



KENTUCKY PUBLIC PENSIONS AUTHORITY

Ryan Barrow, Executive Director

1260 Louisville Road • Frankfort, Kentucky 40601
kyret.ky.gov • Phone: 502-696-8800 • Fax: 502-696-8822



Kentucky Public
Pensions Authority

March 3, 2025

Senator Stephen West, Co-Chair
Representative Derek Lewis, Co-Chair
c/o Emily Caudill
Administrative Regulation Review Subcommittee
Legislative Research Committee
083 Capitol Annex
Frankfort, KY 40601



Re: 105 KAR 1:451 Quasi-governmental employer reports on independent contractors and leased employees

Dear Co-Chairs West and Lewis:

After discussions with the Administrative Regulation Review Subcommittee staff of issues raised by 105 KAR 1:451, the Kentucky Public Pensions Authority accepts the proposed attached staff suggested amendments.

Sincerely,

Nathan W. Goodrich

Nathan W. Goodrich
Staff Attorney Supervisor
Kentucky Public Pensions Authority
1270 Louisville Road
Frankfort, KY 40601

**Staff-suggested Amendment
Final version**

2/26/2025

**FINANCE AND ADMINISTRATION CABINET
Kentucky Public Pension Authority**

105 KAR 1:451. Quasi-governmental employer reports on independent contractors and leased employees.

Page 1

NECESSITY, FUNCTION, AND CONFORMITY paragraph

Line 14

After "leased employee, or", insert "by".

Delete "via".

Page 15

Section 5(2)(a)

Line 4

After "with", insert "Section 2".

Delete "Subsection (2)".

Andy Beshear
Governor



John C. Park, DVM
Board Chairman

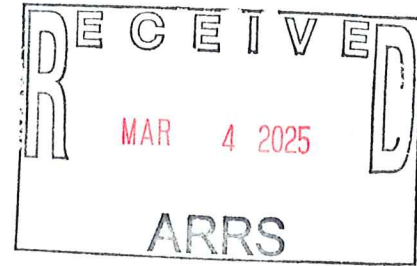
KENTUCKY BOARD OF VETERINARY EXAMINERS

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

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

kbve.ky.gov • vet@ky.gov

March 4, 2025



Senator Stephen West, Co-Chair
Representative Derek Lewis, Co-Chair
c/o Emily Caudill, Regulation Compiler
Administrative Regulation Review Subcommittee Legislative Research Commission
083, Capitol Annex
Frankfort, Kentucky 40601

RE: 201 KAR 16:765

Dear Co-Chairs West and Lewis:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 201 KAR 16:765, the Kentucky Board of Veterinary Examiners (KBVE) proposes the attached amendment to 201 KAR 16:765.

Sincerely,

A handwritten signature in blue ink that reads "Michelle M. Shane". The signature is fluid and cursive, extending across the width of the text block.

Michelle M. Shane, Executive Director
Kentucky Board of Veterinary Examiners
4047 Iron Works Parkway, Suite 104
Lexington, Kentucky 40511

Final, 2-28-2025

SUGGESTED AMENDMENT – To Amended After Comments Version

201 KAR 16:765. Veterinary facilities – Renewal notice – Requirements for renewal and reinstatement.

Page 6

Section 6(1)(a)

Line 16

After “Facilities”, , insert “3/2025”.
Delete “2/2025”.

Page 6

Section 6(1)(b)

Line 17

After “Facilities”, , insert “3/2025”.
Delete “2/2025”.

MATERIAL INCORPORATED BY REFERENCE

At the time that it files this staff suggested amendment the agency needs to file one (1) clean copy of the “Renewal Application for Registered Veterinary Facilities” that:

- **Updates the edition date on each page to 3/2025**
- **Page 5 - In the second full paragraph from the bottom of the page, & in the first sentence insert the remainder of the missing part of the sentence**

At the time that it files this staff suggested amendment the agency needs to file one (1) clean copy of the “Reinstatement Application for Registered Veterinary Facilities” that:

- **Updates the edition date on each page to 3/2025**
- **Page 5 - In the second full paragraph from the bottom of the page, & in the first sentence insert the remainder of the missing part of the sentence**



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 • [vet@ky.gov](mailto:veter@ky.gov)

OFFICIAL USE ONLY

Renewal Application for Registered Veterinary Facilities

Instructions: This application shall be completed by a registered responsible party or veterinarian manager to renew a veterinary facility registration in Kentucky pursuant to KRS Chapter 321 and 201 KAR Chapter 16. Completion of all fields on this application is mandatory. Insufficient answers or omissions will be sufficient grounds for rejection of this application. **Review the check list at the end of the application to ensure your submission is complete. Print SINGLE SIDED; DO NOT staple.**

KRS 321.181(57) states, “Registered responsible party’ means at least one (1) person who: (a) ... is designated as the registered responsible party on a facility registration and is responsible for its operation and management in conjunction with the veterinarian manager or allied animal health professional manager; and (b)... At a minimum, the registered party shall include all persons, owners, and corporate owners of the registered veterinary facility or allied animal health professional facility”.

KRS 321.181(68) states, “Veterinarian manager’ means at least one (1) Kentucky-licensed veterinarian who registers to assume responsibility for the registration, management, and operation of a registered veterinary facility”.

