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BIENNIAL REPORT OF EXAMINING AND LICENSING BOARDS

880712

(M.S. -1985 Supplement, Section 214.07)

BOARD:	VETERI	NARY MEDICIN	E			
Location: _	2700 Universi	ty Ave. W .,	Room 102,	St. Paul, Mn.	. 55114	
STATUTORY A	UTHORITY:	Chapte	r 156			
REPORT PERI	OD: July 1,	1986	To:	June 30,	1983	·
SUBMITTED B	Y: Roland C.	Olson, DVM	Executive	Director	0ct. 1	<u>, 1</u> 988
	Name		Title		Date	<u>.</u>

Copies of this report shall be delivered to: (A) the Legislature in accordance with Section 3.195 (1 copy to the Secretary of the Senate, 1 copy to the Chief Clerk of the House of Representatives and 10 copies to the Legislative Reference Library); (B) the Governor; and (C) Commissioner of Administration. Each health-related board shall also deliver a copy of their report to the Board of Health.

Clause a: GENERAL STATEMENT OF BOARD ACTIVITIES

This description should cover both FY 87 and FY 88 and include any changes (additions/deletions) in activities between those years.

The Board of Veterinary Medicine examines qualified applicants twice each year to assure that adequately trained professional people are licensed to deliver veterinary services to the public. Approximately 130 new licenses are issued each year. The board investigates consumer complaints along with the Attorney General's Office. Approximately 2550 licenses were renewed in 1988.

The continuing goal of the board is to improve the professional competence of licensed veterinarians thus improving the quality of service to the public. This is accomplished by verifying qualifications of candidates for licensure. By administering State and National Board Examinations both written and practical. By verifying character references, college transcripts and other credentials required for each applicant. To request from and provide to other state and national organizations, information concerning board policy and procedures and status of licenses. Inform Drug Regulating Agencies upon request of location and status of license. Interchanging rules and regulations information. By keeping the State of Minnesota Animal Health Board informed of all new licensees and updating their records for credentialling by that agency. To certify approximately 5 new professional corporations annually and renewing 100. To verify approximately 300 licenses to drug firms and enforcement agencies.

WETERINARY MERICINE	BOARD
VETERINARY MEDICINE	

Clause b: TOTAL NUMBER MEETINGS HELD FY 87 7 FY 88 5 FY 87 AND 88 12

PPROXIMATE TOTAL NUMBER OF HOURS SPENT BY BOARD MEMBERS IN MEETINGS AND ON OTHER BOARD ACTIVITIES.

	MEET ING	1	HOURS		OTHER ACTIVITIES		HOURS	
OARD MEMBER'S NAME	TYPE	FY 87	FY 88	FY 87 & 88	ТҮРЕ	FY 87	FY 88	FY 87 & 88
Milton P. Crenshaw, DVM	Bd. Meeting	22	14	36	Examinations	16	12	28
A. J. Eckstein, DVM	Bd. Meeting	26	18	44	Examinations	32	0	32
Ms. Marion Fogarty	Bd. Meeting	32	16	48	Examinations	16_	0	16
Mr. Gary Hayer	Bd. Meeting	26	18	44	Examinations	24	16	40
Dr. William Maher, DVM	Bd. Meeting	28	14	42	Examinations	24	J	24
Dr. Al Kunkel, DVM	Bd. Meeting	14	18	32	Examinations	8	0	8
Bennett J. Porter, Jr,	Bd. Meeting	34	16	50	Examinations	8	16	24
•								

Clause c: THE RECEIPT AND DISBURSEMENT OF BOARD FUNDS

Total State Appropriations

Total Non-Dedicated Fee Receipts

Total Disbursements

FY 87	FY 88	FY's 87 & 88
73.	81.	154.
99	99.	198.
72.	74.	147.

