

MONTANA BOARD OF VETERINARY MEDICINE
PO BOX 200513
301 S PARK, 4TH FLOOR
Helena, MT 59620-0512
Licensing Phone: 406-444-5711
Email: UnitB@mt.gov Website: www.vet.mt.gov

CERTIFIED EUTHANASIA AGENCY LICENSE APPLICATION

LICENSE REQUIREMENTS

- Applicants must meet the requirements in [ARM 24.225.920](#).
- Applicants must pass an inspection by a board-authorized inspector (see [ARM 24.225.921](#) and example of inspection form used by inspector for more information on inspection details).

APPLY FOR LICENSURE

The following must accompany an application for licensure:

- \$350 application fee (\$150 application fee, \$200 inspection fee);
- copy of completed Drug Enforcement Administration (DEA) Form 224 application. Visit the DEA website at <https://www.deadiversion.usdoj.gov/> for more information on this form and requirement. The number assigned to this applicant by the DEA must be reported to the board by this applicant when it is issued;
- list of all certified euthanasia technicians (CET) and/or veterinarians employed by this applicant; and
- completed power of attorney form as required by the DEA (see form included with this application).

The applicant must pass:

- inspection by board authorized inspector (see example of inspection criteria included with this application).

APPLICATION PROCEDURES

- Illegible and incomplete applications will be returned.
- When the application file is complete, it will be processed. The applicant will be notified if additional information is required or if the application will go to a board meeting as non-routine. Non-routine applications must be submitted and complete 15 days prior to a board meeting.
- All verifications of licensure must be sent directly from each state board in which the applicant is currently or has ever been licensed.
- Keep the board office informed of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.
- Once a routine application is complete, the application takes up to two weeks to process.
- The applicant will be notified of any deficient or missing items from the application file.

For information with regard to the processing of this application or other concerns please contact board licensing staff at 406-444-5711 or email UnitB@mt.gov.

Be aware of the Montana laws and rules under the Board of Veterinary Medicine which can be found at www.vet.mt.gov.

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I am applying for licensure as:

certified euthanasia agency – \$350 (\$150 application fee, \$200 inspection fee)

SECTION 1 – This section is for the business entity information.

1. TYPE OF BUSINESS ENTITY (as per [37-18-602, MCA](#)):

Law Enforcement

Public or Private Animal Control Agency

Humane Society

2. BUSINESS NAME: _____

3. LIST ANY DBA: _____

4. BUSINESS ADDRESS: _____

6. BUSINESS EMAIL ADDRESS: _____

7. TELEPHONE: _____
Business Home Cell

8. TAX ID NUMBER: _____

SECTION 2 – This section is for information regarding the person who is the licensed certified euthanasia technician, per ARM [24.225.920\(2\)\(d\)](#): "...[who] is responsible for all aspects of euthanasia at the agency".

9. FULL NAME: _____
First Middle Last

10. OTHER NAME(S) KNOWN BY: _____

11. MAILING ADDRESS: _____

12. EMAIL ADDRESS: _____

13. TELEPHONE: _____

14. License Number: _____

SECTION 3 – This section is for information regarding the person who is the agent for the business entity.

15. BUSINESS AGENT FULL NAME: _____
First Middle Last

16. EMAIL ADDRESS: _____

17. TELEPHONE: _____
Business Cell

SECTION 4 – Licensed Staff Employed by Applicant

18. List all licensed certified euthanasia technicians and veterinarians working in this facility, including applicable staff already listed in Sections 2 and 3 above.

Name	License Type (CET or Veterinarian)	License Number	Employment Start Date (dd/mm/yy)

Disciplinary Questions

Please read carefully and answer questions completely and truthfully. It may affect your licensure.

- Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
- Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
- Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
- Have you ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
- Have you ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc)? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

- | | | |
|---|-----|----|
| 6. Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source. | Yes | No |
| 7. Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupational license in anticipation of or during an investigation or disciplinary proceeding or action? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 8. Is there a pending complaint against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 9. Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding hospital, facility or staff privileges; health maintenance organization participation, third party provider or Medicare/Medicaid participation; or any other privileges? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 10. Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your profession or occupation? If yes, please attach a detailed explanation and provide documentation from the source. | Yes | No |
| 11. Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding your ability to prescribe, dispense or administer drugs including controlled substances? If yes, please attach a detailed explanation and provide documentation from the source. | Yes | No |
| 12. Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc) If yes, please attach a detailed explanation and provide documentation from the source. | Yes | No |
| 13. Have any civil legal proceedings been filed against you by a (patient /client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition. | Yes | No |
| 14. Have you ever been convicted of a misdemeanor or felony crime or do you have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purpose of this question includes a deferred imposition of sentence and/or deferred prosecution. If you answer yes, you must submit a detailed explanation of the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years and that resulted in fines of less than \$200; and (2) convictions prior to your 18th birthday unless you were tried as an adult. | Yes | No |
| 15. Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source. | Yes | No |
| 16. Have you been diagnosed within the past 5 years with a physical condition or mental health disorder involving potential health risk to the public? If yes | Yes | No |

please provide a detailed explanation.

17. Have you ever been court-martialled or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation from the source. Yes No

DECLARATION

I authorize the release of information concerning my education, training record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Veterinary Medicine. I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds.

I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Legal Signature of Business Agent

Date

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CERTIFIED EUTHANASIA AGENCY
POWER OF ATTORNEY FOR DEA ORDER

Instructions

This form must be completed and submitted as part of the application for licensure as a certified euthanasia agency.

