

# Chapter 246-935 WAC

## VETERINARY TECHNICIANS

### WAC

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246-935-140	Disciplinary reinstatement procedures. [Statutory Authority: RCW 18.92.030. WSR 91-24-098 (Order 221B), § 246-935-140, filed 12/4/91, effective 1/4/92; WSR 91-02-060 (Order 108B), recodified as § 246-935-140, filed 12/28/90, effective 1/31/91; WSR 89-02-006 (Order PM 804), § 308-157-010, filed 12/27/88.] Repealed by WSR 99-14-076, filed 7/6/99, effective 8/6/99. Statutory Authority: RCW 18.92.030.

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**WAC 246-935-010 Definitions.** (1) "Anesthesia maintenance" means maintaining adequate depth of anesthesia through control of the amount and type of drug(s) delivered to the animal patient.

(2) "Anesthesia monitoring" means measuring, reporting, and recording vital signs.

(3) "Direct supervision" means the veterinary supervisor is on the premises, is quickly and easily available and the animal patient has been examined by a veterinarian at such times as acceptable veterinary medical practice requires, consistent with the particular delegated animal health care task.

(4) "Emergency" means that the animal patient has a life-threatening condition where immediate treatment is necessary to sustain life or avoid significant injury and morbidity.

(5) "Immediate supervision" means the supervisor is in audible and visual range of the animal patient and the person treating the patient.

(6) "Indirect supervision" means the supervisor is not on the premises, but has given either written or oral instructions for treatment of the animal patient and the animal patient has been examined by a veterinarian at such times as acceptable veterinary medical practice requires, consistent with the particular delegated animal health care task and the animal patient is not anesthetized.

(7) "Licensed veterinary technician" means any person who has met the requirements of RCW 18.92.015 and who is licensed as required by chapter 18.92 RCW.

(8) "Supervisor" means a veterinarian or a licensed veterinary technician.

(9) "Unregistered assistant" means any individual who is not a veterinary technician or veterinarian.

(10) "Veterinarian" means a person authorized by chapter 18.92 RCW to practice veterinary medicine in the state of Washington.

(11) "Veterinary medical facility" is any premises, unit, structure or vehicle where any animal patient is received and/or confined, in order to provide veterinary medicine, surgery, or dentistry as defined in RCW 18.92.010.

[Statutory Authority: RCW 18.92.030, 18.92.125. WSR 09-15-120, § 246-935-010, filed 7/17/09, effective 8/17/09. Statutory Authority: RCW 18.92.030 and 2007 c 235. WSR 08-11-099, § 246-935-010, filed 5/20/08, effective 6/20/08. Statutory Authority: RCW 18.92.030. WSR 02-10-135, § 246-935-010, filed 5/1/02, effective 6/1/02; WSR 91-24-098 (Order 221B), § 246-935-010, filed 12/4/91, effective 1/4/92; WSR 91-02-060 (Order 108B), recodified as § 246-935-010, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.92.015 and 18.92.030. WSR 83-19-055 (Order PL 445), § 308-156-010, filed 9/19/83. Statutory Authority: RCW 18.92.030. WSR 80-01-069 (Order PL 332), § 308-156-010, filed 12/21/79.]

**WAC 246-935-020 Applications—Veterinary technicians.** Applications for licensure as a veterinary technician shall be made on forms prepared by the secretary of the department of health and submitted to the department of health. Applications must be received at least sixty days prior to the scheduled examination. The application, in addition to the required fee, must be accompanied by satisfactory evidence of experience and/or official transcripts or other evidence of completion of educational courses approved by the board. The application shall be signed by the applicant. When the application and the accompanying evidence are found satisfactory, the secretary shall notify the applicant of eligibility to be scheduled for the veterinary technician examination.

[Statutory Authority: RCW 18.92.030 and 2007 c 235. WSR 08-11-099, § 246-935-020, filed 5/20/08, effective 6/20/08. Statutory Authority: RCW 18.92.030. WSR 02-10-135, § 246-935-020, filed 5/1/02, effective 6/1/02; WSR 92-02-057 (Order 233B), § 246-935-020, filed 12/30/91, effective 1/30/92; WSR 91-02-060 (Order 108B), recodified as § 246-935-020, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.92.015 and 18.92.030. WSR 83-19-055 (Order PL 445), § 308-156-020, filed 9/19/83. Statutory Authority: RCW 18.92.030. WSR 80-01-069 (Order PL 332), § 308-156-020, filed 12/21/79.]

**WAC 246-935-030 Grounds for denial, suspension or revocation of licensure.** The board may suspend, revoke or deny the issuance or renewal of license of any veterinary technician and file its decision in the secretary's office if the veterinary technician:

- (1) Has employed fraud or misrepresentation in applying for or obtaining the license;
- (2) Has within ten years prior to the date of application been found guilty of a criminal offense relating to the practice of veterinary medicine, surgery and dentistry, including, but not limited to:
  - (a) Any violation of the Uniform Controlled Substances Act or the Legend Drug Act;
  - (b) Chronic inebriety;
  - (c) Cruelty to animals;
- (3) Has violated or attempted to violate any provision of chapter 18.92 RCW or any rule or regulation adopted pursuant to that chapter;
- (4) Has assisted, abetted or conspired with another person to violate chapter 18.92 RCW, or any rule or regulation adopted under that chapter;
- (5) Has performed any animal health care service not authorized by WAC 246-935-040 or 246-935-050.

[Statutory Authority: RCW 18.92.030 and 2007 c 235. WSR 08-11-099, § 246-935-030, filed 5/20/08, effective 6/20/08. Statutory Authority: RCW 18.92.030. WSR 02-10-135, § 246-935-030, filed 5/1/02, effective 6/1/02; WSR 91-24-098 (Order 221B), § 246-935-030, filed 12/4/91, effective 1/4/92; WSR 91-02-060 (Order 108B), recodified as § 246-935-030, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.92.015 and 18.92.030. WSR 83-19-055 (Order PL 445), § 308-156-030, filed 9/19/83.]

Statutory Authority: RCW 18.92.030. WSR 80-01-069 (Order PL 332), § 308-156-030, filed 12/21/79.]

**WAC 246-935-040 Responsibilities of a veterinarian supervising a licensed veterinary technician or an unregistered assistant.** (1) A veterinarian must not delegate:

(a) To any licensed veterinary technician the performance of any animal health care services not authorized by WAC 246-935-040 or 246-935-050.

(b) To any unregistered assistant the performance of any animal health care services not authorized by WAC 246-935-040 or 246-935-050.

(2) The supervising veterinarian shall:

(a) Have legal responsibility for the health, safety and welfare of the animal patient which the licensed veterinary technician or unregistered assistant serves.

(b) Delegate animal health care tasks only if the licensed veterinary technician or unregistered assistant is qualified to perform the task, and the task is not precluded by the medical condition of the animal patient.

(c) Use the level of supervision required for a specific task.

(d) Make all decisions relating to the diagnosis, treatment, management, and future disposition of an animal patient.

(e) Limit the number of unregistered assistants under indirect supervision to that which is appropriate for the circumstances.

(f) Allow licensed veterinary technicians and unregistered assistants the right and responsibility to refuse to perform duties they are not legally or technically able to perform.

(3) A supervising veterinarian shall examine the animal patient prior to the delegation of any animal health care task to either a licensed veterinary technician or unregistered assistant. The examination of the animal patient must be conducted at the times and in the manner consistent with veterinary medicine practice, and the particular delegated animal health care task.

(4) If a licensed veterinary technician is authorized to provide supervision for an unregistered assistant performing a specified health care task, the licensed veterinary technician shall be under the same degree of supervision by the veterinarian, as if the licensed veterinary technician were performing the task.

[Statutory Authority: RCW 18.92.030, 18.92.125. WSR 09-15-120, § 246-935-040, filed 7/17/09, effective 8/17/09. Statutory Authority: RCW 18.92.030. WSR 02-02-046, § 246-935-040, filed 12/27/01, effective 1/27/02; WSR 92-02-057 (Order 233B), § 246-935-040, filed 12/30/91, effective 1/30/92; WSR 91-24-098 (Order 221B), § 246-935-040, filed 12/4/91, effective 1/4/92; WSR 91-02-060 (Order 108B), recodified as § 246-935-040, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.92.015 and 18.92.030. WSR 83-19-055 (Order PL 445), § 308-156-045, filed 9/19/83.]

**WAC 246-935-050 Animal health care tasks.** No individual, other than a licensed veterinary technician, may advertise or offer her/his services in a manner calculated to lead others to believe that she/he is a trained or licensed veterinary technician.

(1) Licensed veterinary technicians and unregistered assistants are prohibited from performing the following activities:

- (a) Surgery except as outlined below;
- (b) Diagnosis and prognosis;
- (c) Prescribing drugs, medication or appliances;
- (d) Initiation of treatment without prior instruction by a veterinarian except as outlined under emergency animal care.

(2) Immediate supervision. Unregistered assistants are not authorized to perform the tasks in this section. A licensed veterinary technician may perform the following tasks only under the immediate supervision of a veterinarian: Dental extractions.

(3) Direct supervision. Unregistered assistants are not authorized to perform the tasks in this section. A licensed veterinary technician may perform the following tasks only under the direct supervision of a veterinarian:

- (a) Anesthesia:
  - (i) Induction, including preanesthesia;
  - (ii) Maintenance;
  - (iii) Monitoring.
- (b) Application of casts and splints;
- (c) Floating teeth;
- (d) Intraperitoneal injections;
- (e) Blood administration;
- (f) Closure, including suturing, of prepared skin wound or gingival incision;

- (g) Arterial and central venous catheters.

(4) Indirect supervision. Unregistered assistants are not authorized to perform the tasks in this section. A licensed veterinary technician may perform the following tasks only under the indirect supervision of a veterinarian:

- (a) Intravenous injections into uncatheterized vein;
- (b) Centesis, including fine needle aspirates;
- (c) Unobstructed bladder catheter;
- (d) Diagnostic procedures:
  - (i) Fecal analysis;
  - (ii) Electrocardiograms;
  - (iii) Blood pressure;
  - (iv) Cytology analysis, including urinalysis and hematology;
- (v) Microbiology.

(e) Placement and use of nasogastric and orogastric tubes for gavage, lavage, or reflux;

- (f) Ophthalmological procedures:
  - (i) Tear production testing;
  - (ii) Topical anesthetic application;
  - (iii) Fluorescein staining of the cornea;
  - (iv) Tonometry.

(g) Tasks authorized to be performed under immediate or direct supervision for unregistered assistants, may be performed by licensed veterinary technicians under indirect supervision unless otherwise restricted.

(5) Immediate supervision for unregistered assistants. An unregistered assistant may perform the following tasks only under the immediate supervision of a veterinarian or licensed veterinary technician:

- (a) Place and secure an intravenous catheter;
- (b) Monitor vital signs of an anesthetized patient;
- (c) Dental prophylaxis.

(6) Direct supervision for unregistered assistant. An unregistered assistant may perform the following tasks only under the direct supervision of a veterinarian or licensed veterinary technician:

- (a) Intravenous injection into catheterized vein;
- (b) Biologics injections (vaccines) with the veterinarian's verification signature on appropriate certificate;
- (c) Imaging procedures;
- (d) Removal of sutures, drain tubes and staples;
- (e) Bandaging;
- (f) Removal of exposed foreign bodies;
- (g) Lab sample collection and test preparation (not evaluation) to include:
  - (i) Venipuncture;
  - (ii) Skin scraping.
- (h) Microchip implantation;

- (i) Enema;
- (j) Ear flush;
- (k) Perform electrocardiogram and blood pressure measurements;

- (l) Intramuscular and subcutaneous injection;

- (m) Massage except where regulated.

(7) Indirect supervision for unregistered assistants. An unregistered assistant must always be under the indirect supervision of a veterinarian or licensed veterinary technician, except as listed in subsections (5) and (6) of this section. Tasks not specifically listed or otherwise restricted may be performed by a licensed veterinary technician or unregistered assistant under the indirect supervision of a veterinarian.

(8) To be authorized to dispense pharmaceuticals, unregistered assistants must be registered as a veterinary medication clerk under chapter 246-937 WAC.

(9) Emergency animal care. Under conditions of an emergency, a licensed veterinary technician and unregistered assistant may render certain life saving aid to an animal patient.

(a) A licensed veterinary technician may:

(i) Apply emergency cardiopulmonary resuscitation and first aid procedures and all tasks as listed in subsections (3), (4), (5), and (6) of this section;

(ii) Administer pharmacologic agents and parenteral fluids only after communication with a veterinarian.

(b) An unregistered assistant may:

(i) Apply noninvasive cardiopulmonary resuscitation and basic first aid procedures;

(ii) Provide other aid upon the order of a licensed veterinarian as outlined in this section.

[Statutory Authority: RCW 18.92.030, 18.92.125, WSR 09-15-120, § 246-935-050, filed 7/17/09, effective 8/17/09. Statutory Authority: RCW 18.92.030 and 2007 c 235, WSR 08-11-099, § 246-935-050, filed 5/20/08, effective 6/20/08. Statutory Authority: RCW 18.92.030, WSR 07-17-169, § 246-935-050, filed 8/22/07, effective 9/22/07; WSR 02-02-046, § 246-935-050, filed 12/27/01, effective 1/27/02; WSR 91-02-060 (Order 108B), recodified as § 246-935-050, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.92.015 and 18.92.030, WSR 83-19-055 (Order PL 445), § 308-156-050, filed 9/19/83.]

**WAC 246-935-060 Eligibility for examination as veterinary technician.** Applicants must meet one of the following criteria to be eligible for the examination.

(1) Completion of an approved postsecondary educational program for animal or veterinary technology.

(a) Completion of a program for animal or veterinary technology approved by the Committee on Veterinary Technician Education and Activities (CVTEA) of the American Veterinary Medical Association (AVMA). The board approves all institutions accredited by, and in good standing with, the AVMA.