I. Veterinary Facility Contact Information

Name of Veterinary Facility / Business				
Facility Website				
Facility Phone Number				
Facility Email Address				
Primary Facility Type	<input type="checkbox"/> Fixed Facility <input type="checkbox"/> Mobile Unit	If one (1) or more additional mobile units being registered with this facility, indicate quantity:	_____	
Address Type	Street	City	Zip	County
Mailing Address				
Physical Premise Address (If primary mobile unit, parking address)				
REQUIRED ATTACHMENT	<input type="checkbox"/> Secretary of State Business Registration			
Current Registration Number				
Current Expiration Date				

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



V. Operational Information

1. Identify typical hours of operation posted for the public (excluding holiday hours):

Day	Hours
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

2. Identify the Kentucky counties served by the facility or indicate "statewide".

3. Identify species served and percentages. (Check all that apply)

- Small animal** = ____%
- feline canine
- Livestock (excluding equine)** = ____%
- bovine (beef or dairy) small ruminants camelid
- poultry porcine Other: _____
- Equine** = ____%
- Exotics** = ____%
- avian (non-livestock) pocket pets Other: _____

4. Identify the patient services offered by the facility. (Check all that apply)

- Preventative health Holistic health
- Internal medicine Hospital services Emergency services
- Surgery services Imaging, indicate type(s): _____
- Specialty medicine, indicate type(s): _____

5. Indicate if this premise offers a haul-in installation for livestock.

6. Identify after-hours care arrangements and if a signed agreement is in place with another registered veterinary facility.



7. Identify mobile units* affiliated with the facility:

Mobile Unit License Plate (State – Plate #)	Vehicle Make & Model	Primary parking address, if different from page 1	Counties served	Primary species served

*Attach additional pages as necessary.

8. Indicate if the veterinary facility or any facility employee holds one (1) or more of the following permits from the Kentucky Department of Fish and Wildlife Resources (KDFWR).

KDFWR Regulatory Citation	Permit Name	Permit Number	Expiration Date
301 KAR 2:075	Certified Wildlife Rehabilitator		
301 KAR 3:120	Commercial Nuisance Wildlife Control Operator		
301 KAR 2:081	Captive Wildlife Holder		
301 KAR 2:082	Wildlife Transporter		

VI. Application Check List

- Acknowledgement regarding requirement to post veterinary facility registration on the premises of each registered fixed facility and mobile unit.
- Renewal fee – Payable to the **Kentucky State Treasurer**. Fees pursuant to 201 KAR 16:515. Checks may be personal, business, cashier’s check, or money order. Do not send cash. Mail check to KBVE.
 - \$200 – fixed facility and up to two (2) mobile units; or
 - \$200 – one (1) to three (3) mobile units without a fixed facility; and
 \$25 for each additional mobile unit, total additional units = _____ x \$25 = _____.

I hereby state that the information contained herein and attached to this application is true and accurate to the best of my knowledge, and that I am not omitting any information which might be of value to this Board or its determination of my qualifications, whether it is requested or not. I agree that any falsification, omission, or withholding of pertinent information or facts regarding my application shall be grounds for the Kentucky Board of Veterinary Examiners to suspend, revoke, or terminate any credential issued by the Board.

Further, I understand that the registered facility and all employees of and those contracted with the facility are required to abide by KRS Chapter 321 and 201 KAR Chapter 16. For direct links to the statutes and administrative regulations that shall govern the facility’s activities, I am aware I can review the materials by visiting the KBVE website at <https://kbve.ky.gov/Pages/practice-act.aspx>.

Signature

Date

Printed Name

Title

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





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 • vet@ky.gov

Reinstatement Application for Registered AAHP Facilities

OFFICIAL USE ONLY

Instructions: This application shall be completed by a registered responsible party or an AAHP manager to apply for reinstatement of an AAHP facility registration in Kentucky pursuant to KRS Chapter 321 and 201 KAR Chapter 16. Completion of all fields on this application is mandatory. Insufficient answers or omissions will be sufficient grounds for rejection of this application. **Review the check list at the end of the application to ensure your submission is complete. Print SINGLE SIDED; DO NOT staple.**

KRS 321.181(57) states, “Registered responsible party’ means at least one (1) person who: (a) ... is designated as the registered responsible party on a facility registration and is responsible for its operation and management in conjunction with the veterinarian manager or allied animal health professional manager; and (b)... At a minimum, the registered party shall include all persons, owners, and corporate owners of the registered veterinary facility or allied animal health professional facility”.
KRS 321.181(68) states, “AAHP manager’ means at least one (1) board-permitted AAHP who registers to assume responsibility for the registration, management, and operation of a registered allied animal health professional facility”.

I. AAHP Facility Contact Information					
Name of AAHP Facility / Business					
Facility Website					
Facility Phone Number					
Facility Email Address					
Primary Facility Type	<input type="checkbox"/> Fixed Facility <input type="checkbox"/> Mobile Unit	If one (1) or more additional mobile units being registered with this facility, indicate quantity:		_____	
Address Type	Street	City	Zip	County	
Mailing Address					
Physical Premise Address (If primary mobile unit, parking address)					
REQUIRED ATTACHMENT	<input type="checkbox"/> Secretary of State Business Registration				
Has this facility previously applied for or been registered as a veterinary facility with the Kentucky Board of Veterinary Examiners?			<input type="checkbox"/> Yes or <input type="checkbox"/> No		
If yes, previous registration number and date of expiration.					

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



IV. Registered Facility Licensee Information		
Name of AAHP(s), if applicable*	Permit Number	Employment Status (Direct employee, contract work, fulltime, parttime, etc.)
Name of LVT(s), if applicable*	License Number	Employment Status

*Attach additional pages as necessary.

