

1   BOARDS AND COMMISSIONS

2   Kentucky Board of Veterinary Examiners

3   (New Administrative Regulation)

4   201 KAR 16:735. Renewal requirements for AAHP permits -- renewal notice -- expiration.

5   RELATES TO: KRS 321.175, 321.181(1)-(4), 321.235

6   STATUTORY AUTHORITY: KRS 321.175(2)(c), (5), 321.181(1)-(4), 321.235(1)(a)-(c),

7   (2)(b)1.

8   NECESSITY, FUNCTION, AND CONFORMITY: KRS 321.235(1)(b) authorizes the board to  
9   promulgate administrative regulations to implement KRS Chapter 321. KRS 321.235(1)(a)-(c)  
10   provides the board authority to promulgate administrative regulations to evaluate the  
11   qualifications of applicants for applicants for an allied animal health professional (AAHP)  
12   permit. KRS 321.235(2)(b)1. authorizes the board to require an AAHP permittee to obtain  
13   appropriate continuing education to ensure continued competency. This administrative regulation  
14   establishes renewal requirements and renewal notification procedures for AAHP permittees of  
15   the board, as well as required continuing education for AAHP permittees.

16   Section 1. Renewal Notices and Timeliness of Renewal Applications.

17         (1) The board shall, not later than July 1 of each year, email or mail to each permitted  
18   allied animal health professional a renewal notice.

19         (2) The renewal application shall be completed by the permittee and returned to the  
20   board, including all required attachments and, if required by the board, proof of course  
21   completion for the required continuing education.

1 (3) Timely receipt of renewal application.

2 (a) Renewals bearing a postmark, or, if an online renewal, a timestamp, of September 30  
3 or earlier shall be considered received on time.

4 (b) Renewals bearing a postmark, or, if an online renewal, a timestamp, between October  
5 1 and November 30 shall be considered late and therefore incur a late fee pursuant to 201 KAR  
6 16:513.

7 (4) The renewal fee shall be attached to the completed renewal form when it is returned  
8 to the board or paid online.

9 Section 2. Continuing Education Required.

10 (1) Every AAHP permittee shall list their continuing education hours received on the  
11 Renewal Application for AAHP Permits form or online equivalent form, including all required  
12 attachments, and if required, proof of attendance or completion of training to the board.

13 (2) Continuing education hours applied toward a reinstatement application shall not be  
14 eligible for credit on the renewal application.

15 (3) Continuing education hours earned during the grace period of a renewal cycle shall  
16 not be eligible for credit on the subsequent renewal application.

17 (4) The board shall not renew the permit of any person who fails to appropriately  
18 document the required hours of continuing education.

19 Section 3. The board shall not be held responsible or liable for lost renewal notices, or renewal  
20 notices not received, or not received on time.

21 (1) Regardless of cause, the board shall not be required to refund money to a permit  
22 holder who fails to renew in a timely manner pursuant to Section 1(4) of this administrative  
23 regulation.

1 (2) Failure to renew by the grace period deadline and in compliance with all requirements  
2 of the board shall cause the permit to move to expired status. The permit holder shall no longer  
3 be eligible to practice as an allied animal health professional in Kentucky.

4 (3) The former permit holder may apply for reinstatement of the permit within five (5)  
5 years from the date of expiration in accordance with 201 KAR 16:732. A reinstatement  
6 application shall be required during this period; an application for a new license shall not be  
7 accepted until five (5) years after the last date of expiration.

8 Section 4. Duty to Report. Every AHHP permit holder shall:

9 (1) File their legal name with the board;

10 (2) File their legal residential address with the board;

11 (3) File their legitimate mailing address with the board. The mailing address shall be  
12 subject to public disclosure;

13 (4) File their current employer with the board;

14 (5) File a current email address and phone number with the board; and

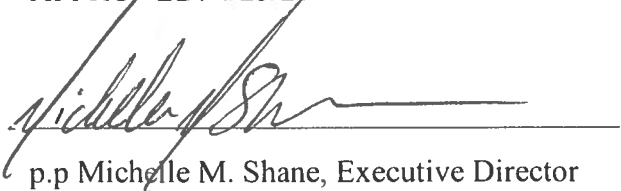
15 (6) Within thirty (30) days, notify the board of any changes to their name or addresses or  
16 email address by submitting a completed Request for Name or Address Change form as found in  
17 201 KAR 16:570 or online equivalent form.