-
1. BUSINESS NAME (i.e. euthanasia agency): _____
 2. LIST ANY DBA: _____
 3. BUSINESS ADDRESS: _____
 4. BUSINESS EMAIL ADDRESS: _____
 5. TELEPHONE: _____
Business Cell
 6. DEA REGISTRATION NUMBER: _____

I, _____, (name of person granting power), the undersigned, who is authorized to sign the current application for registration of the above-named registrant under the Controlled Substances Act or Controlled Substances Import and Export Act, have made, constituted, and appointed, and by these presents, do make, constitute, and appoint _____ (name of attorney-in-fact), my true and lawful attorney for me in my name, place, and stead, to execute applications for books of official order forms and to sign such order forms in requisition for Schedule I and II controlled substances, in accordance with section 308 of the Controlled Substances Act (21 U.S.C. 828) and part 1305 of Title 21 of the Code of Federal Regulations. I hereby ratify and confirm all that said attorney shall lawfully do or cause to be done by virtue hereof.

Signature of Person Granting Power

Witness

I, _____(name of attorney-in-fact), hereby affirm that I am the person named herein as attorney-in-fact and that the signature affixed hereto is my signature.

Signature of Attorney-in-Fact

Witness

Signed and dated on the _____ day of _____, _____.

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EXAMPLE OF CERTIFIED EUTHANASIA AGENCY INSPECTION FORM FOR REFERENCE ONLY

**APPLICANT DOES NOT FILL OUT THIS FORM – INSPECTION WILL BE CONDUCTED BY INSPECTOR
AND RESULTS WILL BE FILED BY THE INSPECTOR**

Instructions

This inspection form must be completed and submitted as part of the application for licensure as a certified euthanasia agency.

1. BUSINESS NAME: _____
2. LIST ANY DBA: _____
3. BUSINESS ADDRESS: _____
4. BUSINESS EMAIL ADDRESS: _____
5. TELEPHONE: _____

Business
Cell
6. CERTIFIED EUTHANASIA AGENCY LICENSE NUMBER: _____
7. CERTIFIED EUTHANASIA TECHNICIAN IN-CHARGE: _____
8. CERTIFIED EUTHANASIA TECHNICIAN LICENSE NUMBER: _____
9. DATE OF REPORT: _____

The following inspection is conducted in compliance with the rules of the state of Montana Board of Veterinary Medicine and is for purposes established by these rules only. This inspection does not imply, nor does it intend to imply, ratification of any agency's practices regarding federal, state, local or regulatory agency authority.

List all licensed staff members.

Name	License Type (CET or DVM)	License Number

Agency Facility

1.	Is the agency area clean and regularly disinfected?		Yes		No
2.	Are current required agency and staff licenses posted?		Yes		No
3.	Agency has specific area designated for euthanasia with room for 2 people?		Yes		No
4.	Lighting in the euthanasia area is bright and even?		Yes		No
5.	Euthanasia area is adequately ventilated?		Yes		No
6.	Floor of euthanasia area provides for dry, non-slip footing?		Yes		No
7.	Area has table or work area for handling animals during euthanasia?		Yes		No
8.	Area has cabinet, table, or workbench for placement of equipment?		Yes		No
9.	Agency has DEA approved drug storage?		Yes		No
10.	Temperature and environment in storage cabinet adequate to assure proper keeping of approved euthanasia drugs?		Yes		No

Materials Required

1.	Needles - Medical Quality 22g, 20g, 18g, lengths 5/8" - 1 1/2"?		Yes		No
2.	Syringes 3cc, 6cc, 12cc, 20cc?		Yes		No
3.	First Aid Kit?		Yes		No
4.	Tourniquets?		Yes		No
5.	Electric Clippers – No. 40 Blade?		Yes		No
6.	Stethoscope?		Yes		No
7.	Humane Restraint Devices?		Yes		No
8.	Towels?		Yes		No
9.	Disinfectant?		Yes		No

Recordkeeping

1.	Is the agency registered with the DEA.? 21CFR1301.1		Yes		No
2.	Is the DEA Biennial Inventory current and available? 21CFR1304.11		Yes		No
3.	Is DEA. form 222 properly executed? 21CFR1305.06		Yes		No
4.	Are necessary Power of Attorney forms in place? 21CFR1305.07		Yes		No
5.	Are Schedule II records and restraint drug records filed separately in chronological order, by name and strength, for each order received ? 21CFR1304.04		Yes		No
	Records show: A. Date of Receipt?		Yes		No
	B. Source of Receipt?		Yes		No
	C. Invoice Number?		Yes		No
6.	Are Schedule II records and restraint drug records filed separately in chronological order, by name and strength, for each dose administered ? 21CFR1304.04		Yes		No
	Records show: A. Date?		Yes		No
	B. Species?		Yes		No
	C. Dosage Administered?		Yes		No
	D. CET or DVM who administered?		Yes		No
7.	Are euthanasia drug and restraint drug containers labeled with concentration and volume?		Yes		No
8.	Are controlled substance and restraint drug records maintained for 2 years? 21CFR1304.04		Yes		No

9.	Does agency maintain perpetual inventory on C-II drugs and restraint drugs?		Yes		No
10.	Is the perpetual inventory reconciled on a regular schedule?		Yes		No
11.	Have there been shortages or losses of controlled substances or restraint drugs in the past year?		Yes		No
12.	If so, was the loss reported to DEA and Board of Vet Med? CSA section 301 For restraint drugs report only to the Board of Veterinary Medicine.		Yes		No

If there are any violations noted on this report the euthanasia technician in charge must respond in writing to the Board of Veterinary Medicine office regarding all corrective action taken by the agency for all violations within 30 days. If a response is not received in the specified time frame the board's compliance specialist will file a complaint with the Board of Veterinary Medicine for possible disciplinary action during a regularly scheduled screening panel meeting. You will be notified in writing of the scheduled meeting date and be required to respond to the licensing violations.