(b) Completion of a program for animal or veterinary technology approved by the Animal Health Technologist/Veterinary Technician Program Accreditation Committee (AHT/VTPAC) of the Canadian Veterinary Medical Association (CVMA). The board approves all institutions accredited by, and in good standing with, the CVMA.

(c) Other institutions applying for board approval must meet the accreditation standards of the CVTEA. It is the responsibility of the institution to apply for approval and of a student to ascertain whether or not a school has been approved by the board.

(d) The examination may be taken no sooner than six months before graduation from the approved course of instruction.

(2) Graduation from a two-year curriculum in animal health or veterinary technology which is not accredited by the CVTEA or AHT/VTPAC plus a minimum of thirty-six months of full-time experience under the supervision of a licensed veterinarian(s) who must attest to the completion of that experience.

(3) Award of a D.V.M. or V.M.D. degree or equivalent from an American Veterinary Medical Association accredited or listed college of veterinary medicine.

(4) Registration, certification, or licensure as an animal health or veterinary technician in one or more states and thirty-six months of full-time experience under the supervision of a licensed veterinarian(s).

(5) Completion of a course in veterinary technician education as a member of the United States military and completion of a tour of active duty as a veterinary technician or specialist.

(6) Five years full-time experience as an unregistered assistant under the supervision of a licensed veterinarian(s) who must attest to the completion of that experience.

[Statutory Authority: RCW 18.92.030. WSR 09-21-022, § 246-935-060, filed 10/9/09, effective 11/9/09; WSR 02-02-046, § 246-935-060, filed 12/27/01, effective 1/27/02; WSR 93-12-126 (Order 368B), § 246-935-060, filed 6/2/93, effective 7/3/93; WSR 91-24-098 (Order 221B), § 246-935-060, filed 12/4/91, effective 1/4/92; WSR 91-02-060 (Order 108B), recodified as § 246-935-060, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.92.015 and 18.92.030. WSR 83-19-055 (Order PL 445), § 308-156-055, filed 9/19/83.]

**WAC 246-935-070 Examination for licensure as a veterinary technician.** (1) All applicants shall be required to successfully complete the veterinary technician national examination as approved by the board, and the Washington state examination that consists of questions pertaining to the laws and rules regulating technicians.

(2) The passing criteria or score is:

(a) Criteria-referenced passing score on the national examination.

(b) Ninety percent on the Washington state examination.

[Statutory Authority: RCW 18.92.030 and 2007 c 235. WSR 08-11-099, § 246-935-070, filed 5/20/08, effective 6/20/08. Statutory Authority: RCW 18.92.030. WSR 03-11-034, § 246-935-070, filed 5/15/03, effective 6/15/03; WSR 93-08-029 (Order 353B), § 246-935-070, filed 3/30/93, effective 4/30/93; WSR 91-24-098 (Order 221B), § 246-935-070, filed 12/4/91, effective 1/4/92; WSR 91-02-060 (Order 108B), recodified as § 246-935-070, filed 12/28/90, effective 1/31/91; WSR 88-08-033 (Order PM 719), § 308-156-060, filed 4/1/88. Statutory Authority: RCW 18.92.015 and 18.92.030. WSR 83-19-055 (Order PL 445), § 308-156-060, filed 9/19/83. Statutory Authority: RCW 18.92.030. WSR 80-01-069 (Order PL 332), § 308-156-060, filed 12/21/79.]

**WAC 246-935-090 Examination review procedures.**

(1) Each individual who takes the examination for licensure as a veterinary technician and does not pass the examination may request review by the board of his or her examination results. This request must be in writing and shall be received by the board within thirty days of notification of the examination results. The request shall state the reason or reasons the applicant feels the results of the examination should be changed. The board shall not consider any challenges to examination scores unless the total revised score could result in the issuance of a license. The board shall consider the following to be adequate reasons for consideration for review and possible modification of examination results:

(a) A showing of a significant procedural error in the examination process;

(b) Evidence of bias, prejudice or discrimination in the examination process;

(c) Other significant errors which result in substantial disadvantage to the applicant.

(2) Any applicant who is not satisfied with the result of the examination review may appeal the board's decision and may request a formal hearing before the board under the Administrative Procedure Act. The hearing shall be requested within twenty days of receipt of the result of the board's review of the examination results.

[Statutory Authority: RCW 18.92.030 and 2007 c 235. WSR 08-11-099, § 246-935-090, filed 5/20/08, effective 6/20/08. Statutory Authority: RCW 18.92.030. WSR 02-10-135, § 246-935-090, filed 5/1/02, effective 6/1/02; WSR 91-24-098 (Order 221B), § 246-935-090, filed 12/4/91, effective 1/4/92; WSR 91-02-060 (Order 108B), recodified as § 246-935-090, filed 12/28/90, effective 1/31/91; WSR 86-08-068 (Order PL 584), § 308-156-075, filed 4/1/86.]

**WAC 246-935-100 Reexamination.** An applicant who has failed the veterinary technician examination may apply for reexamination.

[Statutory Authority: RCW 18.92.030. WSR 02-10-135, § 246-935-100, filed 5/1/02, effective 6/1/02; WSR 91-24-098 (Order 221B), § 246-935-100, filed 12/4/91, effective 1/4/92; WSR 91-02-060 (Order 108B), recodified as § 246-935-100, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.92.015 and 18.92.030. WSR 83-19-055 (Order PL 445), § 308-156-080, filed 9/19/83. Statutory Authority: RCW 18.92.030. WSR 80-01-069 (Order PL 332), § 308-156-080, filed 12/21/79.]

**WAC 246-935-110 Examination procedures.** Failure to follow written or oral instructions relative to the conduct of the examination, including termination times of the examination, shall be considered grounds for expulsion from the examination.

[Statutory Authority: RCW 18.92.030. WSR 91-24-098 (Order 221B), § 246-935-110, filed 12/4/91, effective 1/4/92; WSR 91-02-060 (Order 108B), recodified as § 246-935-110, filed 12/28/90, effective 1/31/91; WSR 88-08-033 (Order PM 719), § 308-156-090, filed 4/1/88. Statutory Authority: RCW

18.92.015 and 18.92.030. WSR 83-19-055 (Order PL 445), § 308-156-090, filed 9/19/83. Statutory Authority: RCW 18.92.030. WSR 80-01-069 (Order PL 332), § 308-156-090, filed 12/21/79.]

**WAC 246-935-120 Frequency and location of examination.** (1) The examination for veterinary technicians shall be given at least once a year at times and places authorized by the secretary.

(2) If the applicant fails to appear for examination at the designated time and place, the applicant will forfeit the examination fee unless the applicant has notified the department of health in writing of an inability to appear for the scheduled exam at least five days before the designated time.

[Statutory Authority: RCW 18.92.030. WSR 02-10-135, § 246-935-120, filed 5/1/02, effective 6/1/02; WSR 91-24-098 (Order 221B), § 246-935-120, filed 12/4/91, effective 1/4/92; WSR 91-02-060 (Order 108B), recodified as § 246-935-120, filed 12/28/90, effective 1/31/91; WSR 88-08-033 (Order PM 719), § 308-156-100, filed 4/1/88. Statutory Authority: RCW 18.92.015 and 18.92.030. WSR 83-19-055 (Order PL 445), § 308-156-100, filed 9/19/83. Statutory Authority: RCW 18.92.030. WSR 80-01-069 (Order PL 332), § 308-156-100, filed 12/21/79.]

**WAC 246-935-130 AIDS prevention and information education requirements.** Applicants must complete four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8. Alternatives to formal coursework may be in the form of video tapes, professional journal articles, periodicals, or audio tapes, that contain current or updated information.

[Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-935-130, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.92.030 and 70.24.270. WSR 91-24-098 (Order 221B), § 246-935-130, filed 12/4/91, effective 1/4/92. Statutory Authority: RCW 18.92.030. WSR 91-02-060 (Order 108B), recodified as § 246-935-130, filed 12/28/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604 and RCW 18.92.030. WSR 89-10-076 (Order PM 836), § 308-156-200, filed 5/3/89.]

**WAC 246-935-135 How to obtain a temporary practice permit while the national background check is completed.** Fingerprint-based national background checks may cause a delay in licensing. Individuals who satisfy all other licensing requirements and qualifications may receive a temporary practice permit while the national background check is completed.

(1) A temporary practice permit may be issued to an applicant who:

(a) Holds an unrestricted, active license to practice as a veterinary technician in another state that has substantially equivalent licensing standards to those in Washington state;

(b) Is not subject to denial of a license or issuance of a conditional or restricted license; and

(c) Does not have a criminal record in Washington state.

(2) A temporary practice permit grants the individual the full scope of practice as a veterinary technician.

(3) A temporary practice permit will not be renewed, reissued, or extended. A temporary practice permit expires when any one of the following occurs:

(a) The license is granted;

(b) A notice of decision on application is mailed to the applicant, unless the notice of decision on the application specifically extends the duration of the temporary practice permit; or

(10/4/11)

(c) One hundred eighty days after the temporary practice permit is issued.

(4) To receive a temporary practice permit, the applicant must:

(a) Submit the necessary application, fee(s), and documentation for the license.

(b) Meet all requirements and qualifications for the license, except the results from a fingerprint-based national background check, if required.

(c) Provide verification of having an active unrestricted license to practice as a veterinary technician from another state that has substantially equivalent licensing standards as Washington state.

(d) Submit the fingerprint card and a written request for a temporary practice permit when the department notifies the applicant the national background check is required.

[Statutory Authority: RCW 18.130.064, 18.130.075, and 18.92.030. WSR 10-06-056, § 246-935-135, filed 2/24/10, effective 3/27/10.]

## QUALIFYING PRACTICAL EXPERIENCE

**WAC 246-935-145 Purpose and performance of practical experience standard tasks and procedures.** (1) The purpose of these rules is to identify knowledge areas and standard tasks and procedures that must be included in the practical experience of a person who qualifies to take the veterinary technician licensing examination through 9500 hours of experience gained within the last seven years. The rules provide categories of required knowledge areas, tasks and procedures.

(2) The supervising veterinarian will attest to the candidate's knowledge and completion of the required tasks and procedures for the categories of animal on forms provided by the secretary.

(3) The tasks and procedures will be performed under the appropriate supervision by the licensed veterinarian under WAC 246-935-040, 246-935-050, and 246-935-235.

[Statutory Authority: RCW 18.92.128. WSR 10-11-119, § 246-935-145, filed 5/18/10, effective 6/18/10.]

**WAC 246-935-150 Definitions.** The definitions in this section apply to WAC 246-935-145 through 246-935-255 unless the context clearly requires otherwise.

**"Board"** means the veterinary board of governors.

**"Categories of animals"** means:

(a) Companion animals - Dogs and cats;

(b) Avian and exotic animals;

(c) Equine;

(d) Food animal and camelids - Ruminants and nonruminants;

(e) Large animal includes equine, food animals, and camelids - Ruminants and nonruminants.

**"Knowledge based demonstration of experience"** means the candidate can verbally, in writing, or schematically demonstrate an understanding of the essential principles necessary for successful completion of a required task or procedure.

**"Practical demonstration of experience"** means the candidate can demonstrate the successful completion of the required task or procedure.

**"Practical experience"** means a minimum of five years (9500 hours) of full-time experience within a seven year period during which a candidate completes required tasks and procedures consistent with the scope of practice of a licensed veterinary technician.

**"Secretary"** means the secretary of the department of health.

**"Supervising veterinarian"** means the licensed veterinarian who provides written attestation to the demonstration of knowledge and completion of experience in the required tasks and procedures.

**"Trainee"** means a person who:

(a) Has submitted documentation to the board of 7600 hours of experience as an unregistered assistant, or other substantially equivalent training approved by the board; and

(b) Has provided a written declaration of his or her intention to sit for the Veterinary Technician National Examination, or other examination approved by the board, within the next calendar year; and

(c) Possesses a current registration as a veterinary medication clerk as provided in this chapter; and

(d) Has received written confirmation from the board that he or she is designated as a "trainee."

[Statutory Authority: RCW 18.92.128. WSR 10-11-119, § 246-935-150, filed 5/18/10, effective 6/18/10.]

**WAC 246-935-160 Basic veterinary science knowledge.** The supervising veterinarian will attest to knowledge and completion of the following tasks and procedures related to basic veterinary science.

(1) General animal knowledge (husbandry, nutrition, species and breed identification, behavior and grooming).

(2) Anatomy, physiology, and organ systems.

(3) Restraint techniques.

(4) Euthanasia techniques and protocol.

(5) Medical charting, documentation, and veterinary terminology.

[Statutory Authority: RCW 18.92.128. WSR 10-11-119, § 246-935-160, filed 5/18/10, effective 6/18/10.]

**WAC 246-935-170 Clinical/pathology and laboratory diagnostics.** The supervising veterinarian will attest to knowledge and completion of the following tasks and procedures related to clinical/pathology and laboratory diagnostics.

(1) Parasitology.

(2) Serology/hematology.

(3) Ophthalmologic testing.

(4) Urinalysis.

(5) Microbiology.

(6) Necropsy.

(7) Cytology.

[Statutory Authority: RCW 18.92.128. WSR 10-11-119, § 246-935-170, filed 5/18/10, effective 6/18/10.]

**WAC 246-935-180 Hospital standard operating procedures, instruments, and equipment.** The supervising veterinarian will attest to knowledge and completion of the following tasks and procedures related to hospital standard surgical operating procedures, instruments, and equipment.

(1) Surgery room preparation and protocol.

(2) Equipment operation and maintenance.

(3) Routine patient treatment.

[Statutory Authority: RCW 18.92.128. WSR 10-11-119, § 246-935-180, filed 5/18/10, effective 6/18/10.]

**WAC 246-935-190 Anesthesia and emergency procedures.** The supervising veterinarian will attest to completion of the following tasks, procedures, and knowledge related to anesthesia and emergency procedures.