COMMENTS (Optional)

Page ___ of ___ pages for Clause c

Page ___

Clause d: LIST OF BOARD MEMBERS WHO SERVED DURING FY 87 AND FY 88

FOR EASY REFERENCE PLEASE GIVE:

(A)	Number	of	Board	members	required	bу	statute:	7
					•	-		

(B)	The statutory	length of	term:	4	years.

NAME & ADDRESS	OCCUPATION	GIVE BEGIN AND END DATE OF APPOINTMENT AND EACH RE- APPOINTMENT
A. J. Eckstein	Veterinarian	53-84=01-881-26-88=01-92
Marion Fogarty	Public Member	8-8-85=01-1989
Gary Hayer	Public Member	5-3-84=01-881-26-88=01-1992
Al Kunkel	Veterinarian	1-26-87=01-1990
William F. Maher	Veterinwrian	6-6-86=01-19871-26-87-01-1991
Bennett J. Porter	Veterinarian	4-11-84=01-198601-86=01=1990
Milton P. Crenshaw	Veterinarian	6-6-83=01-198701-1991

Clause e: LIST BOARD EMPLOYEES WHO WERE EMPLOYED

DURING FY 87 AND/OR FY 88

		C.		ST	ATUS
Name	JOB CLASSIFICATION/TITLE & CLASS	CLASS CODE	FT	PT	Dates of Service
Roland C. Olson,DVI	Executive Director			х	7-1-87
Mary Nelson	Executive I			Х	7-1-65 to
					present
	and a substantial substantial substantial and a substantial substa				
					5
				·	
					-

Page 5

Clause f: Brief summary of Board Rules Proposed or Adopted During
THIS REPORTING PERIOD, FY 87 AND FY 88 GIVE APPROPRIATE
CITATIONS TO THE STATE REGISTER AND PUBLISHED RULES FOR
THOSE ADOPTED.

NONE

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BOARD

Clause g: LIST THE NUMBER OF PERSONS HAVING EACH TYPE OF LICENSE

AND REGISTRATION ISSUED BY THE BOARD AS OF JUNE 30, 1988

(IN THE YEAR OF THE REPORT)

TYPE OF LICENSE/REGISTRATION	TOTAL NUMBER IN EFFECT
Veterinarian	2567
	,

Page / of / pages for Clause g

Page 7

Clause h ADMINISTRATION. OF EXAMINATIONS BY BOARD

EXAMINATION:

LOCATION	TYPES OF LICENSE/REGISTRATION	DATES
University of Mn.	Veterinarian	12-9 & 10, 86
University of Mn.		05-12 & 13,87
University of Mn.		12-14-87
University of Mn.		05-10 & 11,88
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1		
Page / of / pages i	or Clause h	<u>' </u>

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Clauses i, j, k: MINNESOTA RESIDENTS BY TYPE OF LICENSE/REGISTRATION

List the number of Minnesota Residents only who were (1) examined and either (2) Licensed/Registered or (3) Not licensed/registered after being examined for the type of license/registration noted. Use a separate page for each type of license or registration

TYPE OF LICENSE/REGISTRATICS	License

				F	<u> </u>		37	-						Y	_88_						FX 8	37	AND	FY	88	- •	
AGE GROUP	EX A	MIMA	1ED	LIC/	REC	GIS	LIC	NO C/RE	GIS	EX	AMI	NED	LIC	C/RE	GIS	LIC	NO' TRE		EX	AMI	NED	LIC	/RE	GIS	LI	NO C/RI	
	М	F	T	M	F	T	M	F	T	M	F	T	М	F	T	M	F	T	M	F	T	M	F	T	М	F	T
Under 18									·																		
18-25	12	7	19	12	7	19	0_	0	0	6	13	19	6	13	19	0	0	0	18	20	38	18	20	38	0	0	0
26-34	25	24	49	25	24	49	0	0	0	25	19	44	25	19	44	0	0	0	50	43	93	50	43	93	0	0	0
35-59	1	4	5	1	4	5	0	0	0	2	1	3	2	1	3	0	0	0	3	5	8	3	5	8	0	0	0
60-65																											
66 & Over																										**************************************	
Total	38	35	73	38	35	73	0	0	0	33	33	66	33	33	66	0	0	0	71	68	139	71	68	139	0	0	0
				Cal	cula	ate	% of	Ma	le an	d %	of l	Fema	le to	the	e Tot	al o	f E	ach (ate	gory				ļ	T		.
% of Total	52	48	100	52	48	100	0	0	100	50	50	100	50	50	100	0	0	100	51	49	100	51	49	100	0	0	100