V. Operational Information

1. Identify typical hours of operation posted for the public (excluding holiday hours):

Day	Hours
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

2. Identify the Kentucky counties served by the facility or indicate "statewide".



3. Identify species served and percentages. (Check all that apply)

- Small animal** = ____%
 - feline canine
- Livestock (excluding equine)** = ____%
 - bovine (beef or dairy) small ruminants camelid
 - poultry porcine Other: _____
- Equine** = ____%
- Exotics** = ____%
 - avian (non-livestock) pocket pets Other: _____

4. Identify the patient services offered by the facility. (Check all that apply)

- Animal chiropractic
- Other, indicate type(s): _____

5. Indicate if this premise offers a haul-in installation for livestock.

6. Identify after-hours care arrangements and if a signed agreement is in place with another registered veterinary facility.

7. Identify mobile units* affiliated with the facility:

Mobile Unit License Plate (State – Plate #)	Vehicle Make & Model	Primary parking address, if different from page 1	Counties served	Primary species served

*Attach additional pages as necessary.

8. Indicate if the veterinary facility or any facility employee holds one (1) or more of the following permits from the Kentucky Department of Fish and Wildlife Resources (KDFWR).

KDFWR Regulatory Citation	Permit Name	Permit Number	Expiration Date
301 KAR 2:075	Certified Wildlife Rehabilitator		
301 KAR 3:120	Commercial Nuisance Wildlife Control Operator		
301 KAR 2:081	Captive Wildlife Holder		
301 KAR 2:082	Wildlife Transporter		

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



VI. Application Check List

- Acknowledgement regarding requirement to post AAHP facility registration on the premises of each registered fixed facility and mobile unit.
- Reinstatement fee – Payable to the **Kentucky State Treasurer**. Fees pursuant to 201 KAR 16:517. Checks may be personal, business, cashier’s check, or money order. Do not send cash. Mail to KBVE.
 - \$675** - If less than six (6) months has elapsed since the date of expiration.
 - \$725** - If greater than six (6) months has elapsed since the date of expiration and less than five (5) years.

I hereby state that the information contained herein and attached to this application is true and accurate to the best of my knowledge, and that I am not omitting any information which might be of value to this Board or its determination of my qualifications, whether it is requested or not. I agree that any falsification, omission, or withholding of pertinent information or facts regarding my application shall be grounds for the Kentucky Board of Veterinary Examiners to suspend, revoke, or terminate any credential issued by the Board.

Further, I understand that the registered facility and all employees of and those contracted with the facility are required to abide by KRS Chapter 321 and 201 KAR Chapter 16. For direct links to the statutes and administrative regulations that shall govern the facility’s activities, I am aware I can review the materials by visiting the KBVE website at <https://kbve.ky.gov/Pages/practice-act.aspx>.

Signature

Date

Printed Name

Title



Andy Beshear
Governor



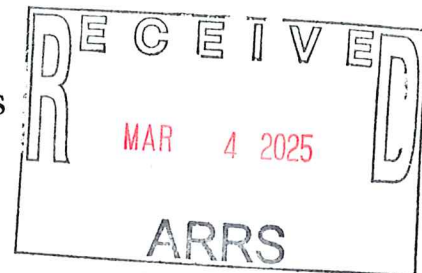
John C. Park, DVM
Board Chairman

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 • vet@ky.gov



March 4, 2025

Senator Stephen West, Co-Chair
Representative Derek Lewis, Co-Chair
c/o Emily Caudill, Regulation Compiler
Administrative Regulation Review Subcommittee Legislative Research Commission
083, Capitol Annex
Frankfort, Kentucky 40601

RE: 201 KAR 16:767

Dear Co-Chairs West and Lewis:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 201 KAR 16:767, the Kentucky Board of Veterinary Examiners (KBVE) proposes the attached amendment to 201 KAR 16:767.

Sincerely,

A handwritten signature in blue ink, appearing to read "Michelle M. Shane".

Michelle M. Shane, Executive Director
Kentucky Board of Veterinary Examiners
4047 Iron Works Parkway, Suite 104
Lexington, Kentucky 40511

Final, 2-28-2025

SUGGESTED AMENDMENT – To Amended After Comments Version

201 KAR 16:767. Registered veterinary facilities – Duties of registered responsible parties and veterinarian managers.

Page 4

Section 5(1)(b)

Line 4

After “Manager”, , insert “3/2025”.
Delete “2/2025”.

MATERIAL INCORPORATED BY REFERENCE

At the time that it files this staff suggested amendment the agency needs to file one (1) clean copy of the “Request for a New Veterinarian Manager” form that:

- **Updates the edition date on each page to 3/2025**
- **Page 2 – In the second full paragraph from the bottom of the page, & in the first sentence insert the remainder of the missing part of the sentence**



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 • vet@ky.gov

Request for a New Veterinarian Manager

OFFICIAL USE ONLY

Instructions: This request form shall be completed by the registered veterinary facility who must report a new veterinarian manager or to update the contact information for the veterinarian manager in accordance with 201 KAR 16:767. Completion of all fields on this application is mandatory. Insufficient answers or omissions will be sufficient grounds for rejection of this request. **Review the check list on the last page to ensure your request is complete. Print SINGLE SIDED; DO NOT staple.**

KRS 321.181(68) states, “Veterinarian manager’ means at least one (1) Kentucky-licensed veterinarian who registers to assume responsibility for the registration, management, and operation of a registered veterinary facility”.