(1) Triage. Assessment, recognition, and response to common veterinary emergencies.

(2) General anesthesia.

[Statutory Authority: RCW 18.92.128. WSR 10-11-119, § 246-935-190, filed 5/18/10, effective 6/18/10.]

**WAC 246-935-200 Pharmacy.** The supervising veterinarian will attest to knowledge and completion of the following tasks and procedures related to clinical and legal pharmacy practices.

(1) Veterinary medication clerk certification as required in RCW 18.92.015.

(2) Major drug categories, pharmacology, uses, and side effects.

(3) Pharmacy law as related to controlled substances.

[Statutory Authority: RCW 18.92.128. WSR 10-11-119, § 246-935-200, filed 5/18/10, effective 6/18/10.]

**WAC 246-935-210 Public health, infectious diseases, and zoonosis.** The supervising veterinarian will attest to knowledge and completion of the following tasks and procedures related to infectious diseases and zoonosis.

(1) Pathology, epidemiology and prevention and treatment of common diseases and zoonosis.

(2) Vaccinations and basic immunology.

(3) Public health and safety issues.

[Statutory Authority: RCW 18.92.128. WSR 10-11-119, § 246-935-210, filed 5/18/10, effective 6/18/10.]

**WAC 246-935-220 Dental.** The supervising veterinarian will attest to completion of the following tasks and procedures and equipment knowledge related to dentistry.

(1) Dental and oral anatomy, charting, and nomenclature.

(2) Teeth cleaning, polishing, hand instrumentation, and standard dental equipment.

(3) Dental disease treatment, diagnostics, pathology, and prevention.

[Statutory Authority: RCW 18.92.128. WSR 10-11-119, § 246-935-220, filed 5/18/10, effective 6/18/10.]

**WAC 246-935-230 Imaging equipment and techniques.** The supervising veterinarian will attest to completion of the following tasks and procedures and equipment knowledge related to veterinary imaging.

(1) Radiology.

(2) Additional imaging technology.

[Statutory Authority: RCW 18.92.128. WSR 10-11-119, § 246-935-230, filed 5/18/10, effective 6/18/10.]

**WAC 246-935-235 Supervised practical experience and unlicensed practice.** (1) A trainee performing the last 1900 hours of practical experience required before taking the veterinary technician exam, under appropriate supervision as set forth in this chapter, shall not be found to have engaged in the unlicensed practice of veterinary medicine or the unlicensed practice of a veterinary technician.

(2) During the last 1900 hours of the supervised practical experience period, the trainee may perform the same tasks as a licensed veterinary technician as set forth in WAC 246-935-050, but only under the immediate supervision of a licensed veterinarian.

[Statutory Authority: RCW 18.92.128. WSR 10-11-119, § 246-935-235, filed 5/18/10, effective 6/18/10.]

**WAC 246-935-240 Trainee.** (1) A trainee is a person who:

(a) Has submitted documentation to the board of 7600 hours of experience as an unregistered assistant, or other substantially equivalent training approved by the board; and

(b) Has provided a written declaration of his or her intention to sit for the veterinary technician national examination, or other examination approved by the board, within the next calendar year; and

(c) Possesses a current registration as a veterinary medication clerk as provided in this chapter.

(2) The trainee designation is valid until the results of the examination scores referred to in subsection (1)(b) of this section are available or for a period not to exceed one calendar year, whichever occurs first.

(3) If a trainee fails to complete the supervised experience requirements within the last calendar year of the supervised experience time period, or any time extension granted by the board, the person's trainee status expires and the person may only perform tasks as an unregistered assistant.

(4) The board may grant an extension of the time in which a trainee may complete the supervised experience requirements due to illness or other extenuating circumstances. Trainees seeking an extension must petition the board, in writing, at least forty-five days prior to the expiration of the trainee period.

[Statutory Authority: RCW 18.92.128. WSR 10-11-119, § 246-935-240, filed 5/18/10, effective 6/18/10.]

**WAC 246-935-250 Supervising veterinarian's attestation.** The supervising veterinarian shall complete an attestation, on forms provided by the secretary, verifying successful completion of the required tasks and procedures. These forms are set forth in WAC 246-935-255. The attestation shall include at a minimum:

(1) Identification or description of the procedure or task.

(2) Identification of the individual performing the task or procedure.

(3) Identification of the supervising veterinarian.

(4) Date the task or procedure was completed.

(5) Whether the procedure or task was completed using practical demonstration of experience or knowledge based demonstration of experience.

[Statutory Authority: RCW 18.92.128. WSR 10-11-119, § 246-935-250, filed 5/18/10, effective 6/18/10.]

**WAC 246-935-255 Forms.** (1) Checklist for WAC 246-935-160(1) general animal knowledge.

ATTESTATION OF SUPERVISING VETERINARIAN

Veterinary Technician Practical Experience Task: Form 1

Checklist for WAC 246-935-160(1) general animal knowledge

GENERAL ANIMAL KNOWLEDGE (HUSBANDRY, NUTRITION, SPECIES AND BREED IDENTIFICATION, BEHAVIOR AND GROOMING)

Per WAC 246-935-145(2), the supervising veterinarian will attest to the candidate's knowledge of, or completion of, the required task areas and procedures on forms provided by the secretary.

Candidate name: _____			
Supervising veterinarian name: _____			
Supervising veterinarian license #: _____			
<b>Check items as completed. Complete all items in each section.</b>			
GENERAL ANIMAL KNOWLEDGE			
<i>PRACTICAL DEMONSTRATION/COMPANION ANIMAL</i>	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Properly perform nail trim and anal gland expression on canine.	<input type="checkbox"/>		
Properly perform nail trim and anal gland expression on feline.	<input type="checkbox"/>		
Properly perform bathing of canine.	<input type="checkbox"/>		
Properly perform bathing of feline.	<input type="checkbox"/>		
Demonstrate the ability to identify major cat and dog breeds and physical descriptive terminology.	<input type="checkbox"/>		

	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
<b>KNOWLEDGE BASE/COMPANION ANIMAL</b>			
Describe daily water and calorie intake requirements for canine and feline.	<input type="checkbox"/>		
Describe the dietary importance of: Carbohydrates, protein, fat, minerals, and water.	<input type="checkbox"/>		
Describe difference between pica and coprophagia.	<input type="checkbox"/>		
Describe three common feline behavioral problems and possible solutions.	<input type="checkbox"/>		
Describe three common canine behavioral problems and possible solutions.	<input type="checkbox"/>		
Describe the gestation period for canine and feline species.	<input type="checkbox"/>		
Describe core vaccines provided to canine and feline.	<input type="checkbox"/>		
Describe the differences between live vaccine, modified and killed.	<input type="checkbox"/>		
Describe the signs of the estrous cycle in canines.	<input type="checkbox"/>		
Describe the protocol for worming and vaccinations in puppies and kittens.	<input type="checkbox"/>		
Describe the minimum caging requirement for avian husbandry.	<input type="checkbox"/>		
Describe the feathers included when trimming wings of birds to prevent flying.	<input type="checkbox"/>		
Describe the basic characteristics seen in the different canine breed groups: Herding, hunting, working dog, terrier, etc.	<input type="checkbox"/>		
<b>PRACTICAL DEMONSTRATION/LARGE ANIMAL</b>			
Successfully prepare a tail tie and tail wrap on a horse.	<input type="checkbox"/>		
Clean hooves of a horse.	<input type="checkbox"/>		
	<input type="checkbox"/>		
<b>KNOWLEDGE BASE/LARGE ANIMAL</b>			
Describe three common equine behavioral problems and possible solutions.	<input type="checkbox"/>		
Accurately identify animals in the correct species for ovine, porcine, caprine, and bovine.	<input type="checkbox"/>		
Describe different methods for identification of large animals (tattoos and various locations, hot branding, hoof branding, trichoglyphs, and freeze branding).	<input type="checkbox"/>		
Describe gestation period for equine, bovine, caprine, porcine and ovine.	<input type="checkbox"/>		
Describe core vaccines for equine.	<input type="checkbox"/>		
Describe three stages of equine labor, signs and associated timelines.	<input type="checkbox"/>		
Describe "foal heat diarrhea."	<input type="checkbox"/>		
Describe when worming and vaccination should occur for foals.	<input type="checkbox"/>		
Supervising veterinarian signature			
I, the undersigned, attest that I am the person described and identified as the supervising veterinarian of the above named veterinary technician candidate. I understand that the department may require additional information from me, and that if I provide false or incomplete information, the application of the candidate may be denied, or the license ultimately suspended or revoked.			

_____ SIGNATURE OF SUPERVISING VETERINARIAN	_____ DATE SIGNED
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(2) Checklist for WAC 246-935-160(2) anatomy, physiology and organ systems.

ATTESTATION OF SUPERVISING VETERINARIAN

Veterinary Technician Practical Experience Task: Form 2

Checklist for WAC 246-935-160(2) anatomy, physiology and organ systems

ANATOMY, PHYSIOLOGY AND ORGAN SYSTEMS

Per WAC 246-935-145(2), the supervising veterinarian will attest to the candidate's knowledge of, or completion of, the required task areas and procedures on forms provided by the secretary.

Candidate name: _____			
Supervising veterinarian name: _____			
Supervising veterinarian license #: _____			
<b>Check items as completed. Complete all items in each section.</b>			
<b>ANATOMY, PHYSIOLOGY AND ORGAN SYSTEMS</b>			
<i>KNOWLEDGE BASE/COMPANION ANIMAL</i>	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Accurately describe the body cavities and their subdivisions for canine and feline species.	<input type="checkbox"/>		
Describe the following fractures: Greenstick, transverse, oblique, spiral, comminuted, and physeal.	<input type="checkbox"/>		
Define the difference between cell, tissue, organ and system.	<input type="checkbox"/>		
Define the following visceral terms: Peritoneum, pleura, pericardium.	<input type="checkbox"/>		
Define terms associated with physiology: Atrophy, hypertrophy, aplasia, hyperplasia, hypoplasia, metabolism, anabolism, catabolism, osmosis, isotonic, hypertonic, and hypotonic.	<input type="checkbox"/>		
List the functions of water in the body and the difference between intracellular and intercellular fluid.	<input type="checkbox"/>		
Define the functions of protein in the body.	<input type="checkbox"/>		
Define the process of phagocytosis.	<input type="checkbox"/>		
Describe the four primary types of tissues in the body.	<input type="checkbox"/>		
Describe four epithelial cells in the body.	<input type="checkbox"/>		
Define osteocyte, osteoblast, and osteoclast.	<input type="checkbox"/>		
Define the structure of the following long bones: Epiphysis, diaphysis, cancellous bone, and compact bone.	<input type="checkbox"/>		
List vertebral formula for dogs.	<input type="checkbox"/>		
List three types of cartilage and where found (hyaline, elastic, and fibro).	<input type="checkbox"/>		
List three primary types of joints and where found (fibrous, cartilaginous, synovial).	<input type="checkbox"/>		
Define the difference between a tendon and a ligament.	<input type="checkbox"/>		
List three types of muscle tissue and where found (smooth, cardiac, and skeletal).	<input type="checkbox"/>		
Define the following movement terms: Abduction, adduction, flexion, extension, pronation, and supination.	<input type="checkbox"/>		
Define EKG wave and what each segment represents in terms of heart electrical conduction.	<input type="checkbox"/>		
Describe portal circulation.	<input type="checkbox"/>		

<i>KNOWLEDGE BASE/COMPANION ANIMAL</i>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Describe pulmonary circulation.	<input type="checkbox"/>		
Describe systemic circulation.	<input type="checkbox"/>		
Describe the digestive process from ingestion to defecation.	<input type="checkbox"/>		
Describe the primary functions of the liver.	<input type="checkbox"/>		
Describe the disorder called portal systemic shunt.	<input type="checkbox"/>		
Describe the difference between sympathetic and parasympathetic nervous system and the actions of each.	<input type="checkbox"/>		
List in order the segments of the intestine.	<input type="checkbox"/>		
Describe three protective layers of central nervous system and the term "blood brain barrier."	<input type="checkbox"/>		
Describe the structure of the respiratory system in order.	<input type="checkbox"/>		
Define the terms pneumothorax, hemothorax, pyothorax, and chylothorax.	<input type="checkbox"/>		
Define surfactant and atelectasis.	<input type="checkbox"/>		
Define the terms eupnea, apnea, dyspnea, polypnea, hyperpnea, and hypercapnia.	<input type="checkbox"/>		
List five openings to the pharynx.	<input type="checkbox"/>		
List four parts of the larynx.	<input type="checkbox"/>		
Describe five primary functions of the kidney.	<input type="checkbox"/>		
List common waste products found in urine.	<input type="checkbox"/>		
Describe the organs of the urinary system.	<input type="checkbox"/>		
Describe the process of urine formation in the kidneys.	<input type="checkbox"/>		
Define estrogen and progesterone and when and where produced.	<input type="checkbox"/>		
Describe five stages of estrous cycle in canine and what is occurring in each stage.	<input type="checkbox"/>		
Describe "seasonally polyestrous" and list two species associated with this.	<input type="checkbox"/>		
Define colostrum, its importance and time sensitive nature.	<input type="checkbox"/>		
Define ovariohysterectomy.	<input type="checkbox"/>		
Describe pituitary gland and the hormones secreted in anterior and posterior section.	<input type="checkbox"/>		
Define os penis and in what species it occurs.	<input type="checkbox"/>		
Define the two thyroid gland hormones and importance of each.	<input type="checkbox"/>		
Define the parathyroid gland and its importance.	<input type="checkbox"/>		
Describe adrenal glands, location, and importance.	<input type="checkbox"/>		
Describe the location and importance of the pancreas.	<input type="checkbox"/>		
Describe difference between T and B cells and where formed.	<input type="checkbox"/>		
Define canine "tie" and how it is resolved.	<input type="checkbox"/>		
Describe fetal circulation and problems with patent ductus arteriosus.	<input type="checkbox"/>		
Define origin and insertion in terms of anatomical structures.	<input type="checkbox"/>		
Demonstrate knowledge and terminology of the bones of the limbs, axial, skeleton, and the skull.	<input type="checkbox"/>		

	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
<b>KNOWLEDGE BASE/LARGE ANIMAL</b>			
Identify the body cavities in the horse and their subdivisions.	<input type="checkbox"/>		
List vertebral formula for a horse.	<input type="checkbox"/>		
List the four parts of the bovine stomach and what occurs in each part.	<input type="checkbox"/>		
Define "hardware disease" seen in cattle.	<input type="checkbox"/>		
Describe "gastric groove" associated with young bovine and importance.	<input type="checkbox"/>		
Describe "heaves" in a horse and what physical changes you would see.	<input type="checkbox"/>		
Describe parts of hoof in a horse.	<input type="checkbox"/>		
Describe "proud flesh" seen in horses.	<input type="checkbox"/>		
Demonstrate knowledge and terminology of the bones of the limbs, axial, skeleton, and the skull.	<input type="checkbox"/>		
Supervising veterinarian signature			
I, the undersigned, attest that I am the person described and identified as the supervising veterinarian of the above named Veterinary technician candidate. I understand that the department may require additional information from me, and that if I provide false or incomplete information, the application of the candidate may be denied, or the license ultimately suspended or revoked.			
_____			_____
SIGNATURE OF SUPERVISING VETERINARIAN			DATE SIGNED

(3) Checklist for WAC 246-935-160(3) restrain techniques.