Clauses i, j, k: NUN-MINNESOTA RESIDENTS BY TYPE OF LICENSE/REGISTRATION

List the number of Non-Minnesota Residents only who were (1) examined and either (2) Licensed/Registered or (3) Not licensed/registered after being examined for the type of license/registration noted. Use a separate page for each type of license or registration.

TYPE OF LICENSE/REGISTRATION LICENSE

	·					<u></u>			···						- -				_	 -	FX	Ω7	A NITO	EV	-00		
AGE GROUP	EX.		JED	LIC/	R F		LIC	NO 7RE		EX	AM II	NED		FY C/RI		LIC	NO 7RE		EX	AMI	NED	Π			n '	NO C/RI	T EGIS
4	M	F	T	M	F	T	M		T	М	F		M	F	T	М	F	T	M	F		М	F	T	М	F	T
Under 18																											
18-25	7	5	12	7	4	//	0	1	/	5	8	/3	5	8	13	0	0	0	12	/3	25	12	12	24	0	/	1
26-34	18	15	33	18	15	33	0	0	0	13	18	30	12	18	30	0	0	0	<u>30</u>	33	63	30	33	63	0	0	0
35-59	13	8	36	8	6	14	4		5	3	0	3	3	0	_3	0	0	0	/5	8	23	11	6	12	4	1	5
60-65	,			<u> </u>																							
66 & Over																											
Total	37	28	65	33	25	58	4	a	6	20	26	46	20	24	46	0	0	0	57	54	///	53	5/	104	4	2	6
				Cal	c.ula	ate	% of	Ma	le an	d %	of l	ema.	le to	th	e To	tal o	f E	ach (Cate	gory		,		} ,	,		,
% of Total			100			100			100			100			100			100			100			100			100
State				P	ĻΕΛ	SE I	LIST	THE	TOT	ALN	IUMI	BER (OF N	ION-	<u>RESI</u>	DEN	TS E	3Y S1	ATE					1		L	
Ic.	/3	8	21	/3	7	20	0	/	1	7	12	19	7	12	19	0	0	0	20	19	39	20	19	39	0	/	1
QUSTRALIA	<u>i</u> .	0		1	0	1	0	0	0											0	/	1	0	/	0	0	0
LA	1	0	/	1	0	1	0	0	0										/	0	/	1	0		0	0	0
IL	4	3	7	3	3	کم	/	0	1	0	2	2	0	2	2	0	0	0	4	5	9	3	5	8	/	0	/

CONTINUATION SHEET:

Clauses i, j, k: NON-MINNESOTA RESIDENTS BY TYPE OF LICENSE/REGISTRATION

List the number of Non-Minnesota Residents only who were (1) examined and either (2) Licensed/Registered or (3) Not licensed/registered after being examined for the type of license/registration noted. Use a separate page for each type of license or registration.