I. Registered Facility Information

Name of Registered Veterinary Facility

Facility Website

Facility Phone Number

Facility Email Address

Address Type

Street

City

Zip

County

Mailing Address

Physical Address

Current Veterinarian Manager

Full Name

License Number

Email Address

Phone Number

Submit Completed Form to
Vet@ky.gov (preferred) or mail to:
Kentucky Board of Veterinary Examiners
4047 Iron Works Parkway, Suite 104
Lexington, Kentucky 40511



II. New Veterinarian Manager					
First Name		Middle Name	Last Name	KY License Number	
Date of Birth (required)			Social Security Number (required)		
Address Type	Street	City	ST	Zip	County
Personal Mailing Address					
Cell Phone			Business Phone		
Personal Email Address					
Business Email Address					
<p>1. Does this individual manage other veterinary facilities in Kentucky? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, list the registration numbers of all other managed facilities.</p> <p>_____</p>					
<p>2. State the number of hours per month the veterinarian manager shall be on the premises of this registered veterinary facility. Attach supporting documents if necessary.</p> <p>_____</p>					

III. Application Check List

- Background Check.** Complete and submit the official results of a background check to KBVE for the new veterinarian manager from a board approved provider. Visit kbve.ky.gov on the Applications and Forms page and look under the Background Checks heading for more information.
 Date Requested: _____ Or, if background check already on file, Date of check: _____

I hereby state that the information contained herein and attached to this application is true and accurate to the best of my knowledge, and that I am not omitting any information which might be of value to this Board or its determination of my qualifications, whether it is requested or not. I agree that any falsification, omission, or withholding of pertinent information or facts regarding my application shall be grounds for the Kentucky Board of Veterinary Examiners to suspend, revoke, or terminate any credential issued by the Board.

Further, I understand that the veterinary facility and all employees, contractors, and volunteers at the facility, if any, are required to abide by KRS Chapter 321 and 201 KAR Chapter 16. For direct links to the statutes and administrative regulations that shall govern the registered facility activities, I am aware I can visit the KBVE website at <https://kbve.ky.gov/Pages/practice-act.aspx>.

 Signature Date

 Printed Name Title

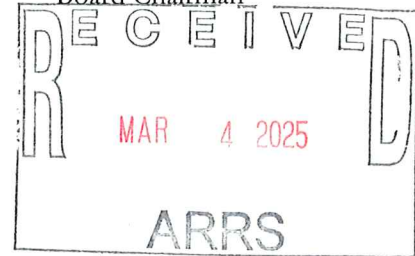
Submit Completed Form to:
Vet@ky.gov (preferred) or mail to
 Kentucky Board of Veterinary Examiners
 4047 Iron Works Parkway, Suite 104
 Lexington, Kentucky 40511



Andy Beshear
Governor



John C. Park, DVM
Board Chairman



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 • vet@ky.gov

March 4, 2025

Senator Stephen West, Co-Chair
Representative Derek Lewis, Co-Chair
c/o Emily Caudill, Regulation Compiler
Administrative Regulation Review Subcommittee Legislative Research Commission
083, Capitol Annex
Frankfort, Kentucky 40601

RE: 201 KAR 16:775

Dear Co-Chairs West and Lewis:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 201 KAR 16:775, the Kentucky Board of Veterinary Examiners (KBVE) proposes the attached amendment to 201 KAR 16:775.

Sincerely,

A handwritten signature in blue ink that reads "Michelle M. Shane".

Michelle M. Shane, Executive Director
Kentucky Board of Veterinary Examiners
4047 Iron Works Parkway, Suite 104
Lexington, Kentucky 40511

Final, 2-28-2025

SUGGESTED AMENDMENT – To Amended After Comments Version

201 KAR 16:775. AAHP Facilities – Renewal notice – Requirements for renewal and reinstatement.

Page 5

Section 6(1)(a)

Line 16

After “Facilities”, insert “3/2025”.
Delete “2/2025”.

Page 5

Section 6(1)(b)

Line 17

After “Facilities”, insert “3/2025”.
Delete “2/2025”.

MATERIAL INCORPORATED BY REFERENCE

At the time that it files this staff suggested amendment the agency needs to file one (1) clean copy of the “Renewal Application for Registered AAHP Facilities” form that:

- **Updates the edition date on each page to 3/2025**
- **Page 5 – In the second full paragraph from the bottom of the page, & in the first sentence insert the remainder of the missing part of the sentence**

At the time that it files this staff suggested amendment the agency needs to file one (1) clean copy of the “Reinstatement Application for Registered AAHP Facilities” form that:

- **Updates the edition date on each page to 3/2025**
- **Page 5 – In the second full paragraph from the bottom of the page, & in the first sentence insert the remainder of the missing part of the sentence**



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 • vet@ky.gov

Renewal Application for Registered AAHP Facilities

OFFICIAL USE ONLY

Instructions: This application shall be completed by a registered responsible party or AAHP manager to renew an AAHP facility registration in Kentucky pursuant to KRS Chapter 321 and 201 KAR Chapter 16. Completion of all fields on this application is mandatory. Insufficient answers or omissions will be sufficient grounds for rejection of this application. **Review the check list at the end of the application to ensure your submission is complete. Print SINGLE SIDED; DO NOT staple.**

KRS 321.181(57) states, “Registered responsible party’ means at least one (1) person who: (a) ... is designated as the registered responsible party on a facility registration and is responsible for its operation and management in conjunction with the veterinarian manager or allied animal health professional manager; and (b)... At a minimum, the registered party shall include all persons, owners, and corporate owners of the registered veterinary facility or allied animal health professional facility”.