ATTESTATION OF SUPERVISING VETERINARIAN

Veterinary Technician Practical Experience Task: Form 3

Checklist for WAC 246-935-160(3) restraint techniques

RESTRAINT TECHNIQUES

Per WAC 246-935-145(2), the supervising veterinarian will attest to the candidate's knowledge of, or completion of, the required task areas and procedures on forms provided by the secretary.

Candidate name: _____			
Supervising veterinarian name: _____			
Supervising veterinarian license #: _____			
<b>Check items as completed. Complete all items in each section.</b>			
<b>RESTRAINT TECHNIQUES</b>			
	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
<b>PRACTICAL DEMONSTRATION/COMPANION ANIMAL</b>			
Demonstrate the following restraints:	<input type="checkbox"/>		
• Canine sternal recumbency restraint.	<input type="checkbox"/>		
• Canine lateral recumbency restraint.	<input type="checkbox"/>		
• Canine cephalic venipuncture restraint.	<input type="checkbox"/>		
• Canine saphenous venipuncture restraint.	<input type="checkbox"/>		
• Canine jugular venipuncture restraint.	<input type="checkbox"/>		
• Canine eye/ear medication restraint.	<input type="checkbox"/>		
• Canine intramuscular injection or nail trim restraint.	<input type="checkbox"/>		
• Canine gauze muzzle application.	<input type="checkbox"/>		
• Canine nylon/leather muzzle application.	<input type="checkbox"/>		

	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
<b><i>PRACTICAL DEMONSTRATION/COMPANION ANIMAL</i></b>			
• Feline cephalic venipuncture restraint.	<input type="checkbox"/>		
• Feline jugular venipuncture.	<input type="checkbox"/>		
• Feline sternal recumbency "cat press" restraint.	<input type="checkbox"/>		
• Feline lateral recumbency "cat stretch" restraint.	<input type="checkbox"/>		
• Feline towel restraint.	<input type="checkbox"/>		
• Feline muzzle application.	<input type="checkbox"/>		
<b><i>KNOWLEDGE BASE/COMPANION ANIMAL</i></b>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Describe the use of a rabies pole.	<input type="checkbox"/>		
<b><i>PRACTICAL DEMONSTRATION/LARGE ANIMAL</i></b>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Demonstrate haltering and leading a large animal.	<input type="checkbox"/>		
<b><i>KNOWLEDGE BASE/LARGE ANIMAL</i></b>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Describe a chain lead with halter already in place on horse.	<input type="checkbox"/>		
Describe a chain or rope nose twitch to a haltered horse.	<input type="checkbox"/>		
Describe a tail restraint in bovine patient.	<input type="checkbox"/>		
<b><i>KNOWLEDGE BASE/AVIAN</i></b>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Describe a beak trim restraint.	<input type="checkbox"/>		
Describe a pedicure restraint.	<input type="checkbox"/>		
Describe a wing trim restraint.	<input type="checkbox"/>		
Describe a blood draw restraint.	<input type="checkbox"/>		
Describe a medication administration restraint.	<input type="checkbox"/>		
<b><i>KNOWLEDGE BASE/FERRET</i></b>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Describe a physical exam restraint.	<input type="checkbox"/>		
Describe a pedicure restraint.	<input type="checkbox"/>		
Describe a blood draw restraint.	<input type="checkbox"/>		
Describe a medication administration restraint.	<input type="checkbox"/>		
<b><i>KNOWLEDGE BASE/RABBIT</i></b>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Describe a pedicure restraint.	<input type="checkbox"/>		
Describe a tooth trimming restraint.	<input type="checkbox"/>		
Describe a physical exam restraint.	<input type="checkbox"/>		
Describe a blood draw restraint.	<input type="checkbox"/>		
Describe a medication administration restraint.	<input type="checkbox"/>		
Describe the most common injury in rabbit restraints.	<input type="checkbox"/>		

	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
<b>KNOWLEDGE BASE/RODENT</b>			
Describe a pedicure restraint.	<input type="checkbox"/>		
Describe a tooth trimming restraint.	<input type="checkbox"/>		
Describe a physical exam restraint.	<input type="checkbox"/>		
Describe a blood draw restraint.	<input type="checkbox"/>		
Describe a medication administration restraint.	<input type="checkbox"/>		
Describe the difference in restraint between a mouse and a rat.	<input type="checkbox"/>		
Supervising veterinarian signature			
I, the undersigned, attest that I am the person described and identified as the supervising veterinarian of the above named veterinary technician candidate. I understand that the department may require additional information from me, and that if I provide false or incomplete information, the application of the candidate may be denied, or the license ultimately suspended or revoked.			
_____			_____
SIGNATURE OF SUPERVISING VETERINARIAN			DATE SIGNED

(4) WAC 246-935-160(4) checklist for euthanasia techniques and protocols.

ATTESTATION OF SUPERVISING VETERINARIAN

Veterinary Technician Practical Experience Task: Form 4

Checklist for Euthanasia Techniques and Protocols

EUTHANASIA TECHNIQUES AND PROTOCOLS

Per WAC 246-935-145(2), the supervising veterinarian will attest to the candidate's knowledge of, or completion of, the required task areas and procedures on forms provided by the secretary.

Candidate name: _____			
Supervising veterinarian name: _____			
Supervising veterinarian license #: _____			
<b>Check items as completed. Complete all items in each section.</b>			
<b>EUTHANASIA TECHNIQUES AND PROTOCOLS</b>			
	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
<b>PRACTICAL DEMONSTRATION</b>			
Demonstrate the explanation to a companion animal owner about what to expect during and immediately after euthanasia of a cat or dog by venous lethal injection.	<input type="checkbox"/>		
	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
<b>KNOWLEDGE BASE</b>			
Describe how the following are important in determining a method of euthanasia.	<input type="checkbox"/>		
• Safety (personal, of bystanders, of the environment).	<input type="checkbox"/>		
• Intended post-mortem diagnostics.	<input type="checkbox"/>		
• Intended consumption/use of animal products.	<input type="checkbox"/>		
• Disposal of remains.	<input type="checkbox"/>		
Describe the two main things that must happen prior to death in order for euthanasia to be considered humane.	<input type="checkbox"/>		
• Minimal stress, pain and anxiety of the animal.	<input type="checkbox"/>		
• Unconsciousness.	<input type="checkbox"/>		

Describe the pros and cons of the following general forms of euthanasia.	<input type="checkbox"/>		
• Lethal chemical injection.	<input type="checkbox"/>		
• Mechanical (gunshot, captive bolt, cervical disarticulation, pithing).	<input type="checkbox"/>		
• Lethal inhalant.	<input type="checkbox"/>		
• Stunning with exsanguination.	<input type="checkbox"/>		
Explain why freezing alone is not considered a humane form of euthanasia.	<input type="checkbox"/>		
Demonstrate the correct place on a cow skull for gunshot or stunning.	<input type="checkbox"/>		
Describe the content and reason for a euthanasia release form.	<input type="checkbox"/>		
Supervising veterinarian signature			
I, the undersigned, attest that I am the person described and identified as the supervising veterinarian of the above named veterinary technician candidate. I understand that the department may require additional information from me, and that if I provide false or incomplete information, the application of the candidate may be denied, or the license ultimately suspended or revoked.			
_____			_____
SIGNATURE OF SUPERVISING VETERINARIAN			DATE SIGNED

(5) WAC 246-935-160(5) checklist medical records.

ATTESTATION OF SUPERVISING VETERINARIAN

Veterinary Technician Practical Experience Task: Form 5

Checklist for WAC 246-935-160(5) medical records

MEDICAL RECORDS

Per WAC 246-935-145(2), the supervising veterinarian will attest to the candidate's knowledge of, or completion of, the required task areas and procedures on forms provided by the secretary.

Candidate name: _____			
Supervising veterinarian name: _____			
Supervising veterinarian license #: _____			
<b>Check items as completed. Complete all items in each section.</b>			
MEDICAL RECORDS			
<i><b>PRACTICAL DEMONSTRATION</b></i>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Write at least five legally accurate and complete entries into a medical record consistent with Washington state law.	<input type="checkbox"/>		
<i><b>KNOWLEDGE BASE</b></i>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
You have just administered a drug to a veterinary patient: Under Washington state law, list the five things that must be legally recorded in the medical record for this action.	<input type="checkbox"/>		
Define what each letter of the acronym "SOAP" means in relation to medical record entries.	<input type="checkbox"/>		
Discuss the term "informed consent."	<input type="checkbox"/>		
Define signalment.	<input type="checkbox"/>		
Describe presenting complaints and patient history (signs vs presumed diagnosis).	<input type="checkbox"/>		

<i>KNOWLEDGE BASE</i>	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Discuss what information to include in the record and the use of non-leading questions.	<input type="checkbox"/>		
Supervising veterinarian signature			
I, the undersigned, attest that I am the person described and identified as the supervising veterinarian of the above named veterinary technician candidate. I understand that the department may require additional information from me, and that if I provide false or incomplete information, the application of the candidate may be denied, or the license ultimately suspended or revoked.			
_____			_____
SIGNATURE OF SUPERVISING VETERINARIAN			DATE SIGNED

(6) WAC 246-935-170(1) checklist for parasitology.

ATTESTATION OF SUPERVISING VETERINARIAN

Veterinary Technician Practical Experience Task: Form 6

Checklist for WAC 246-935-170(1) parasitology

PARASITOLOGY

Per WAC 246-935-145(2), the supervising veterinarian will attest to the candidate's knowledge of, or completion of, the required task areas and procedures on forms provided by the secretary.

Candidate name: _____			
Supervising veterinarian name: _____			
Supervising veterinarian license #: _____			
<b>Check items as completed. Complete all items in each section.</b>			
PARASITOLOGY			
<i>PRACTICAL DEMONSTRATION/COMPANION AND LARGE ANIMAL</i>	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Perform proper set up of fecal direct smear.	<input type="checkbox"/>		
Perform proper set up of fecal flotation.	<input type="checkbox"/>		
Perform proper set up of Baehrman flotation.	<input type="checkbox"/>		
Accurately identify protozoa in fecal sample including <i>Coccidia</i> and <i>Giardia</i> .	<input type="checkbox"/>		
Accurately identify roundworm, hookworm, and whipworm eggs in fecal sample.	<input type="checkbox"/>		
Accurately identify spirochetes and bacteria in fecal sample.	<input type="checkbox"/>		
Accurately perform ear cytology and identify ear mites.	<input type="checkbox"/>		
Accurately perform skin scraping and identify <i>Demodex</i> mites.	<input type="checkbox"/>		
Accurately identify tapeworm and tapeworm segments and adult roundworm in gross examination.	<input type="checkbox"/>		
<i>KNOWLEDGE BASE/COMPANION AND LARGE ANIMAL</i>	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Describe the difference between <i>Taenia</i> and <i>Dipylidium</i> species of tapeworm, physical differences, transmission, identification, and prevention.	<input type="checkbox"/>		
Describe the difference between <i>Demodex</i> and <i>Sarcoptes</i> mites and the collection methods.	<input type="checkbox"/>		

	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
<b>KNOWLEDGE BASE/COMPANION AND LARGE ANIMAL</b>			
Describe proper handling techniques in the collection and testing of fecal samples for various diagnostic tests.	<input type="checkbox"/>		
Define terms: Steatorrhea, amylopoorrhea, creatorrhea, and what you would see in a fecal exam.	<input type="checkbox"/>		
Describe what you would expect to see using direct smear, fecal flotation medium, and Baehrman technique.	<input type="checkbox"/>		
Describe cellophane tape method to detect pinworms in horses.	<input type="checkbox"/>		
Describe cellophane tape method to detect <i>Cheyletiella</i> .	<input type="checkbox"/>		
Describe physical differences between biting lice and sucking lice, diseases transmitted, and treatment of infestation.	<input type="checkbox"/>		
Describe protozoa ( <i>Giardia</i> and <i>Coccidia</i> ) and how detected.	<input type="checkbox"/>		
Describe common bacteria seen in fecal samples and how to identify.	<input type="checkbox"/>		
Describe <i>Nanophyetus</i> organism, disease, and treatment.	<input type="checkbox"/>		
Describe common intracellular rickettsial diseases, how identified, and transmission.	<input type="checkbox"/>		
Describe flea lifecycle, identification, and diseases transmitted ( <i>Ctenocephalides felis</i> ).	<input type="checkbox"/>		
Describe soft and hard ticks, their lifecycle, identification, common diseases transmitted, and treatment of tick infestation.	<input type="checkbox"/>		
Describe common mites seen in veterinary practice, lifecycle of each, identification, symptoms seen with infestation, and treatment ( <i>Demodex</i> , <i>Sarcoptes</i> , <i>Otodectes</i> , and <i>Cheyletiella</i> ).	<input type="checkbox"/>		
Explain how <i>Giardia</i> snap tests work and sample collection process.	<input type="checkbox"/>		
Describe <i>Cuterebra</i> larvae identification and treatment.	<input type="checkbox"/>		
Define <i>Trichomonas</i> transmission, infection, and treatment.	<input type="checkbox"/>		
Define pinworms, transmission identification, and treatment.	<input type="checkbox"/>		
Supervising veterinarian signature			
I, the undersigned, attest that I am the person described and identified as the supervising veterinarian of the above named veterinary technician candidate. I understand that the department may require additional information from me, and that if I provide false or incomplete information, the application of the candidate may be denied, or the license ultimately suspended or revoked.			
_____		_____	
SIGNATURE OF SUPERVISING VETERINARIAN		DATE SIGNED	

(7) Checklist for WAC 246-935-170(2) serology and hematology.