TYPE OF LICENSE/REGISTRATION

LICENSE

				F		87								ŦΥ	.88	- ' -					FA	87	AND	FY	88		
	FX	AMI!	VED	IC/	R FC	315	1.10	NO C/RE		FX	AMI	VED	1.10	7/R I	EGIS	1.10	NO VR	r GIS	EX	AMI	NED	10	:/R F	CIS	LI	NO C/R	GIS
	M	F		X	F	Ť	M	F	Ť	M	F	T	М	F	1	X	F	T	M			M	F	T	М		T
State				P	LEA	SE	LIST	THE	TOT	ALI	NUM	BER	OF N	10N	-RESI	DEN	ITS	BY ST	[ATI	E		,					
λs	ئ	メ	7	4	1	5	j	/	Z	Z	0	2	2	0	Z	0	0	0	7	ス	9	6	/	7	Z	0	ユ
mo	3	0	3	3	0	3	0	0	0	Ŋ	1	4	3	/	4	0	0	0	6	/	7	6	/	7	0	0	0
CA.	1	0	/	/	0	/	0	0	0	J							-			0	/	1	0	/	0	0	0
mi	3	0	3	2	0	2	/	0	/	Z	/	3	2	/	3	0	0	0	5	/	6	4	/	5	/	0	/
FL	2	1	1	0	1	1	0	0	0	ļ			<u>. </u>						0	/	1	0	/	1	0	0	0
Co	0	1	/	0	7	1	0	0	0	0	ょ	3	0	ょ	ą	0	0	0	0	3	3	0	3	3	0	0	0
IN	/	j	3	0	1	1	0	0	1	/	2	3	/	2	3	0	0	0	2	3	سی	1	3	4	0		1
mass	/	0	j	1	0	/	0	0	0	b	1	/	0	1	1	0	0	0	1	1	2	1	/	2	0	0	0
NY	0	2	3	0	2	2	0	0	0	1	0	/	/	0	1	0	0	0	7	2	3	1	Z)	3	0	0	0
oh	1	/	3	/	1	3	0	0	0	0	1	/	0	/	/	0	0	0	1	2	3	1	ي ي	3	0	0	0
wi	/	0	1	1	0	1	0	0	0	/	0	/	1	0	1	0	0	0	2	0	2	ς.	0	3	0	0	0
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CONTINUATION SHEET:

Clauses i, j, k: NON-MINNESOTA RESIDENTS BY TYPE OF LICENSE/REGISTRATION

Page / of 3 pages for Clauses i, j, k (Non-Residents)

List the number of <u>Non-Minnesota</u> Residents <u>only</u> who were (1) examined and either (2) Licensed/Registered or (3) <u>Not</u> licensed/registered after being examined for the type of license/registration noted. Use a separate page for each type of license or registration.

TYPE OF LICENSE/REGISTRATION

FY .88 FY 87 AND FY 88 NOT NOT LIC/REGIS LICTREGIS LICTREGIS State PLEASE LIST THE TOTAL NUMBER OF NON-RESIDENTS BY STATE ALAB GA MPINE

Clause 1: The Number of Persons not taking examinations who were licensed or registered by the Board or who were denied licensing or registration with the reasons for the licensing or registration or denial thereof.

TOTAL NUMBER OF PERSONS NOT TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION

FY 87

FY 88

FY 87 & 88

TOTAL NUMBER OF PERSONS NOT TAKING EXAMS AND DENIED LICENSES OR REGISTRATION

0
0
0
0

FOR EACH PERSON GIVE:

ype of lic./Regis.,	State of		A	NGE GF	ROUP			SE	X	* Method of Lic./Regis.			** Reasons for Granting or Denial	
	Res.	0-18	18-25	26-34	35-59	60-65	66-	M	F		Grant	Deny		
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	instance of the second of the													
	Night of the state										 			
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^{*} IDENTIFY METHOD: e.g. Application, Reciprocity, Endorsements, Credential Evaluation, Comity, etc.

** REASONS FOR GRANTING OR DENIAL: Attach Additional Sheets if necessary.

Page / of / pages for Clause 1

Clause m:

PERSONS PREVIOUSLY LICENSED OR REGISTERED BY THE BOARD WHOSE LICENSES OR REGISTRATIONS WERE REVOKED, SUSPENDED OR OTHERWISE ALTERED IN STATUS, WITH BRIEF STATEMENTS OF THE REASONS FOR THE REVOCATION, SUSPENSION OR ALTERATION.