KRS 321.181(68) states, “AAHP manager’ means at least one (1) board-permitted AAHP who registers to assume responsibility for the registration, management, and operation of a registered allied animal health professional facility”.

I. AAHP Facility Contact Information				
Name of AAHP Facility / Business				
Facility Website				
Facility Phone Number				
Facility Email Address				
Primary Facility Type	<input type="checkbox"/> Fixed Facility <input type="checkbox"/> Mobile Unit	If one (1) or more additional mobile units being registered with this facility, indicate quantity:	_____	
Address Type	Street	City	Zip	County
Mailing Address				
Physical Premise Address (If primary mobile unit, parking address)				
REQUIRED ATTACHMENT	<input type="checkbox"/> Secretary of State Business Registration			
Current Registration Number				
Current Expiration Date				

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



IV. Registered Facility Licensee Information

Name of AAHP(s), if applicable*	Permit Number	Employment Status (Direct employee, contract work, fulltime, parttime, etc.)
Name of LVT(s), if applicable*	License Number	Employment Status

*Attach additional pages as necessary.

V. Operational Information

1. Identify typical hours of operation posted for the public (excluding holiday hours):

Day	Hours
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

2. Identify the Kentucky counties served by the facility or indicate "statewide".

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



3. Identify species served and percentages. (Check all that apply)

- Small animal** = ____%
- feline canine
- Livestock (excluding equine)** = ____%
- bovine (beef or dairy) small ruminants camelid
- poultry porcine Other: _____
- Equine** = ____%
- Exotics** = ____%
- avian (non-livestock) pocket pets Other: _____

4. Identify the patient services offered by the facility. (Check all that apply)

- Animal Chiropractic
- Other, indicate type(s): _____

5. Indicate if this premise offers a haul-in installation for livestock.

6. Identify after-hours care arrangements and if a signed agreement is in place with another registered veterinary facility.

7. Identify mobile units* affiliated with the facility:

Mobile Unit License Plate (State – Plate #)	Vehicle Make & Model	Primary parking address, if different from page 1	Counties served	Primary species served

*Attach additional pages as necessary.

8. Indicate if the AAHP facility or any facility employee holds one (1) or more of the following permits from the Kentucky Department of Fish and Wildlife Resources (KDFWR).

KDFWR Regulatory Citation	Permit Name	Permit Number	Expiration Date
301 KAR 2:075	Certified Wildlife Rehabilitator		
301 KAR 3:120	Commercial Nuisance Wildlife Control Operator		
301 KAR 2:081	Captive Wildlife Holder		
301 KAR 2:082	Wildlife Transporter		



VI. Application Check List

- Acknowledgement regarding requirement to post AAHP facility registration on the premises of each registered fixed facility and mobile unit.
- Renewal fee – Payable to the **Kentucky State Treasurer**. Fees pursuant to 201 KAR 16:517. Checks may be personal, business, cashier’s check, or money order. Do not send cash. Mail check to KBVE.
 - \$200 – fixed facility and up to two (2) mobile units; or
 - \$200 – one (1) to three (3) mobile units without a fixed facility; and
 \$25 for each additional mobile unit, total additional units = _____ x \$25 = _____.

I hereby state that the information contained herein and attached to this application is true and accurate to the best of my knowledge, and that I am not omitting any information which might be of value to this Board or its determination of my qualifications, whether it is requested or not. I agree that any falsification, omission, or withholding of pertinent information or facts regarding my application shall be grounds for the Kentucky Board of Veterinary Examiners to suspend, revoke, or terminate any credential issued by the Board.

Further, I understand that the registered facility and all employees of and those contracted with the facility are required to abide by KRS Chapter 321 and 201 KAR Chapter 16. For direct links to the statutes and administrative regulations that shall govern the facility’s activities, I am aware I can review the materials by visiting the KBVE website at <https://kbve.ky.gov/Pages/practice-act.aspx>.

Signature

Date

Printed Name

Title





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 • vet@ky.gov

Reinstatement Application for Registered Veterinary Facilities

OFFICIAL USE ONLY

Instructions: This application shall be completed by a registered responsible party or veterinarian manager to apply for a veterinary facility registration in Kentucky pursuant to KRS Chapter 321 and 201 KAR Chapter 16. Completion of all fields on this application is mandatory. Insufficient answers or omissions will be sufficient grounds for rejection of this application. **Review the check list at the end of the application to ensure your submission is complete. Print SINGLE SIDED; DO NOT staple.**

KRS 321.181(57) states, “Registered responsible party’ means at least one (1) person who: (a) ... is designated as the registered responsible party on a facility registration and is responsible for its operation and management in conjunction with the veterinarian manager or allied animal health professional manager; and (b)... At a minimum, the registered party shall include all persons, owners, and corporate owners of the registered veterinary facility or allied animal health professional facility”.

KRS 321.181(68) states, “Veterinarian manager’ means at least one (1) Kentucky-licensed veterinarian who registers to assume responsibility for the registration, management, and operation of a registered veterinary facility”.