ATTESTATION OF SUPERVISING VETERINARIAN

Veterinary Technician Practical Experience Task: Form 7

Checklist for WAC 246-935-170(2) serology and hematology

SEROLOGY AND HEMATOLOGY

Per WAC 246-935-145(2), the supervising veterinarian will attest to the candidate's knowledge of, or completion of, the required task areas and procedures on forms provided by the secretary.

Candidate name: _____ Supervising veterinarian name: _____ Supervising veterinarian license #: _____ <b>Check items as completed. Complete all items in each section.</b>
--

<b>SEROLOGY AND HEMATOLOGY</b>			
<b><i>PRACTICAL DEMONSTRATION/COMPANION ANIMAL</i></b>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Accurately collect and read a PCV sample.	<input type="checkbox"/>		
Perform blood sample collection using the jugular vein in a dog or cat.	<input type="checkbox"/>		
Perform blood sample collection using a cephalic vein in a dog or cat.	<input type="checkbox"/>		
Perform blood sample collection using the femoral vein in a cat.	<input type="checkbox"/>		
Perform blood sample collection using the saphenous vein in a dog.	<input type="checkbox"/>		
Prepare and stain blood smears.	<input type="checkbox"/>		
Accurately read and document manual differential on a cat.	<input type="checkbox"/>		
Accurately read and document manual differential on a dog.	<input type="checkbox"/>		
Accurately perform sample collection and recording of total protein.	<input type="checkbox"/>		
Accurately identify red blood cell inclusions and abnormalities.	<input type="checkbox"/>		
Accurately identify white blood cell abnormalities.	<input type="checkbox"/>		
Complete one SNAP test (heartworm, FELV, or FIV).	<input type="checkbox"/>		
<b><i>PRACTICAL DEMONSTRATION/LARGE ANIMAL</i></b>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Perform blood sample collection using jugular vein in large animal species.	<input type="checkbox"/>		
<b><i>KNOWLEDGE BASE/COMPANION AND LARGE ANIMAL</i></b>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Describe the difference between whole blood, plasma, and serum.	<input type="checkbox"/>		
Describe the different blood tubes and their additives and purpose (RTT, SST, GTT, BTT, LTT).	<input type="checkbox"/>		
Describe layers and content in a spun RTT or SST or PCV tube.	<input type="checkbox"/>		
Describe the primary function and production of red and white blood cells.	<input type="checkbox"/>		
List the five types of white blood cells, description, and functions.	<input type="checkbox"/>		
Describe thrombocytes: Including a description, the purpose, and production process.	<input type="checkbox"/>		
Define the difference between HCT and PCV.	<input type="checkbox"/>		
Define common terms used in hematology analysis including: Rouleaux, agglutination, polychromasia, hypochromasia, poikilocytes, spherocytes, stomatocytes, acanthocytes, polycythemia, schistocytes, reticulocytes and echinocytes.	<input type="checkbox"/>		
Define and describe common findings associated with red blood cells including: Basophilic stippling, howell-jolly bodies, Heinz bodies, <i>Hemobartonella felis</i> , <i>Hemobartonella canis</i> , <i>babesia</i> , <i>Ehrlichia canis</i> , <i>Dirofilaria immitis</i> vs <i>Dipetalonema reconditum</i> , and Polycythemia.	<input type="checkbox"/>		
Describe what you would expect to see with stress leukogram.	<input type="checkbox"/>		
Define and describe common findings associated with white blood cells including dohle bodies, toxic neutrophils, neutropenia, neutrophilia, left shift, band cells, lymphocytosis, lymphopenia, monocytosis, and eosinophilia.	<input type="checkbox"/>		
Define and describe thrombocythemia and thrombocytopenia.	<input type="checkbox"/>		
Define three indices used in evaluating anemia (MCV, MCHC, and MCH) and how each is calculated.	<input type="checkbox"/>		

	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
<b>KNOWLEDGE BASE/COMPANION AND LARGE ANIMAL</b>			
Define the difference between regenerative and nonregenerative anemia and what you would expect to see on differential with each.	<input type="checkbox"/>		
Describe proper storage of blood samples.	<input type="checkbox"/>		
Describe proper sample collection and preservation for serum and plasma.	<input type="checkbox"/>		
Define what the three abnormal colors seen in plasma serum signify (yellow, white, and red).	<input type="checkbox"/>		
Describe cross matching and blood typing required prior to blood transfusion in cats and dogs.	<input type="checkbox"/>		
Describe hemocytometers and the process used in a manual count for red and white blood cells.	<input type="checkbox"/>		
Describe when it would not be appropriate to collect samples from a dog or cat using the jugular vein.	<input type="checkbox"/>		
For blood chemistries, define each of the following enzyme tests and what they measure: Bun, Crea, Ck, Alt, Bili, GGT, Alkp, Amyl, Lip, BG, TP, Alb, Glob, A:G Ratio.	<input type="checkbox"/>		
For electrolytes, define each and their primary functions: CA <sup>++</sup> , Phos, Na <sup>+</sup> , K <sup>+</sup> , Mg, Cl <sup>-</sup> , BiCarb.	<input type="checkbox"/>		
Define different coagulation tests and process used for each: ACT, PT, PTT, buccal mucosal bleeding time, and fibrinogen assay.	<input type="checkbox"/>		
Define antigen/antibody testing associated with common SNAP tests (heartworm, FELV, and FIV).	<input type="checkbox"/>		
Define titers and titer testing and how it can be used in determining vaccination intervals.	<input type="checkbox"/>		
Supervising veterinarian signature			
I, the undersigned, attest that I am the person described and identified as the supervising veterinarian of the above named veterinary technician candidate. I understand that the department may require additional information from me, and that if I provide false or incomplete information, the application of the candidate may be denied, or the license ultimately suspended or revoked.			
_____		_____	
SIGNATURE OF SUPERVISING VETERINARIAN		DATE SIGNED	

(8) Checklist for WAC 246-935-170(3) ophthalmologic testing.

ATTESTATION OF SUPERVISING VETERINARIAN

Veterinary Technician Practical Experience Task: Form 8

Checklist for WAC 246-935-170(3) ophthalmologic testing

OPHTHALMOLOGIC TESTING

Per WAC 246-935-145(2), the supervising veterinarian will attest to the candidate's knowledge of, or completion of, the required task areas and procedures on forms provided by the secretary.

Candidate name: _____
Supervising veterinarian name: _____
Supervising veterinarian license #: _____
<b>Check items as completed. Complete all items in each section.</b>

OPHTHALMOLOGIC TESTING			
	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
<b><i>PRACTICAL DEMONSTRATION/COMPANION ANIMAL</i></b>			
Perform tear production testing and accurately note results.	<input type="checkbox"/>		
Safely and accurately administer topical eye anesthetic.	<input type="checkbox"/>		
Safely and accurately use fluorescein stain on the cornea.	<input type="checkbox"/>		
<b><i>KNOWLEDGE BASE/COMPANION AND LARGE ANIMAL</i></b>			
Describe the process used to test for cornea damage.	<input type="checkbox"/>		
Describe the process for tear testing and normal and abnormal values.	<input type="checkbox"/>		
Describe common topical ophthalmological anesthetics use; process, storage, and risks.	<input type="checkbox"/>		
Define the purpose of tonometry and use in animal practice.	<input type="checkbox"/>		
Describe the anatomy of the eye.	<input type="checkbox"/>		
Describe the characteristics of common eye conditions including: Glaucoma, cataract, entropion, prolapsed gland of the nictitans, lenticular sclerosis, and keratoconjunctiva sicca.	<input type="checkbox"/>		
Supervising veterinarian signature			
I, the undersigned, attest that I am the person described and identified as the supervising veterinarian of the above named veterinary technician candidate. I understand that the department may require additional information from me, and that if I provide false or incomplete information, the application of the candidate may be denied, or the license ultimately suspended or revoked.			
_____			_____
SIGNATURE OF SUPERVISING VETERINARIAN			DATE SIGNED

(9) Checklist for WAC 246-935-170(4) urinalysis.

ATTESTATION OF SUPERVISING VETERINARIAN

Veterinary Technician Practical Experience Task: Form 9

Checklist for WAC 246-935-170(4) urinalysis

URINALYSIS

Per WAC 246-935-145(2), the supervising veterinarian will attest to the candidate's knowledge of, or completion of, the required task areas and procedures on forms provided by the secretary.

Candidate name:	_____		
Supervising veterinarian name:	_____		
Supervising veterinarian license #:	_____		
<b><i>Check items as completed. Complete all items in each section.</i></b>			
URINALYSIS			
	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
<b><i>PRACTICAL DEMONSTRATION/COMPANION ANIMAL</i></b>			
Accurately collect a urine sample using the free catch method in canine.	<input type="checkbox"/>		
Accurately collect urine sample using manual expression method in feline.	<input type="checkbox"/>		
Perform a gross examination of a urine sample.	<input type="checkbox"/>		
Perform urine sample collection via catheterization of a male canine.	<input type="checkbox"/>		

<i>PRACTICAL DEMONSTRATION/COMPANION ANIMAL</i>	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Accurately complete urinalysis including centrifuging a sample, completing a urine chemistry strip, and specific gravity.	<input type="checkbox"/>		
Prepare, read, and record enough urine sediments to accurately identify bacteria, mucous, fat, yeast, sperm, crystals, casts, cellular content, and artifacts.	<input type="checkbox"/>		
<i>KNOWLEDGE BASE/COMPANION AND LARGE ANIMAL</i>	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Describe proper urine sample collection and storage.	<input type="checkbox"/>		
Describe changes that occur in urine samples left at room temperature.	<input type="checkbox"/>		
Define common urinary terms including: Polyuria, oliguria, polakiuria, stranguria, and anuria.	<input type="checkbox"/>		
Explain what can cause urine to be the following colors: Yellow, brown, green, red-to-reddish brown, cloudy, and flocculent.	<input type="checkbox"/>		
Define terms hematuria, hemoglobinuria, and myoglobinuria.	<input type="checkbox"/>		
Define specific gravity and why it is tested.	<input type="checkbox"/>		
Define pH and what it measures.	<input type="checkbox"/>		
Regarding urinary chemistry strips, define each: Protein, glucose, ketones, bilirubin, and blood.	<input type="checkbox"/>		
Define the difference between diabetes mellitus and diabetes insipidus.	<input type="checkbox"/>		
Define and describe three common types of casts seen in urine and where in the urinary system they are produced.	<input type="checkbox"/>		
Describe toxicities/conditions seen in urine that produce leucine, ammonium biurate, tyrosine, triple phosphate, and Ca <sup>++</sup> oxalate crystals.	<input type="checkbox"/>		
Describe two parasites seen in small animal urine ( <i>Capillaria plica</i> and <i>Dioctophyma renale</i> ).	<input type="checkbox"/>		
Define radio-opaque vs. radiolucent and what bladder stones are in each category.	<input type="checkbox"/>		
Define and describe four urolith's compositions of the urinary tract system (triple phosphate, urate, cystine, and oxalate).	<input type="checkbox"/>		
Define the process for cystocentesis from a small animal.	<input type="checkbox"/>		
Describe the impact of collection methods on urinalysis interpretation.	<input type="checkbox"/>		
Describe SSA testing.	<input type="checkbox"/>		
Describe micro albuminuria.	<input type="checkbox"/>		
Supervising veterinarian signature			
I, the undersigned, attest that I am the person described and identified as the supervising veterinarian of the above named veterinary technician candidate. I understand that the department may require additional information from me, and that if I provide false or incomplete information, the application of the candidate may be denied, or the license ultimately suspended or revoked.			
_____			_____
SIGNATURE OF SUPERVISING VETERINARIAN			DATE SIGNED

(10) Checklist for WAC 246-935-170(5) microbiology.

ATTESTATION OF SUPERVISING VETERINARIAN

Veterinary Technician Practical Experience Task: Form 10

Checklist for WAC 246-935-170(5) microbiology

MICROBIOLOGY

Per WAC 246-935-145(2), the supervising veterinarian will attest to the candidate's knowledge of, or completion of, the required task areas and procedures on forms provided by the secretary.

