

ARKANSAS REGISTER

Transmittal Sheet

Use only for **FINAL** and **EMERGENCY RULES**



Secretary of State

John Thurston

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Little Rock, Arkansas 72201-1094

(501) 682-5070

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For Office

Use Only:

Effective Date _____ Code Number _____

Name of Agency Arkansas Department of Agriculture

Department Livestock and Poultry Division

Contact Corey Seats E-mail corey.seats@agriculture.arkansas.gov Phone 501-225-1598

Statutory Authority for Promulgating Rules Ark. Code Ann. §17-101-203 (12) and Ark. Code Ann. §17-101-319 (a) (2) (A)

Rule Title: Veterinary Technician Specialist

Intended Effective Date
(Check One)

Date

☐ Emergency (ACA 25-15-204)

Legal Notice Published 2/18/24 - 2/20/24

☒ 10 Days After Filing (ACA 25-15-204)

Final Date for Public Comment 3/18/24

☐ Other _____
(Must be more than 10 days after filing date.)

Reviewed by Legislative Council 5/31/24

Adopted by State Agency 4/10/24

Electronic Copy of Rule e-mailed from: (Required under ACA 25-15-218)

Linda Luebke

linda.luebke@agriculture.arkansas.gov

June 3, 2024

Contact Person

E-mail Address

Date

CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted
In Compliance with the Arkansas Administrative Act. (ACA 25-15-201 et. seq.)

Signature

501-225-1598

Phone Number

corey.seats@agriculture.arkansas.gov

E-mail Address

General Counsel

Title

June 3, 2024

Date

ARKANSAS REGIS

Transmittal Sheet

Arkansas Department of Transportation
P.O. Box 1000
Little Rock, Arkansas 72203
Telephone (501) 221-1000
Fax (501) 221-1001

Project Name: _____
Project Number: _____
Contract Number: _____

Contractor Name: _____
Contractor Address: _____
Contractor City: _____
Contractor State: _____
Contractor Zip: _____

Contractor Phone: _____
Contractor Fax: _____
Contractor E-Mail: _____

Contractor License Number: _____
Contractor License State: _____
Contractor License Expiration Date: _____

Contractor Insurance Policy Number: _____
Contractor Insurance Company: _____
Contractor Insurance Agent: _____

Contractor Insurance Policy Number: _____
Contractor Insurance Company: _____
Contractor Insurance Agent: _____

CERTIFICATION OF AUTHORIZED OFFICER

I hereby certify that the information furnished on this form is true and correct to the best of my knowledge and belief.



Signature of Authorized Officer: _____

Title of Authorized Officer: _____

Date of Certification: _____

VETERINARY TECHNICIAN SPECIALIST
(Adopted: 1/11/2024) (Effective: 00/00/0000)

35. A. Requirements for Initial Certification:

a. An applicant for certification as a veterinary technician specialist in this state must make written application to the Arkansas Livestock and Poultry Commission showing that he or she:

i. Holds an active certification as a veterinary technician or veterinary technologist in this state; and

ii. Has completed the formal process of education, training, experience, and testing through a specialty academy approved by the Committee on Veterinary Technician Specialties of the National Association of Veterinary Technicians in America and provide proof of completion.

B. Collaborative Practice Agreement:

a. A veterinary technician specialist intending to practice under a collaborative practice agreement shall submit a copy of the agreement to the Arkansas Livestock and Poultry Commission prior to or on the effective date of the agreement.

b. A veterinary technician specialist shall notify the Commission in writing within seven (7) days following the termination of a collaborative practice agreement.