18 Section 5. Incorporation by Reference.

19 (1) "Renewal Application for AAHP Permits", 10/2024, is incorporated by reference.

20 (2) This material may be inspected, copied, or obtained, subjected to applicable copyright  
21 law, at the Kentucky Board of Veterinary Examiners, 4047 Iron Works Parkway, Suite 104,  
22 Kentucky 40511, Monday through Friday, 8:30 a.m. to 4:30 p.m. This material may also be  
23 obtained at [kbve.ky.gov](http://kbve.ky.gov).

APPROVED: 4/25/2024



A handwritten signature in black ink, appearing to read "Michelle M. Shane", is written over a horizontal line.

p.p Michelle M. Shane, Executive Director  
on behalf of John C. Park, DVM, Board Chair  
Kentucky Board of Veterinary Examiners



A handwritten date "10/14/2024" is written in black ink over a horizontal line.

Date

## PUBLIC HEARING AND PUBLIC COMMENT PERIOD

A public hearing on this administrative regulation shall be held on December 23, 2024, at 10:00 am EST, at the offices of the Kentucky Board of Veterinary Examiners, 4047 Iron Works Pkwy, Suite 104, Lexington, KY 40511. Individuals interested in being heard at this hearing shall notify this agency in writing by five workdays prior to the hearing, of their intent to attend. If no notification of intent to attend the hearing was received by that date, the hearing may be cancelled. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted through December 31, 2024. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person.

CONTACT PERSON: Michelle M. Shane, Executive Director, Kentucky Board of Veterinary Examiners, 4047 Iron Works Pwky, Suite 104, Lexington, KY 40511, Phone: 502-564-5433, Fax: 502-753-1458, Email: [Michelle.Shane@ky.gov](mailto:Michelle.Shane@ky.gov).

## REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

201 KAR 016:735

Contact Person: Michelle M. Shane

Phone: 502-564-9905

Email: Michelle.Shane@ky.gov

(1) Provide a brief summary of:

(a) What this administrative regulation does:

This administrative regulation establishes renewal requirements and renewal notification procedures for allied animal health professional (AAHP) permittees, as well as required continuing education for AAHP permittees.

(b) The necessity of this administrative regulation:

This new administrative regulation is necessary to establish the requirements approved by the board for the application for an AAHP permit and the continuing education requirements.

(c) How this administrative regulation conforms to the content of the authorizing statutes:

KRS 321.235(1)(b) authorizes the board to promulgate administrative regulations to implement KRS Chapter 321. KRS 321.235(1)(a)-(c) provides the board authority to promulgate administrative regulations to evaluate the qualifications of applicants for an AAHP permit. KRS 321.235(2)(b)1. authorizes the board to require an AAHP permittee to obtain appropriate continuing education to ensure continued competency.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes:

This new administrative regulation will assist in effective administration by clearly expressing the application requirements approved by the board for AAHP permittees.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation:

N/A. This is a new administrative regulation.

(b) The necessity of the amendment to this administrative regulation:

N/A. This is a new administrative regulation.

(c) How the amendment conforms to the content of the authorizing statutes:

N/A. This is a new administrative regulation.

(d) How the amendment will assist in the effective administration of the statutes:

N/A. This is a new administrative regulation.

(3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation:

An estimated twenty (20) persons in Kentucky offering AAHP services are estimated to be affected.

(4) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment:

Applicants will be required to complete the appropriate application to apply to the board for AAHP permit.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3):

No costs are associated with compliance, as this is a prerequisite for AAHP permit applications.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (3):

Administrative ease of clear communications of the fees associated with registration.

(5) Provide an estimate of how much it will cost the administrative body to implement this administrative regulation:

(a) Initially: The KBVE expects costs for all board operations to be approximately \$759,700 annually in the near term.