Candidate name: _____			
Supervising veterinarian name: _____			
Supervising veterinarian license #: _____			
<b>Check items as completed. Complete all items in each section.</b>			
<b>MICROBIOLOGY</b>			
<b><i>PRACTICAL DEMONSTRATION/COMPANION AND LARGE ANIMAL</i></b>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Properly collect a sample and inoculate fungal media.	<input type="checkbox"/>		
Accurately read colony growth present on fungal media.	<input type="checkbox"/>		
Properly collect a sample of suspected bacteria for gram staining.	<input type="checkbox"/>		
Accurately identify ear swabs and skin impression cytology, identifying bacteria and yeast.	<input type="checkbox"/>		
<b><i>KNOWLEDGE BASE/COMPANION AND LARGE ANIMAL</i></b>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Describe fungal culture media and the difference in appearance between a true positive and a contaminate result.	<input type="checkbox"/>		
Define process and stains used in gram staining.	<input type="checkbox"/>		
Define the process and importance of gram staining.	<input type="checkbox"/>		
Describe the culture media used to identify bacteria including Mac-Conkey, Blood agar, and Mannitol salt agar.	<input type="checkbox"/>		
Describe antibiotic susceptibility testing such as Mueller-Hinton.	<input type="checkbox"/>		
Describe aerobic and anaerobic bacteria.	<input type="checkbox"/>		
Describe the general differences between viral and bacterial organisms.	<input type="checkbox"/>		
Explain the meaning of MIC.	<input type="checkbox"/>		
Supervising veterinarian signature			
I, the undersigned, attest that I am the person described and identified as the supervising veterinarian of the above named veterinary technician candidate. I understand that the department may require additional information from me, and that if I provide false or incomplete information, the application of the candidate may be denied, or the license ultimately suspended or revoked.			
_____			_____
SIGNATURE OF SUPERVISING VETERINARIAN			DATE SIGNED

(11) Checklist for WAC 246-935-170(6) necropsy procedure.

ATTESTATION OF SUPERVISING VETERINARIAN

Veterinary Technician Practical Experience Task: Form 11

Checklist for WAC 246-935-170(6) necropsy procedure

NECROPSY PROCEDURE

Per WAC 246-935-145(2), the supervising veterinarian will attest to the candidate's knowledge of, or completion of, the required task areas and procedures on forms provided by the secretary.

Candidate name: _____	
Supervising veterinarian name: _____	
Supervising veterinarian license #: _____	

<i>Check items as completed. Complete all items in each section.</i>			
<b>NECROPSY PROCEDURE</b>			
<b>KNOWLEDGE BASE/COMPANION AND LARGE ANIMAL</b>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Describe physical requirements needed to perform necropsy in animal hospital.	<input type="checkbox"/>		
Describe personnel safety procedures to be followed when performing necropsy.	<input type="checkbox"/>		
Describe complete method used to preserve and submit a sample to the state health department when testing for rabies.	<input type="checkbox"/>		
Describe the proper handling and disposal of animal remains that are suspect for zoonotic disease.	<input type="checkbox"/>		
Supervising veterinarian signature			
I, the undersigned, attest that I am the person described and identified as the supervising veterinarian of the above named veterinary technician candidate. I understand that the department may require additional information from me, and that if I provide false or incomplete information, the application of the candidate may be denied, or the license ultimately suspended or revoked.			
_____			_____
SIGNATURE OF SUPERVISING VETERINARIAN			DATE SIGNED

(12) Checklist for WAC 246-935-170(7) cytology.

ATTESTATION OF SUPERVISING VETERINARIAN

Veterinary Technician Practical Experience Task: Form 12

Checklist for WAC 246-935-170(7) cytology

CYTOLOGY

Per WAC 246-935-145(2), the supervising veterinarian will attest to the candidate's knowledge of, or completion of, the required task areas and procedures on forms provided by the secretary.

Candidate name: _____			
Supervising veterinarian name: _____			
Supervising veterinarian license #: _____			
<i>Check items as completed. Complete all items in each section.</i>			
<b>CYTOLOGY</b>			
<b>PRACTICAL DEMONSTRATION/COMPANION AND LARGE ANIMAL</b>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Perform an accurate vaginal cytology, and correctly assess the stage of estrous cycle in canine.	<input type="checkbox"/>		
Demonstrate and perform proper sample collection procedure for fine needle aspiration of skin mass or cyst, and an impression smear.	<input type="checkbox"/>		
<b>KNOWLEDGE BASE/COMPANION AND LARGE ANIMAL</b>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Describe what you would expect to see on a vaginal cytology from each of the four cycles of canine estrous.	<input type="checkbox"/>		
Describe what you would expect to see in cytology exam in septic wound impression smear.	<input type="checkbox"/>		
Describe what you would expect to see in fluid cytology of nonseptic cyst.	<input type="checkbox"/>		

Supervising veterinarian signature	
I, the undersigned, attest that I am the person described and identified as the supervising veterinarian of the above named veterinary technician candidate. I understand that the department may require additional information from me, and that if I provide false or incomplete information, the application of the candidate may be denied, or the license ultimately suspended or revoked.	
_____	_____
SIGNATURE OF SUPERVISING VETERINARIAN	DATE SIGNED

(13) Checklist for WAC 246-935-180(1) surgery room preparation and protocol.

ATTESTATION OF SUPERVISING VETERINARIAN

Veterinary Technician Practical Experience Task: Form 13

Checklist for WAC 246-935-180(1) surgery room preparation and protocol

SURGERY ROOM PREPARATION AND PROTOCOL

Per WAC 246-935-145(2), the supervising veterinarian will attest to the candidate's knowledge of, or completion of, the required task areas and procedures on forms provided by the secretary.

Candidate name: _____			
Supervising veterinarian name: _____			
Supervising veterinarian license #: _____			
<b><i>Check items as completed. Complete all items in each section.</i></b>			
<b>SURGERY ROOM PREPARATION AND PROTOCOL</b>			
<b><i>PRACTICAL DEMONSTRATION</i></b>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Successful assembly and sterilization of standard surgical packs.	<input type="checkbox"/>		
Identify common surgical instrument names, basic use, cleaning, and maintenance.	<input type="checkbox"/>		
Successfully complete sterile gowning and gloving.	<input type="checkbox"/>		
Demonstrate aseptic surgical field draping and maintenance.	<input type="checkbox"/>		
<b><i>KNOWLEDGE BASE</i></b>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Describe principles of steam, ethylene oxide gas, and cold sterilization.	<input type="checkbox"/>		
Describe various techniques of aseptic hanging surgical preparation of a limb.	<input type="checkbox"/>		
Identify suture and needle type, size, qualities, nomenclature, and basic usage.	<input type="checkbox"/>		
Describe proper collection and disposal of biohazard materials.	<input type="checkbox"/>		
Identify categories of anesthetic monitoring equipment and what they monitor.	<input type="checkbox"/>		
Describe patient warming devices, their safe operation, and risks.	<input type="checkbox"/>		
Describe aseptic vs. antiseptic.	<input type="checkbox"/>		
Supervising veterinarian signature			
I, the undersigned, attest that I am the person described and identified as the supervising veterinarian of the above named veterinary technician candidate. I understand that the department may require additional information from me, and that if I provide false or incomplete information, the application of the candidate may be denied, or the license ultimately suspended or revoked.			
_____			_____
SIGNATURE OF SUPERVISING VETERINARIAN			DATE SIGNED

(14) Checklist for WAC 246-935-180(2) equipment operation and maintenance.

ATTESTATION OF SUPERVISING VETERINARIAN

Veterinary Technician Practical Experience Task: Form 14

Checklist for WAC 246-935-180(2) equipment operation and maintenance

EQUIPMENT OPERATION AND MAINTENANCE

Per WAC 246-935-145(2), the supervising veterinarian will attest to the candidate's knowledge of, or completion of, the required task areas and procedures on forms provided by the secretary.

Candidate name: _____			
Supervising veterinarian name: _____			
Supervising veterinarian license #: _____			
<b>Check items as completed. Complete all items in each section.</b>			
EQUIPMENT OPERATION AND MAINTENANCE			
<i><b>PRACTICAL DEMONSTRATION</b></i>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Demonstrate successful operation of three types of surgical patient monitors.	<input type="checkbox"/>		
Set up, pressure test and trouble shoot an anesthetic machine.	<input type="checkbox"/>		
Demonstrate ability to read gas levels and change cylinders for medical gases.	<input type="checkbox"/>		
Successful setup and operation of an IV fluid pump.	<input type="checkbox"/>		
<i><b>KNOWLEDGE BASE</b></i>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Describe the types, uses, and safety issues of compressed gases.	<input type="checkbox"/>		
Describe the basic principles of suction equipment, electrocautery set up, safety, and usage.	<input type="checkbox"/>		
Supervising veterinarian signature			
I, the undersigned, attest that I am the person described and identified as the supervising veterinarian of the above named veterinary technician candidate. I understand that the department may require additional information from me, and that if I provide false or incomplete information, the application of the candidate may be denied, or the license ultimately suspended or revoked.			
_____			_____
SIGNATURE OF SUPERVISING VETERINARIAN			DATE SIGNED

(15) Checklist for WAC 246-935-180(3) routine patient treatment.

ATTESTATION OF SUPERVISING VETERINARIAN

Veterinary Technician Practical Experience Task: Form 15

Checklist for WAC 246-935-180(3) routine patient treatment

ROUTINE PATIENT TREATMENT

Per WAC 246-935-145(2), the supervising veterinarian will attest to the candidate's knowledge of, or completion of, the required task areas and procedures on forms provided by the secretary.

Candidate name: _____	
Supervising veterinarian name: _____	
Supervising veterinarian license #: _____	
<b>Check items as completed. Complete all items in each section.</b>	

ROUTINE PATIENT TREATMENT			
<i><b>PRACTICAL DEMONSTRATION/COMPANION ANIMAL</b></i>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Administer oral, subQ, IM, and IV medication.	<input type="checkbox"/>		
Perform proper clipping, positioning, and scrubbing technique of three surgical areas.	<input type="checkbox"/>		
Place and secure peripheral IV catheter in a cat and a dog.	<input type="checkbox"/>		
Demonstrate microchip insertion into a cat or a dog.	<input type="checkbox"/>		
Demonstrate force feeding a cat.	<input type="checkbox"/>		
Perform simple interrupted and simple continuous suturing of prepared skin.	<input type="checkbox"/>		
Perform pain assessment of a cat and dog.	<input type="checkbox"/>		
Display accurate assessment of temperature, pulse and respiratory rate in a cat and dog.	<input type="checkbox"/>		
Ability to determine fluid requirements and IV rate based on patient hydration and needs.	<input type="checkbox"/>		
Identify components and apply a three-layer bandage on cat or dog.	<input type="checkbox"/>		
Identify components and apply a Robert Jones bandage.	<input type="checkbox"/>		
Perform bladder expression on anesthetized or debilitated dog or cat.	<input type="checkbox"/>		
Complete effective oral delivery of post-op instructions to owner/agent.	<input type="checkbox"/>		
Calculation of maintenance IV fluid rate.	<input type="checkbox"/>		
Ability to trouble-shoot a nonflowing IV fluid system.	<input type="checkbox"/>		
Demonstrate the management and removal of drains.	<input type="checkbox"/>		
Demonstrate principles of effective in-person and telephone communication.	<input type="checkbox"/>		
<i><b>PRACTICAL DEMONSTRATION/LARGE ANIMALS</b></i>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Perform temperature, pulse, and respiration in large animals.	<input type="checkbox"/>		
Perform general hoof examination in large animals including coloration, texture, temperature, and pulse.	<input type="checkbox"/>		
Place and secure a jugular IV catheter in a large animal.	<input type="checkbox"/>		
Assess GI motility.	<input type="checkbox"/>		
Give an IM injection in three different locations on a horse.	<input type="checkbox"/>		
<i><b>KNOWLEDGE BASE/COMPANION ANIMAL AND EXOTICS</b></i>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Define standard ranges for vital signs for a dog, cat, and one exotic species.	<input type="checkbox"/>		
Identify the optimal venipuncture sites for dog, cat, and at least two exotic species.	<input type="checkbox"/>		
Describe both clean and contaminated wounds.	<input type="checkbox"/>		
Describe the four stages of wound healing.	<input type="checkbox"/>		
Identify common bandaging, splinting, casting materials, and their uses.	<input type="checkbox"/>		
Describe standard bandage, splint, and cast management or care (in hospital and at home).	<input type="checkbox"/>		

	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
<b><i>KNOWLEDGE BASE/COMPANION ANIMAL AND EXOTICS</i></b>			
Identify the types of IV fluids and their uses.	<input type="checkbox"/>		
Describe nomenclature of catheters, needles, injection ports, and syringes.	<input type="checkbox"/>		
Know process for urinary catheterization of cats and female dogs.	<input type="checkbox"/>		
Identification of all common suture patterns.	<input type="checkbox"/>		
Identify common techniques to prevent patient wound disruption/mutilation.	<input type="checkbox"/>		
Identify routine chemicals for disinfection and their appropriate usage.	<input type="checkbox"/>		
Identify common abnormal behaviors in hospitalized cats, dogs, and horses.	<input type="checkbox"/>		
Define different bandage application including wet to dry, wet to wet, and dry.	<input type="checkbox"/>		
Describe these common medical problems seen in birds, symptoms, causes, and treatment: Feather picking, pododermatitis, knemidocoptic mange, overgrown beak, and metabolic bone disease, hypovitaminosis A, and egg binding.	<input type="checkbox"/>		
Describe common medical problems seen in mice and rats (mammary gland tumors, pulmonis bacteria, and ringtail in rats) cause, symptom, and treatment.	<input type="checkbox"/>		
Describe common medical problems seen in ferrets (hyperestrogenism, hyperadrenocorticism, hyperinsulinism, influenza, and urolithiasis) cause, symptoms, and treatment.	<input type="checkbox"/>		
Describe terms "night" and "day" feces associated with rabbits.	<input type="checkbox"/>		
Describe the process of neonatal tube feeding.	<input type="checkbox"/>		
Accurately define "wind up" pain in animals and how it can be prevented.	<input type="checkbox"/>		
Describe common medical problems seen with rabbits (malocclusion, trichobezoars, diarrhea, mite infestation, and heat stroke) causes, symptoms, and treatment.	<input type="checkbox"/>		
Accurately define the three types of pain: Physiological, clinical, and neurogenic.	<input type="checkbox"/>		
<b><i>KNOWLEDGE BASE/LARGE ANIMAL</i></b>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Describe neonatal care to be performed within the first day of life in a pig.	<input type="checkbox"/>		
Describe common internal parasites seen in large animals, how identified, and treated (roundworms, lungworms, threadworms, whipworms, stomach worms, kidney worms, etc.).	<input type="checkbox"/>		
Describe common dehorning methods used with goats and sheep.	<input type="checkbox"/>		
Describe when brucellosis vaccination must occur for cattle and how to identify that the vaccination occurred.	<input type="checkbox"/>		
Describe mastitis, causes, symptoms and treatments.	<input type="checkbox"/>		
Describe caseous lymphadenitis found in goats, the cause, symptom and treatment.	<input type="checkbox"/>		
Describe common lameness problems seen in horses, their location, cause, and treatment (joint mouse, OCD, bucked shins, bowed tendons, splints, laminitis, navicular disease, wind puffs, thrush, and hoof cracks).	<input type="checkbox"/>		

	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
<b>KNOWLEDGE BASE/LARGE ANIMAL</b>			
Describe the importance of "meconium."	<input type="checkbox"/>		
List the allowed locations for injections on an animal being raised for food production.	<input type="checkbox"/>		
Describe how you can age a horse by assessing teeth structure.	<input type="checkbox"/>		
Describe "drenching" used in medication administration in cattle, sheep, and goats.	<input type="checkbox"/>		
State maximum ml dose per IM injection site.	<input type="checkbox"/>		
Define normal range of vital signs.	<input type="checkbox"/>		
Supervising veterinarian signature			
I, the undersigned, attest that I am the person described and identified as the supervising veterinarian of the above named veterinary technician candidate. I understand that the department may require additional information from me, and that if I provide false or incomplete information, the application of the candidate may be denied, or the license ultimately suspended or revoked.			
_____			_____
SIGNATURE OF SUPERVISING VETERINARIAN			DATE SIGNED

(16) Checklist for WAC 246-935-190 Anesthesia and emergency procedures.

