVSB has numerous opportunities for you to volunteer your time!

- Affiliate Member Advisory Committee
- Bylaws and Resolution Committee
- Conference Committee
- Finance Committee
- Leadership Development Committee
- Licensee Wellbeing Task Force
- Program for the Assessment of Veterinary Education Equivalence (PAVE) Committee
- Qualifying Science Exam (QSE) Item Writer
- Registry of Approved Continuing Education (RACE) Committee
- Regulatory Policy Committee
- Student Outreach Task Force
- Veterinary Technician National Exam (VTNE) Committee
- Veterinary Technician National Exam (VTNE) Item Writer

INTERESTED IN VOLUNTEERING ?

Learn More:

Interest Form:

4.2



Event Feedback Form

Member Feedback

Thank you for attending the American Association of Veterinary State Board's 2026 Annual Meeting and Conference!

We value your input and would appreciate your feedback to help us improve future events.

Reimbursement Request Form

Member Feedback



4.3

Reimbursement Request Form

Thank you for attending the American Association of Veterinary State Board's 2026 Annual Meeting and Conference!

Funded Attendees, please use this form to submit your reimbursement requests by November 10, 2026.

Educational Content Feedback Survey

Member Feedback



4.4

The AAVSB Conference Committee would like your feedback to help guide the direction of future Annual Meeting & Conference planning!

SCAN HERE

Please complete this brief survey about the educational content provided at our conference.



4.5 Notes

Member Feedback

MY NOTES

2026 AAVSB ANNUAL MEETING & CONFERENCE PROVIDENCE 09.23 – 09.26

MY NOTES

2026 AAVSB ANNUAL MEETING & CONFERENCE PROVIDENCE 09.23 – 09.26

Notes

MY NOTES

2026 AAVSB ANNUAL MEETING & CONFERENCE PROVIDENCE 09.23 – 09.26

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Notes

MY NOTES

2026 AAVSB ANNUAL MEETING & CONFERENCE PROVIDENCE 09.23 – 09.26

MY NOTES

2026 AAVSB ANNUAL MEETING & CONFERENCE PROVIDENCE 09.23 – 09.26

Notes



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1.816.931.1504 or 1.877.698.8482