(b) On a continuing basis: The KBVE expects costs for all board operations to be approximately \$900,000 annually in future bienniums as new programming is brought online, per the mandates in the modernized Kentucky Veterinary Medicine Practice Act, KRS Chapter 321.

(6) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation:

KBVE does not receive any general funds. All funds for the agency come from licensing fees, service fees, and administrative fines.

(7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment:

There is no anticipation of an increase in fees to implement this administrative regulation, as the KBVE is already running an administrative program to process applications and an inspection program to ensure compliance.

(8) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees:

This regulation does not establish or increase any fees, directly or indirectly.

(9) TIERING: Is tiering applied?

Tiering is not applied because this new administrative regulation applies to all persons providing AAHP services, except those entities excluded under KRS 321.200.



## FISCAL IMPACT STATEMENT

201 KAR 016:735

Contact Person: Michelle M. Shane

Phone: 502-564-9905

Email: Michelle.Shane@ky.gov

- (1) Identify each state statute, federal statute, or federal regulation that requires or authorizes the action taken by the administrative regulation.

KRS 321.175(2)(c), (5), 321.181(1)-(4), 321.235(1)(a)-(c), (2)(b)1.

- (2) Identify the promulgating agency and any other affected state units, parts, or divisions:

The promulgating agency is the Kentucky Board of Veterinary Examiners. There are no other affected state units, parts, or divisions.

- (a) Estimate the following for the first year:

Expenditures: The KBVE expects costs for all board operations to be approximately \$759,700 annually in the near term. This includes the administration of the AAHP permit program, database management, infrastructure, overhead, and contractors, including legal counsel and investigators.

Revenues: There is no revenue generated by this filing.

Cost Savings: There will be no cost savings; this administrative regulation simply codifies the requirements, making them easily accessible for regulated entities.

- (b) How will expenditures, revenues, or cost savings differ in subsequent years?

Staff time and database management will be required for record keeping. Costs will be minimal.

- (3) Identify affected local entities (for example: cities, counties, fire departments, school districts):

KBVE does not anticipate that any local entities will be impacted.

- (a) Estimate the following for the first year:

Expenditures: N/A

Revenues: N/A

Cost Savings: N/A

- (b) How will expenditures, revenues, or cost savings differ in subsequent years? N/A

(4) Identify additional regulated entities not listed in questions (2) or (3):

KBVE does not anticipate that any other regulated entities will be impacted.

(a) Estimate the following for the first year:

Expenditures: N/A

Revenues: N/A

Cost Savings: N/A

(b) How will expenditures, revenues, or cost savings differ in subsequent years? N/A

(5) Provide a narrative to explain the:

(a) Fiscal impact of this administrative regulation:

This administrative regulation does not set fees and will not bring in revenue. Local entities will not be impacted by this regulation. This filing only impacts applicants for an AAHP permit in Kentucky.

(b) Methodology and resources used to determine the fiscal impact:

A large spreadsheet was used to calculate all board revenues, expenditures, proposed fees, and estimated quantities of applications based on historical numbers. Projections were calculated ten (10) years out to F.Y. 2036.

(6) Explain:

(a) Whether this administrative regulation will have an overall negative or adverse major economic impact to the entities identified in questions (2) - (4). (\$500,000 or more, in aggregate)

This new administrative regulation shall not have a "major economic impact", as defined in KRS 13A.010(13). This administrative regulation does not set fees and will not bring in revenue.

(b) The methodology and resources used to reach this conclusion:

This amendment will not have a negative impact, as no fees are established or collected as a part of this administrative regulation.

201 KAR 016:735

Contact Person: Michelle M. Shane

Phone: 502-564-9905

Email: Michelle.Shane@ky.gov

#### SUMMARY OF MATERIAL INCORPORATED BY REFERENCE

(1) The “Renewal Application for AAHP Permits” form, 10/2024, is the 4-page permit application form that AAHP permittees are required to file to continue providing allied animal health professional services. KRS 321.235(2)(b)2.d. requires the board to establish conditions for AAHP permittees to renew their permit and KRS 321.235(2)(b) requires the board to establish mechanisms to ensure the continued competence of AAHP permittees.