ATTESTATION OF SUPERVISING VETERINARIAN

Veterinary Technician Practical Experience Task: Form 16

Checklist for WAC 246-935-190 Anesthesia and emergency procedures

ANESTHESIA AND EMERGENCY PROCEDURES

Per WAC 246-935-145(2), the supervising veterinarian will attest to the candidate's knowledge of, or completion of, the required task areas and procedures on forms provided by the secretary.

Candidate name: _____		
Supervising veterinarian name: _____		
Supervising veterinarian license #: _____		
<b>Check items as completed. Complete all items in each section.</b>		
<b>ANESTHESIA AND EMERGENCY PROCEDURES</b>		
<b>KNOWLEDGE BASE/GENERAL ANESTHESIA</b>	Check as completed	DATE SUCCESSFULLY COMPLETED
Accurately define four stages of anesthesia and the four planes of anesthesia depth, including physical attributes associated for each.	<input type="checkbox"/>	
Accurately describe guidelines for feline and canine and acceptable levels while under general anesthesia (minimum of RR, HR, temperature, ocular signs, palprebral, reflexes, CO <sub>2</sub> , SPO <sub>2</sub> , BP).	<input type="checkbox"/>	
Accurately list common anti-cholinergics and their effects and risks for feline, canine, and equine.	<input type="checkbox"/>	
Accurately describe common tranquilizer/sedatives and their effects, risks, and reversing agents if available, for feline, canine, and equine, including: Phenothiazines, benzodiazepines, alpha-2 antagonists, opioids, ultra-short acting barbiturates, cyclohexamines, and Propofol.	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Using list of drugs above, describe routes and method of administration for each.</li> </ul>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Using list of drugs above, describe length of duration for each and any associated contraindications.</li> </ul>	<input type="checkbox"/>	
Accurately describe common inhalants and their effects and risks, including: Isoflurane, Sevoflurane, and nitrous oxide.	<input type="checkbox"/>	

<i>KNOWLEDGE BASE/GENERAL ANESTHESIA</i>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>
Describe health hazards of waste anesthetic gases for hospital personnel.	<input type="checkbox"/>	
Describe the basic principles of waste gas scavenging.	<input type="checkbox"/>	
Describe how to select correct size for intubation tube.	<input type="checkbox"/>	
Describe how to respond to emergency situations caused by adverse anesthetic events, cardiopulmonary arrest, and cardiovascular shock.	<input type="checkbox"/>	
Define purpose for endotracheal tube placement, associated risks, and their prevention.	<input type="checkbox"/>	
Define arterial gas monitoring process and what it measures.	<input type="checkbox"/>	
Define purpose for esophageal stethoscopes, use, and placement.	<input type="checkbox"/>	
Describe both in-circuit and out-of-circuit anesthesia machines.	<input type="checkbox"/>	
Define two most common classification of local anesthetics (analgesics), esters and amides, uses, risks, and length of duration.	<input type="checkbox"/>	
Demonstrate successful operation of three types of surgical patient monitors.	<input type="checkbox"/>	
Describe epidural blocks used in canine (purpose, location, and common drugs used in block and their duration).	<input type="checkbox"/>	
Describe how to monitor and assist in patient thermoregulation.	<input type="checkbox"/>	
Describe difference between crystalloid fluids and colloid fluids, types, methods of administration and when applicable.	<input type="checkbox"/>	
Describe the difference between rebreathing and nonrebreathing systems.	<input type="checkbox"/>	
<b>ANESTHESIA/EMERGENCY SUPPORT</b>		
<i>PRACTICAL DEMONSTRATION/COMPANION ANIMAL</i>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>
Perform preanesthetic evaluation on feline and canine species including signalment, medical history, risk assessment, and laboratory evaluation.	<input type="checkbox"/>	
Set-up anesthesia machine(s) for both rebreathing and nonrebreathing and select circuit and equipment for patient.	<input type="checkbox"/>	
Identify all parts of an anesthesia machine and what each part does.	<input type="checkbox"/>	
Ability to interpret normal values for EKG on feline and canine species.	<input type="checkbox"/>	
Ability to assess abnormal rates and rhythms in respiration and heart in both feline and canine species.	<input type="checkbox"/>	
Accurately take blood pressure readings on feline and canine species using a Doppler device.	<input type="checkbox"/>	
Accurately monitor the patient's condition during general anesthetic procedures for both feline and canine species, including manual monitoring of all vital signs.	<input type="checkbox"/>	
Prepare and administer preanesthetics in feline and canine species.	<input type="checkbox"/>	
Prepare and administer intravenous injectable anesthetics.	<input type="checkbox"/>	
Intubate both feline and canine species.	<input type="checkbox"/>	
Demonstrate correct lead placement and preparation of a diagnostic quality EKG strip.	<input type="checkbox"/>	
Ability to obtain femoral pulse in a small animal.	<input type="checkbox"/>	
Ability to determine accurate anesthetic IV fluid rates based on hydration and needs of patient under anesthesia.	<input type="checkbox"/>	

Accurately complete anesthesia monitoring record.	<input type="checkbox"/>	
Extubate feline and canine and monitor recovery.	<input type="checkbox"/>	
Anesthetic recovery of cat and dog.	<input type="checkbox"/>	
Demonstrate proper use of ambu bag on feline or canine species.	<input type="checkbox"/>	
Demonstrate proper oxygen sighing and bagging techniques.	<input type="checkbox"/>	
<b>PRACTICAL DEMONSTRATION/LARGE ANIMAL</b>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>
Perform preanesthetic evaluation on equine species including signalment, medical history, risk assessment, and laboratory evaluation.	<input type="checkbox"/>	
<b>KNOWLEDGE BASE/LARGE ANIMAL</b>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>
Describe step-by-step placement of jugular catheter placement in equine or large animal.	<input type="checkbox"/>	
Accurately describe common tranquilizer/sedatives and their effects, risks and reversing agents if available, for equine and ruminants.	<input type="checkbox"/>	
Accurately define normal values for equine, ruminants, and nonruminants and minimal acceptable levels while under general anesthesia (minimum of RR, HR, temperature, ocular signs, pupil, reflexes, CO <sub>2</sub> , SPO <sub>2</sub> ).	<input type="checkbox"/>	
Describe epidural blocks used in equine and ruminants (caudal epidural and paravertebral). Purpose, location, and common drugs used in block and their duration.	<input type="checkbox"/>	
Describe symptoms of colic in equine and common emergency treatments.	<input type="checkbox"/>	
Describe symptoms of founder in equine and common emergency treatments.	<input type="checkbox"/>	
Describe bloat in cattle and common emergency treatments.	<input type="checkbox"/>	
<b>KNOWLEDGE BASE/COMPANION ANIMAL</b>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>
Describe five types of shock seen in animals, the symptoms and treatment (hypovolemic, cardiogenic, septic, anaphylactic, and neurogenic).	<input type="checkbox"/>	
Ability to assess pulse to heart rate to determine if there is a deficit.	<input type="checkbox"/>	
Describe components required in triage assessment (ABCs).	<input type="checkbox"/>	
Describe manual cardio pulmonary resuscitation in both feline and canine.	<input type="checkbox"/>	
Describe hemorrhage control techniques in feline and canine.	<input type="checkbox"/>	
Describe initial fracture stabilization in feline and canine.	<input type="checkbox"/>	
Describe common emergency drugs used in small companion animal hospitals.	<input type="checkbox"/>	
Describe common reproductive and neonatal emergency care.	<input type="checkbox"/>	
Describe process involved in performing emergency tracheostomy, chest tube placement, and pharyngostomy in companion animals.	<input type="checkbox"/>	
Supervising veterinarian signature		
I, the undersigned, attest that I am the person described and identified as the supervising veterinarian of the above named veterinary technician candidate. I understand that the department may require additional information from me, and that if I provide false or incomplete information, the application of the candidate may be denied, or the license ultimately suspended or revoked.		
_____		_____
SIGNATURE OF SUPERVISING VETERINARIAN		DATE SIGNED

(17) Worksheet for WAC 246-935-200 Pharmacy.

ATTESTATION OF SUPERVISING VETERINARIAN

Veterinary Technician Practical Experience Task: Form 17

Worksheet for WAC 246-935-200 Pharmacy

PHARMACY

Per WAC 246-935-145(2), the supervising veterinarian will attest to the candidate's knowledge of, or completion of, the required task areas and procedures on forms provided by the secretary.

Candidate name: _____			
Supervising veterinarian name: _____			
Supervising veterinarian license #: _____			
<b>Check items as completed. Complete all items in each section.</b>			
<b>PHARMACY</b>			
<b>PREREQUISITE</b>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Completion of veterinary medication clerk registration.			
<b>PRACTICAL DEMONSTRATION/COMPANION ANIMAL</b>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Demonstrate appropriate reconstitution of vaccines.	<input type="checkbox"/>		
Demonstrate appropriate administration of vaccines.	<input type="checkbox"/>		
Demonstrate appropriate reconstitution of commonly used injectable and oral medications.	<input type="checkbox"/>		
Demonstrate appropriate administration of commonly used injectable and oral medications.	<input type="checkbox"/>		
Demonstrate accurate charting of medications including medication name, dosage, route of administration, and dosage frequency.	<input type="checkbox"/>		
Calculate dosages and administer common IV medications.	<input type="checkbox"/>		
Calculate dosages and administer common IM medications.	<input type="checkbox"/>		
Calculate dosages and administer common SQ medications.	<input type="checkbox"/>		
Calculate dosages and administer common oral medications.	<input type="checkbox"/>		
Correctly prepare and label common prescription medications.	<input type="checkbox"/>		
<b>KNOWLEDGE BASE/COMPANION AND LARGE ANIMAL</b>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Demonstrate knowledge for correct storage, inventory, and tracking of controlled drugs.	<input type="checkbox"/>		
Demonstrate correct destruction of expired controlled drugs.	<input type="checkbox"/>		
Describe storage, safe handling, and disposal of common biologicals.	<input type="checkbox"/>		
Describe storage, safe handling, and disposal of common therapeutic agents.	<input type="checkbox"/>		
Describe storage, safe handling, and disposal of common pesticides.	<input type="checkbox"/>		
Describe storage, safe handling, and disposal of common hazardous wastes.	<input type="checkbox"/>		
Describe DEA requirements for the handling, administering, dispensing, and logging of controlled substances.	<input type="checkbox"/>		

	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
<b>KNOWLEDGE BASE/COMPANION AND LARGE ANIMAL</b>			
Demonstrate knowledge of common large animal biologicals including administration routes, types of vaccines, frequency and potential side effects.	<input type="checkbox"/>		
Describe common drugs under the classification of antibiotics, including the primary purposes, side effects, and contraindications.	<input type="checkbox"/>		
Describe common drugs under the classification of cardiovascular including the primary purposes, side effects, and contraindications.	<input type="checkbox"/>		
Describe common drugs under the classification of diuretics including the primary purposes, side effects, and contraindications.	<input type="checkbox"/>		
Describe common drugs under the classification of hormones including the primary purposes, side effects, and contraindications.	<input type="checkbox"/>		
Describe common drugs under the classification of sedatives and tranquilizers including the primary purposes, side effects, and contraindications.	<input type="checkbox"/>		
Describe common drugs under the classification of antiparasitics and antifungals, including the primary purposes, side effects, and contraindications.	<input type="checkbox"/>		
Describe common drugs under the classification of anti-inflammatories including the primary purposes, side effects, and contraindications.	<input type="checkbox"/>		
Describe common drugs under the classification of glucocorticoids including the primary purposes, side effects, and contraindications.	<input type="checkbox"/>		
Describe common drugs under the classification of anticonvulsives including the primary purposes, side effects, and contraindications.	<input type="checkbox"/>		
Describe common drugs under the classification of gastrointestinal bronchial dilators including the primary purposes, side effects, and contraindication.	<input type="checkbox"/>		
Describe common drugs under the classification of ophthalmic preparation including the primary purposes, side effects, and contraindications.	<input type="checkbox"/>		
Describe common drugs under the classification of antiparasiticides.	<input type="checkbox"/>		
Supervising veterinarian signature			
I, the undersigned, attest that I am the person described and identified as the supervising veterinarian of the above named veterinary technician candidate. I understand that the department may require additional information from me, and that if I provide false or incomplete information, the application of the candidate may be denied, or the license ultimately suspended or revoked.			
_____			_____
SIGNATURE OF SUPERVISING VETERINARIAN			DATE SIGNED

(18) Checklist for WAC 246-935-210 Public health, infectious diseases, and zoonosis.