I. Veterinary Facility Contact Information

Name of Veterinary Facility / Business

Facility Website

Facility Phone Number

Facility Email Address

Primary Facility Type

- Fixed Facility
- Mobile Unit

If one (1) or more additional mobile units being registered with this facility, indicate quantity: _____

Address Type

Street

City

Zip

County

Mailing Address

Physical Premise Address

(If primary mobile unit, parking address)

REQUIRED ATTACHMENT

Secretary of State Business Registration

Has this facility previously applied for or been registered as a veterinary facility with the Kentucky Board of Veterinary Examiners?

Yes or No

If yes, previous registration number and date of expiration.

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



V. Operational Information

1. Identify typical hours of operation posted for the public (excluding holiday hours):

Day	Hours
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

2. Identify the Kentucky counties served by the facility or indicate "statewide".

3. Identify species served and percentages. (Check all that apply)

- Small animal = ____%
 - feline canine
- Livestock (excluding equine) = ____%
 - bovine (beef or dairy) small ruminants camelid
 - poultry porcine Other: _____
- Equine = ____%
- Exotics = ____%
 - avian (non-livestock) pocket pets Other: _____

4. Identify the patient services offered by the facility. (Check all that apply)

- Preventative health Holistic health
- Internal medicine Hospital services Emergency services
- Surgery services Imaging, indicate type(s): _____
- Specialty medicine, indicate type(s): _____

5. Indicate if this premise offers a haul-in installation for livestock.

6. Identify after-hours care arrangements and if a signed agreement is in place with another registered veterinary facility.



7. Identify mobile units* affiliated with the facility:

Mobile Unit License Plate (State – Plate #)	Vehicle Make & Model	Primary parking address, if different from page 1	Counties served	Primary species served

*Attach additional pages as necessary.

8. Indicate if the veterinary facility or any facility employee holds one (1) or more of the following permits from the Kentucky Department of Fish and Wildlife Resources (KDFWR).

KDFWR Regulatory Citation	Permit Name	Permit Number	Expiration Date
301 KAR 2:075	Certified Wildlife Rehabilitator		
301 KAR 3:120	Commercial Nuisance Wildlife Control Operator		
301 KAR 2:081	Captive Wildlife Holder		
301 KAR 2:082	Wildlife Transporter		

VI. Application Check List

- Acknowledgement regarding requirement to post veterinary facility registration on the premises of each registered fixed facility and mobile unit.
- Reinstatement fee – Payable to the **Kentucky State Treasurer**. Fees pursuant to 201 KAR 16:515. Checks may be personal, business, cashier’s check, or money order. Do not send cash. Mail to KBVE.
 - \$675 - If less than six (6) months has elapsed since the date of expiration.
 - \$725 - If greater than six (6) months and less than five (5) years has elapsed since the date of expiration. If more than five (5) years, a new application is required.

I hereby state that the information contained herein and attached to this application is true and accurate to the best of my knowledge, and that I am not omitting any information which might be of value to this Board or its determination of my qualifications, whether it is requested or not. I agree that any falsification, omission, or withholding of pertinent information or facts regarding my application shall be grounds for the Kentucky Board of Veterinary Examiners to suspend, revoke, or terminate any credential issued by the Board.

Further, I understand that the registered facility and all employees of and those contracted with the facility are required to abide by KRS Chapter 321 and 201 KAR Chapter 16. For direct links to the statutes and administrative regulations that shall govern the facility’s activities, I am aware I can review the materials by visiting the KBVE website at <https://kbve.ky.gov/Pages/practice-act.aspx>.

Signature

Date

Printed Name

Title

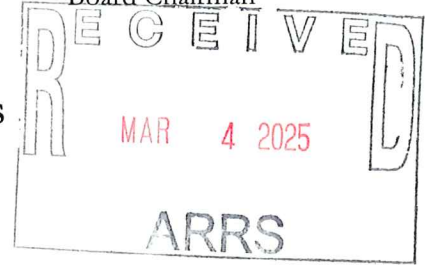
Submit Complete Application to:
Kentucky Board of Veterinary Examiners
4047 Iron Works Parkway, Suite 104
Lexington, Kentucky 40511



Andy Beshear
Governor



John C. Park, DVM
Board Chairman



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 • vet@ky.gov

March 4, 2025

Senator Stephen West, Co-Chair
Representative Derek Lewis, Co-Chair
c/o Emily Caudill, Regulation Compiler
Administrative Regulation Review Subcommittee Legislative Research Commission
083, Capitol Annex
Frankfort, Kentucky 40601

RE: 201 KAR 16:777

Dear Co-Chairs West and Lewis:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 201 KAR 16:777, the Kentucky Board of Veterinary Examiners (KBVE) proposes the attached amendment to 201 KAR 16:777.

Sincerely,

A handwritten signature in blue ink that reads "Michelle M. Shane". The signature is fluid and cursive, extending across the width of the text block.

Michelle M. Shane, Executive Director
Kentucky Board of Veterinary Examiners
4047 Iron Works Parkway, Suite 104
Lexington, Kentucky 40511

Final, 2-28-2025

SUGGESTED AMENDMENT – To Amended After Comments Version

201 KAR 16:777. Registered AAHP Facilities – Duties of Registered Responsible Parties and AAHP Managers.

Page 4

Section 7(1)

Line 21

After “Manager”, insert “3/2025”.

Delete “2/2025”.