**KENTUCKY BOARD OF VETERINARY EXAMINERS**

4047 Iron Works Parkway, Suite 104, Lexington, KY 40511

Office: 502-564-5433 • Fax: 502-753-1458

[kbve.ky.gov](http://kbve.ky.gov) • [vet@ky.gov](mailto:vet@ky.gov)

**Renewal Application for AAHP Permits**

**Instructions:** This application must be completed by the individual seeking to have their allied animal health professional (AAHP) permit renewed in Kentucky pursuant to KRS Chapter 321. Completion of all fields on this application are mandatory. Insufficient answers or omissions of data requested shall be sufficient grounds for rejection of this application. **Review the check list in the back of the application to ensure the submission is complete. Be sure to print SINGLE SIDED; DO NOT staple.**

OFFICIAL USE ONLY

I. Contact Information					
<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>			
<b>Date of Birth</b> (required) Format: MM/DD/YYYY	<b>Gender</b> (check one)		<b>KY Permit Number</b>		
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other / Self-described <input type="checkbox"/> Decline Disclosure				
<b>U.S. Citizen?</b>	<b>Social Security Number</b> (Required for U.S. Citizens)		<b>Current Date of Expiration for AAHP Permit</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>U.S. Military Service</b> <b>Indicate Branch:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Military, indicate time frame served:</b>	MM/YYYY – MM/YYYY		
<b>Personal Email Address</b>					
<b>Cell Phone</b>		<b>Home Phone, if different</b>			
<b>Personal Address Type</b>	<b>Street</b>	<b>City</b>	<b>ST</b>	<b>Zip</b>	<b>Country</b>
<b>Mailing Address</b>					
<b>Permanent Home Address, if different</b>					
<b>Business / Employer Name</b>					
<b>Business Address</b>					
<b>Office Manager Name</b>		<b>Business Phone</b>			
<b>Business Email Address</b>					

Submit Complete Application to:  
 Kentucky Board of Veterinary Examiners  
 4047 Iron Works Parkway, Suite 104  
 Lexington, Kentucky 40511



## II. Background Information

1. List all other jurisdictions in which you hold or have ever held a license/permit/registration to practice on animals. If none, check:  N/A

Credential Type	Jurisdiction / State	Credential Number	Credential Status <small>(active, lapsed, revoked, etc.)</small>	Disciplinary action on license? <small>(Y / N)</small>	Dates of Licensure <small>MM/DD/YYYY</small>	
					Issued	Expiration

*\*If you have more jurisdictions to list, attach a separate sheet to the application.*

2. Do you hold any other professional (non-animal practice) licenses or certificates in Kentucky or any other state or jurisdiction?  Yes or  No If yes, complete the table below.

Credential Type	Jurisdiction / State	Credential Number	Credential Status	Disciplinary action on license? <small>(Y / N)</small>	Dates of Licensure <small>MM/DD/YYYY</small>	
					Original Issuance	Expiration

3. Since your last renewal, have you had your credential(s) to practice revoked, suspended, restricted, or denied in any jurisdiction, been placed on probation, or entered into a voluntary surrender of your credential?  Yes  No
4. Since your last renewal, has any disciplinary action been taken against a professional credential held by you, in this or any other jurisdiction?  Yes  No
5. Since your last renewal, have you been denied the right to take a professional credentialing examination?  Yes  No
6. Since your last renewal, have you been refused a credential or the renewal thereof in any jurisdiction?  Yes  No
7. Since your last renewal, are you now or have you been a defendant in civil litigation in which the basis of the complaint against you was an alleged negligence, malpractice, or lack of professional competence?  Yes  No
8. Is there currently a complaint against any professional credential you hold pending in any jurisdiction?  Yes  No
9. Since your last renewal, have you been convicted of a felony or misdemeanor other than a minor traffic violation (e.g., speeding ticket, parking ticket, etc.)?  Yes  No  
(KRS 321.181(27))

Submit Complete Application to:  
Kentucky Board of Veterinary Examiners  
4047 Iron Works Parkway, Suite 104  
Lexington, Kentucky 40511



10. Since your last renewal, are you now, or have you been, addicted to or undergone treatment for the use of narcotics, drugs, prescription drugs, or the excessive use of intoxicating substances, including alcohol?  Yes  No

11. If you answered "yes" to any question in Section II: Background information, complete the table below and, if applicable, submit formal documentation of final orders/outcomes. Attach additional pages as necessary.