TOTAL number of revocations

TOTAL number of suspensions

TOTAL number of other status changes

FY_ 87	FY 88	FY's 87 & 88
0	0	0
0	0	0
53	43	96

TYPE OF LICENSE OR REGISTRATION	STAT	TYPE OF US CHANGE		REASONS FOR EACH CHANGE IN STATUS FOR EACH CASE
(By case)	Revoked	Suspended	Other (Specify)	
License			Retirements	85
License			Deaths	11
			~	
		, 0	1	· · · · · · · · · · · · · · · · · · ·

Clause n: List the number of complaints and other communications received by the Executive Secretary, each Board member, employee or other person performing services for the Board

THAT ALLEGE OR IMPLY A VIOLATION OF
A STATUTE OR RULE WHICH THE BOARD
IS EMPOWERED TO ENFORCE. THESE TOTALS
INCLUDE CASES REFERRED TO THE
ATTORNEY GENERAL'S STAFF WHO ARE
ASSIGNED TO ASSIST YOUR BOARD.

WHICH ARE FORWARDED TO OTHER AGENCIES AS REQUIRED BY M.S. 214.10.

Please indicate the number of complaints referred to <u>each</u> other governmental agency (Federal, State, and Local) in each fiscal year:

Clause o:

SUMMARIZE, BY SPECIFIC CATEGORY, THE SUBSTANCE OF THE COMPLAINTS AND COMMUNICATIONS REFERRED TO IN CLAUSE (n) OF M.S. 214.07 AND AND, FOR EACH SPECIFIC CATEGORY, THE RESPONSES OR DISPOSITIONS THEREOF PURSUANT TO M.S. 214.10 and 214.11 (INDICATE AUTHORITY/CITATIONS FOR DISPOSITION).

(Dispositions occurring during this period of complaints and communications received prior to July 1, 19 8 and complaints and communications received but not disposed of as of June 30, 19 88 should be included).

SUMMARY OF COMPLAINTS AND COMMUNICATIONS BY SPECIFIC CATEGORY	SUMMARY OF RESPONSES AND DISPOSITIONS FOR EACH SPECIFIC CATEGORY							
(Give number in each specific category)	(Give number in each specific category)							
12 Complaints Received in 1987	12 Complaints Resolved in 1987							
20 Complaints Received in 1988	18 Complaints Resolved in 1988 I Case Pending I Disciplinary Conference schedule for October 13, 1988							

Clause p:

STATE ANY OTHER OBJECTIVE INFORMATION WHICH THE BOARD MEMBERS BELIEVE WILL BE USAFUL IN REVIEWING BOAPD ACTIVITIES:

(For Example: In what other states do your licensees hold licenses? Number of Minnesota licenses verified/certified to other states? Number of inspections? Comparisons with past Biennial Reports?)

> Iowa, Missouri, Michigan, Penn., Maryland, So. Dakota, North Dakota, Florida, Colo., Ms., Washington, Oklahoma, Kansas, Illinois, Wisconsin, New York, Icaho, Virginia, Maine, California, Texas, Ohio, Georgia. La., Alabama, Arizona, Michigan, Indiana, New York, North Dakota, Nebraska, Maryland, North Carolina, Nevada, Maryland, Kentucky, Texas, Ok., Hi., Maine, Oregon, Montana, Tn., Vermont, Alaska, (several in Canada).

Item q:

For all health related boards except the Board of Veterinary Medicine, per M.S. 1985 Supplement, Section 214.10, Subd. 8(b): Provide a summary of each individual case (complaint or other communication) that involved possible sexual contact of a licensee with a patient or client.

Each summary must include:

- 1) a description of the alleged misconduct;
- 2) the general results of the investigation;
- the nature of board activities relating to that case;
- 4) the disposition of the case;

and

5) the reasons for board decisions concerning the disposition of the case.

The information disclosed must <u>not</u> include the name or specific identifying information about any person, agency, or organization. Include cases received prior to July 1, 1984, but disposed of in FY '85 and FY '86, as well as cases received prior to June 30, 1986, but not yet disposed of.