MATERIAL INCORPORATED BY REFERENCE

At the time that it files this staff suggested amendment the agency needs to file one (1) clean copy of the “Request for a New AAHP Manager” form that:

- **Updates the edition date on each page to 3/2025**
- **Page 2 – In the second full paragraph from the bottom of the page, & in the first sentence insert the remainder of the missing part of the sentence**



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 • vet@ky.gov

Request for a New AAHP Manager

OFFICIAL USE ONLY

Instructions: This request form shall be completed by the registered AAHP facility who must report a new AAHP manager or to update the contact information for the AAHP manager in accordance with 201 KAR 16:777. Completion of all fields on this application is mandatory. Insufficient answers or omissions will be sufficient grounds for rejection of this request. **Review the check list on the last page to ensure your request is complete. Print SINGLE SIDED; DO NOT staple.**

KRS 321.181(3) states, “Allied animal health professional manager’ or ‘AAHP manager’ means at least one (1) board-permitted AAHP who registers to assume responsibility for the registration, management, and operation of a registered allied animal health professional facility”.

I. Registered Facility Information				
Name of Registered AAHP Facility				
Facility Website				
Facility Phone Number				
Facility Email Address				
Address Type	Street	City	Zip	County
Mailing Address				
Physical Address				
Current AAHP Manager				
Full Name				
Permit Number				
Email Address				
Phone Number				

Submit Completed Form to
Vet@ky.gov (preferred) or mail to:
Kentucky Board of Veterinary Examiners
4047 Iron Works Parkway, Suite 104
Lexington, Kentucky 40511



II. New AAHP Manager					
First Name		Middle Name	Last Name		KY Permit Number
Date of Birth (required)			Social Security Number (required)		
Address Type	Street	City	ST	Zip	County
Personal Mailing Address					
Cell Phone			Business Phone		
Personal Email Address					
Business Email Address					
<p>1. Does this individual manage other AAHP facilities in Kentucky? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, list the registration numbers of all other managed facilities.</p> <p>_____</p>					
<p>2. State the number of hours per month the AAHP manager shall be on the premises of this registered AAHP facility. Attach supporting documents if necessary.</p> <p>_____</p>					

III. Application Check List

- Background Check.** Complete and submit the official results of a background check to KBVE for the new AAHP manager from a board approved provider. Visit kbve.ky.gov on the Applications and Forms page and look under the Background Checks heading for more information.

Date Requested: _____ Or, if background check already on file, Date of check: _____

I hereby state that the information contained herein and attached to this application is true and accurate to the best of my knowledge, and that I am not omitting any information which might be of value to this Board or its determination of my qualifications, whether it is requested or not. I agree that any falsification, omission, or withholding of pertinent information or facts regarding my application shall be grounds for the Kentucky Board of Veterinary Examiners to suspend, revoke, or terminate any credential issued by the Board.

Further, I understand that the AAHP facility and all employees, contractors, and volunteers at the facility, if any, are required to abide by KRS Chapter 321 and 201 KAR Chapter 16. For direct links to the statutes and administrative regulations that shall govern the registered facility activities, I am aware I can visit the KBVE website at <https://kbve.ky.gov/Pages/practice-act.aspx>.

Signature

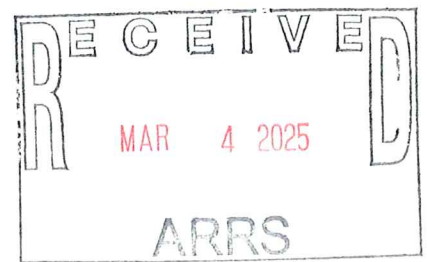
Date

Printed Name

Title

Submit Completed Form to:
Vet@ky.gov (preferred) or mail to
 Kentucky Board of Veterinary Examiners
 4047 Iron Works Parkway, Suite 104
 Lexington, Kentucky 40511





Andy Beshear
GOVERNOR

Jacqueline Coleman
LIEUTENANT GOVERNOR

PUBLIC PROTECTION CABINET
Kentucky Department of Professional Licensing
Kentucky Board of Speech-Language Pathology and Audiology
P.O. Box 1360
Frankfort, KY 40601
Phone: (502) 782-8801
Fax: (502) 564-4818

Ray A. Perry
SECRETARY

DJ Wasson
DEPUTY SECRETARY

Kristen Lawson
COMMISSIONER

March 3, 2025

Senator Stephen West, Co-Chair
Representative Derek Lewis, Co-Chair
c/o Emily Caudill, Regulation Compiler
Administrative Regulation Review Subcommittee
Legislative Research Commission 083
Capitol Annex
Frankfort, KY 40601

RE: Staff Suggested Amendments
201 KAR 17:120

Dear Co-Chairs West and Lewis:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 201 KAR 17:120, the Kentucky Board of Speech-Language Pathology and Audiology proposes the attached amendments to 201 KAR 17:120.

Sincerely,

Sara Boswell Janes

Sara Boswell Janes
Staff Attorney III
Public Protection Cabinet
Department of Professional Licensing
as Board Counsel on behalf of the Kentucky
Board of Speech-Language Pathology & Audiology
500 Mero Street
Frankfort, Kentucky 40601

Final, 1-28-2025

SUGGESTED SUBSTITUTE

BOARDS AND COMMISSIONS

Board of Speech-Language Pathology and Audiology

201 KAR 17:120. Audiology and Speech-Language Pathology Interstate Compact.

RELATES TO: KRS 334A.188

STATUTORY AUTHORITY: KRS 334A.080(3), 334A.188

NECESSITY, FUNCTION, AND CONFORMITY: KRS 334A.188, Section 15.B.1. requires the Board of Speech-Language Pathology and Audiology to review any rule adopted by the Audiology and Speech-Language Pathology Interstate Compact pursuant to Section 10 of KRS 334A.188 within sixty (60) days of adoption for the purpose of filing the rule as an emergency administrative regulation pursuant to KRS 13A.190 and for filing the rule as an accompanying ordinary administrative regulation pursuant to KRS Chapter 13A. This administrative regulation incorporates by reference the rules adopted by the **Audiology and Speech-Language Pathology Interstate[Counseling]** Compact.