State	Date(s)	Charge and Circumstances	Number of Attachment(s)

### III. Experience

12. Indicate the AAHP provider scope for which you are applying:

Animal Chiropractor Provider (ACP)

13. Indicate your species areas of practice. Select all that apply, and provide percentage of your time. Total percentage for all categories should equal 100%.

Companion / Small Animal \_\_\_\_%  Food Animal \_\_\_\_%  Equine \_\_\_\_%

Other, specify type(s): \_\_\_\_\_, \_\_\_\_%; \_\_\_\_\_, \_\_\_\_%; \_\_\_\_\_, \_\_\_\_%

### IV. Continuing Education

14. In the table below, list continuing education (CE) completed in the last 12 months immediately preceding the date of this application.

CE Course Title†	Course Provider	Date(s) of CE MM/DD/YYYY	Number Hours	Indicate CE Approver: AVCA, IVCA, or Board Approved
<b>Total Hours</b>				

† If you have more CEs to list, attach a separate page to the application.

NOTE: If selecting Inactive Status, CE requirements are waived. Check box if:  Inactive Status



**V. Application Check List**

If the current date is **past November 30** of the renewal cycle,  
you must apply for reinstatement.

Visit <https://kbve.ky.gov/forms-verification> for a copy of the Reinstatement Application.

- Disciplinary records.** If applicable, complete copies of any and all records of actions or circumstances listed in Section II: Background Information. If no disciplinary records to disclose, check:  N/A
- Proof of Continuing Education. Only if audited,** copies (not originals) of all CE certificates of completion being applied to renewal this cycle, matching those courses listed in Section IV. If originals are submitted, they will not be returned.  N/A
- Fee payment\*.** Check one box below as appropriate for the licensee’s situation; all fees pursuant to 201 KAR 16:513. Payments should be made payable to the **Kentucky State Treasurer**. Checks must be in U.S. dollars and may be personal, business, cashier’s check, money order, bank draft, etc. Note cash is NOT acceptable. **There are no exceptions to the deadlines listed below.**
  - **Renewal fee for active status,** with completed renewal application submitted -
    - On time - \$150 - postmarked by September 30.**
    - Late - \$450 - postmarked by November 30.**
  - **Renewal fee for first time – initially licensed within 120 days prior to the end of the renewal period – active status -** with completed renewal application submitted -
    - On time - \$0 - postmarked by September 30.**
    - Late - \$300 - postmarked by November 30.**
  - **Renewal fee for inactive status,** with completed renewal application submitted -
    - Inactive status, on time - \$50 - postmarked by September 30.**
    - Inactive status, late - \$200 - postmarked by November 30.**

**BE ADVISED: NO ONE IS ALLOWED TO PRACTICE AS AN AAHP PROVIDER IN THE COMMONWEALTH OF KENTUCKY WITHOUT HOLDING AN AAHP PERMIT FROM THE KENTUCKY BOARD OF VETERINARY EXAMINERS.**

I hereby state that the information contained herein is true and accurate to the best of my knowledge, and that should the Kentucky Board of Veterinary Examiners determine that any statement herein is false, then I acknowledge KBVE may suspend, revoke, or terminate any license issued by the board.

Further, I understand I am required to abide by KRS Chapter 321 and 201 KAR Chapter 16. For direct links to the laws and regulations that govern my professional activities, I am aware I can review the materials by visiting the KBVE website at <https://kbve.ky.gov/Pages/practice-act.aspx>.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Submit Complete Application to:  
Kentucky Board of Veterinary Examiners  
4047 Iron Works Parkway, Suite 104  
Lexington, Kentucky 40511