Section 1. The Board of Speech-Language Pathology and Audiology shall comply with all rules of the Audiology and Speech-Language Pathology Interstate Compact, which includes the Audiology and Speech-Language Pathology Interstate Compact Rules as of October 7, 2023.

Section 2. Incorporation by Reference.

(1) The following material is incorporated by reference: "The Audiology and Speech-Language Pathology Interstate Compact Rules", October 7, 2023, and as revised.

(a) Chapter 1 – Rule on Definitions, adopted April 17, 2023;

(b) Chapter 2 – Rule on Data System Reporting Requirements, adopted April 17, 2023; and

(c) Chapter 3 – Rule on Implementation of Criminal Background Check Requirement, adopted October 7, 2023.

(2)

(a) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Board of Speech-Language Pathology and Audiology, 500 Mero Street, 2 SC 32, Frankfort, Kentucky 40602, Monday through Friday, 8 a.m. to 4:30 p.m.; or

(b) This material may also be obtained on the Board of Speech-Language Pathology and Audiology Web site at <https://slp.ky.gov/>.

(3) This material may also be obtained at:

(a) The Audiology and Speech-Language Pathology Interstate Compact Commission, 1776 Avenue of the States, Lexington, Kentucky 40511; or

(b) <https://aslpcompact.com/commission/commission-governance-documents/>.

CONTACT PERSON: Sara Boswell Janes, Staff Attorney III, Department of Professional Licensing, Office of Legal Services, 500 Mero Street, 2 NC WK#2, phone (502) 782-2709 (office), fax (502) 564-4818, email Sara.Janes@ky.gov, Link to public comment portal: https://ppc.ky.gov/reg_comment.aspx.

FISCAL IMPACT STATEMENT

At the time that the agency files this staff amendment, it needs to file one (1) clean copy of the Fiscal impact Statement that includes an answer to Question 4 that was missing.

FISCAL IMPACT STATEMENT

Regulation No. KAR 17:120

Contact Person: Sara Boswell Janes

Phone Number: (502) 782-2709 (office)

Email: sara.janes@ky.gov

(1) Identify each state or federal statute or federal regulation that requires or authorizes the action taken by the administrative regulation. KRS 334A.080(3), 334A.188. Interstate compacts are specifically authorized under the federal constitution (Article 1, Section 10, Clause 3- the Compacts Clause) and take precedence over any conflicting state law pursuant to the Compacts Clause and the Contracts Clause, U.S. Constitution, Article 1, Section 10, Clause 1.

(2) Identify the promulgating agency and any other affected state units, parts, or divisions: The Kentucky Board of Speech-Language Pathology and Audiology is the promulgating agency and the only affected state unit, part or division.

(a) Estimate the following for the first year:

Expenditures: The compact may become operational in 2025, however, the expenditures needed in the first year are currently indeterminable. There will likely be some state expenditures necessary for data system programming, administering applications for compact privileges within and without the Commonwealth, as well as administering complaint and enforcement actions for those with the privilege to practice in Kentucky, and possibly for Kentucky licensees with the privilege to practice in other states.

Revenues: If the compact becomes operational in Kentucky during the first year, the Board may require imposition of a fee to cover the cost of administration. However, at this time potential revenues are indeterminable.

Cost Savings: Indeterminable.

(b) How will expenditures, revenues, or cost savings differ in subsequent years? The compact may become operational in 2025, however, the expenditures, revenue and cost savings in subsequent years, if any, are currently indeterminable.

(3) Identify affected local entities (for example: cities, counties, fire departments, school districts): None anticipated.

(a) Estimate the following for the first year:

Expenditures: None.

Revenues: None.

Cost Savings: None.

(b) How will expenditures, revenues, or cost savings differ in subsequent years? There will be no difference in expenditures, revenues or cost savings to local entities in subsequent years.

(4) Identify additional regulated entities not listed in questions (2) or (3): There are no additional regulated entities.

(a) Estimate the following for the first year:

Expenditures: None

Revenues: None

Cost Savings: None.

(b) How will expenditures, revenues, or cost savings differ in subsequent years? There are none anticipated.

(5) Provide a narrative to explain the:

(a) Fiscal impact of this administrative regulation: There is minimal anticipated fiscal impact to this administrative regulation in the first year. It is possible there will be a fiscal impact of administering applications for compact privileges for in-state licensees who apply for the privilege to practice in another state, and for out of state licensees who apply for the privilege to practice in Kentucky. The Audiology and Speech-Language Pathology Interstate Compact Commission remains in its infancy and the work to be conducted by the state board on behalf of the compact is yet to be determined.

(b) Methodology and resources used to determine the fiscal impact: Methodology and resources are currently indeterminable since there are no known duties outlined for the state in relation to the compact.

(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 administrative regulation will not have an overall negative or adverse major economic impact to the entities identified.

(b) The methodology and resources used to reach this conclusion: Methodology and resources are currently indeterminable since there are no known duties outlined for the state in relation to the compact; however, given the number of licensees, current budget and anticipated number of applications for out of state licensees to obtain the privilege to practice in Kentucky, no major economic impact is anticipated.