ATTESTATION OF SUPERVISING VETERINARIAN

Veterinary Technician Practical Experience Task: Form 18

Checklist for WAC 246-935-210 Public health, infectious diseases, and zoonosis.

- (1) Epidemiology and control of major zoonotic diseases.
- (2) Vaccinations and basic immunology.
- (3) Public health and safety issues.

PUBLIC HEALTH, INFECTIOUS DISEASES, AND ZOOONOSIS

Per WAC 246-935-145(2), the supervising veterinarian will attest to the candidate's knowledge of, or completion of, the required task areas and procedures on forms provided by the secretary.

Candidate name: _____			
Supervising veterinarian name: _____			
Supervising veterinarian license #: _____			
<b>Check items as completed. Complete all items in each section.</b>			
<b>PUBLIC HEALTH, INFECTIOUS DISEASES, AND ZOOONOSIS</b>			
<b>PRACTICAL DEMONSTRATION/INFECTIOUS AND ZOOONOTIC DISEASES</b>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Common isolation/quarantine ward protocols.	<input type="checkbox"/>		
<b>KNOWLEDGE BASE/INFECTIOUS AND ZOOONOTIC DISEASES</b>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Identify general disease - species and organ systems affected, causative organisms, how transmitted, situations/individuals at highest risk, and if condition is reportable for the following:			
• Baylisascaris Larva Migrans.	<input type="checkbox"/>		
• Plague.	<input type="checkbox"/>		
• Talaremia.	<input type="checkbox"/>		
• Listeriosis.	<input type="checkbox"/>		
• Anthrax.	<input type="checkbox"/>		
• Cryptosporidiosis.	<input type="checkbox"/>		
• Cysticercosis.	<input type="checkbox"/>		
• Echinococcoses.	<input type="checkbox"/>		
• Leptospirosis.	<input type="checkbox"/>		
• Trichinellosis.	<input type="checkbox"/>		
• West Nile Virus.	<input type="checkbox"/>		
• Bartonellosis/Cat Scratch Disease.	<input type="checkbox"/>		
• Coxiella Burnetti/Q Fever.	<input type="checkbox"/>		
• <i>E. Coli</i> .	<input type="checkbox"/>		
• Lyme Disease.	<input type="checkbox"/>		
• Avian Chlamydiosis.	<input type="checkbox"/>		
• Sporotrichosis.	<input type="checkbox"/>		
• Ehrlichiosis.	<input type="checkbox"/>		
• Prion Disease (Mad Cow, Scrapie).	<input type="checkbox"/>		
• Systemic Fungal Disease (Histo, Blasto, Coccidioidomycosis, Cryptococcus).	<input type="checkbox"/>		
• ORF (Contagious Ecthyma).	<input type="checkbox"/>		
• Monkeypox.	<input type="checkbox"/>		
• Erysipelosis.	<input type="checkbox"/>		
• Pastereurellosis.	<input type="checkbox"/>		
• Rat Bite Fever.	<input type="checkbox"/>		
• Hanta Virus.	<input type="checkbox"/>		
Identify general disease - species and organ systems affected, causative organisms, how transmitted, situations/individuals at highest risk and if condition is reportable, and diagnostic procedures/protocols for source species for the following:			
• Rabies.	<input type="checkbox"/>		

	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
<b><i>KNOWLEDGE BASE/INFECTIOUS AND ZOOBOTIC DISEASES</i></b>			
• Toxocaral Larva Migrans.	<input type="checkbox"/>		
• Toxoplasmosis.	<input type="checkbox"/>		
• Salmonellosis.	<input type="checkbox"/>		
• Tuberculosis.	<input type="checkbox"/>		
• Campylobacteriosis.	<input type="checkbox"/>		
• Ringworm/Dermatophytoses.	<input type="checkbox"/>		
• Brucellosis.	<input type="checkbox"/>		
<b><i>KNOWLEDGE BASE/INFECTIOUS AND ZOOBOTIC DISEASES</i></b>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Knowledge of whom to report the following confirmed or suspected conditions:			
• Animal biting a human.	<input type="checkbox"/>		
• Foreign animal disease (such as foot and mouth disease).	<input type="checkbox"/>		
• Disease eradicated from Washington (such as tuberculosis).	<input type="checkbox"/>		
<b><i>KNOWLEDGE BASE/FOREIGN ANIMAL DISEASES</i></b>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Describe the clinical signs, mode of transmission, and species affected by the following foreign animal diseases:			
• Avian Influenza.	<input type="checkbox"/>		
• Blue Tongue.	<input type="checkbox"/>		
• Hoof and Mouth Disease.	<input type="checkbox"/>		
• Hog Cholera.	<input type="checkbox"/>		
• Rinderpest.	<input type="checkbox"/>		
• Trypanosomiasis.	<input type="checkbox"/>		
• Velogenic New Castle Disease.	<input type="checkbox"/>		
• Vesicular Stomatitis.	<input type="checkbox"/>		
<b><i>KNOWLEDGE BASE/INFECTIOUS DISEASES DOGS</i></b>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Knowledge of the causative organism, target organ system(s), clinical signs, common diagnostic procedures, modes of transmission, and general treatment goals for the following diseases:			
• Distemper.	<input type="checkbox"/>		
• Parvo.	<input type="checkbox"/>		
• Infectious Canine Hepatitis/CAV-1.	<input type="checkbox"/>		
• Kennel Cough Complex/Bordetella, Parainfluenza.	<input type="checkbox"/>		
• Corona.	<input type="checkbox"/>		
Knowledge of the target organ system(s) and clinical signs of the following diseases:			
• Canine Influenza.	<input type="checkbox"/>		
• Papillomatosis.	<input type="checkbox"/>		

	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
<b>KNOWLEDGE BASE/INFECTIOUS DISEASES CATS</b>			
Knowledge of the causative organism, target organ system(s), clinical signs, common diagnostic procedures, modes of transmission, and general treatment goals for the following diseases:			
• Panleukopenia.	<input type="checkbox"/>		
• Rhinotracheitis.	<input type="checkbox"/>		
• Calici Virus.	<input type="checkbox"/>		
• Chlamydiosis.	<input type="checkbox"/>		
• FELV.	<input type="checkbox"/>		
• FIV.	<input type="checkbox"/>		
• FIP and FECV.	<input type="checkbox"/>		
Knowledge of the target organ system(s) and clinical signs of the following diseases:			
• Herpes.	<input type="checkbox"/>		
• Kennel Cough Complex.	<input type="checkbox"/>		
• Mycoplasma Felis.	<input type="checkbox"/>		
<b>KNOWLEDGE BASE/INFECTIOUS DISEASES HORSES</b>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Knowledge of the causative organism, target organ system(s), clinical signs, common diagnostic procedures, modes of transmission, and general treatment goals for the following diseases:			
• Equine Infectious Anemia.	<input type="checkbox"/>		
• Tetanus ( <i>C. tetani</i> ).	<input type="checkbox"/>		
• Eastern, Western, and West Nile Encephalitis.	<input type="checkbox"/>		
• Influenza.	<input type="checkbox"/>		
• Rhinopneumonitis/Equine Herpes virus.	<input type="checkbox"/>		
• Botulism ( <i>C. botulinum</i> ).	<input type="checkbox"/>		
Knowledge of the target organ system(s) and clinical signs of the following diseases:			
• Equine Viral Arteritis.	<input type="checkbox"/>		
• Equine Protozoal Myelitis.	<input type="checkbox"/>		
• Sarcoids.	<input type="checkbox"/>		
• Potomac Horse Fever.	<input type="checkbox"/>		
• Equi Streptococcus (strangles).	<input type="checkbox"/>		
<b>KNOWLEDGE BASE/INFECTIOUS DISEASES CATTLE AND SMALL RUMINANTS</b>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Knowledge of the causative organism, target organ system(s), clinical signs, common diagnostic procedures, modes of transmission, and general treatment goals for the following diseases:			
• Bovine viral diarrhea and Mucosal disease.	<input type="checkbox"/>		
• Johne's Disease/Mycobacterium paratuberculosis.	<input type="checkbox"/>		
• Bovine Respiratory Disease Syndrome/Shipping Fever (IBR, BVD, P13, BRSV, Haemophilum somnus).	<input type="checkbox"/>		
• Scours or Neonatal Diarrhea/rotavirus, <i>E. Coli</i> , Corona Virus.	<input type="checkbox"/>		

<i>KNOWLEDGE BASE/INFECTIOUS DISEASES CATTLE AND SMALL RUMINANTS</i>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
• Interdigital necrobacillosis/Foot rot.	<input type="checkbox"/>		
• Mastitis.	<input type="checkbox"/>		
• Pink eye/Infectious keratoconjunctivitis.	<input type="checkbox"/>		
• Botulism (Clost. Botulinum).	<input type="checkbox"/>		
• Actinomycoses (Lumpy Jaw).	<input type="checkbox"/>		
• Actinobacillosis (Wooden Tongue).	<input type="checkbox"/>		
Knowledge of the target organ system(s) and clinical signs of the following diseases:			
• Papillomatous digital dermatitis.	<input type="checkbox"/>		
• Blackleg/Clostridium chauvoei.	<input type="checkbox"/>		
• Malignant edema/braxy/Clostridium septicum.	<input type="checkbox"/>		
• Bovine leukemia virus/Lymphosarcoma.	<input type="checkbox"/>		
• Malignant catarrhal fever/Herpes.	<input type="checkbox"/>		
• Tyzzer's disease/Clostridium piliforme.	<input type="checkbox"/>		
• Black disease/Clostridium navyi.	<input type="checkbox"/>		
• Bacillary hemoglobinuria/Clostridium haemolyticum (Red Water Disease).	<input type="checkbox"/>		
• Caprine arthritis-encephalitis (virus).	<input type="checkbox"/>		
<i>KNOWLEDGE BASE/INFECTIOUS DISEASES SWINE</i>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Knowledge of the causative organism, target organ system(s), clinical signs, common diagnostic procedures, modes of transmission, and general treatment goals for the following diseases:			
• Erysipelothrix.	<input type="checkbox"/>		
• Pseudorabies.	<input type="checkbox"/>		
• PRRS virus.	<input type="checkbox"/>		
• Atrophic Rhinitis/Bordetella and Pasteurella.	<input type="checkbox"/>		
Knowledge of the target organ system(s) and clinical signs of the following diseases:			
• Swine influenza.	<input type="checkbox"/>		
• Lawsonia intracellularis.	<input type="checkbox"/>		
• Rotaviral diarrhea.	<input type="checkbox"/>		
• Bloody Scours/Serpulina hyodysenteriae.	<input type="checkbox"/>		
• Streptococcus suis.	<input type="checkbox"/>		
• TGE.	<input type="checkbox"/>		
• Greasy pig disease/Staph. hyicus.	<input type="checkbox"/>		
• Describe trichinella, how transmitted and prevention.	<input type="checkbox"/>		
<i>KNOWLEDGE BASE/INFECTIOUS DISEASES POULTRY</i>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Knowledge of the causative organism, target organ system(s), clinical signs, common diagnostic procedures, modes of transmission and general treatment goals for the following disease:			
• Thrush/Candidiasis	<input type="checkbox"/>		

	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
<b><i>KNOWLEDGE BASE/INFECTIOUS DISEASES POULTRY</i></b>			
Knowledge of the target organ system(s) and clinical signs of the following diseases:			
• Fowl cholera.	<input type="checkbox"/>		
• Mycoplasmosis.	<input type="checkbox"/>		
• Black head/Histomoniasis.	<input type="checkbox"/>		
• Marek's disease.	<input type="checkbox"/>		
<b><i>KNOWLEDGE BASE/INFECTIOUS DISEASES RABBITS</i></b>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Knowledge of the target organ system(s) and clinical signs of the following disease:			
• Pasteurellosis.	<input type="checkbox"/>		
<b><i>KNOWLEDGE BASE/INFECTIOUS DISEASES FERRETS</i></b>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Knowledge of the causative organism, target organ system(s), clinical signs, common diagnostic procedures, modes of transmission, and general treatment goals for the following disease:			
• Distemper.	<input type="checkbox"/>		
<b><i>KNOWLEDGE BASE/INFECTIOUS DISEASES COMPANION BIRDS</i></b>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Knowledge of the target organ system(s) and clinical signs of the following diseases:			
• Psittacine beak and feather disease.	<input type="checkbox"/>		
• Pacheco's parrot disease.	<input type="checkbox"/>		
• Pox virus.	<input type="checkbox"/>		
• Avian polyoma virus.	<input type="checkbox"/>		
• Pododermatitis.	<input type="checkbox"/>		
<b><i>KNOWLEDGE BASE/INFECTIOUS DISEASES RODENTS</i></b>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Knowledge of the target organ system(s) and clinical signs of the following diseases:			
• Mycoplasmosis.	<input type="checkbox"/>		
• Pasteurella.	<input type="checkbox"/>		
• Bacillus piliformis/Tyzzler's disease.	<input type="checkbox"/>		
• Mousepox.	<input type="checkbox"/>		
• Mouse hepatitis Virus.	<input type="checkbox"/>		
<b><i>KNOWLEDGE BASE/INFECTIOUS DISEASES REPTILES</i></b>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Knowledge of the target organ system(s) and clinical signs of the following diseases:			
• Mycobacteriosis.	<input type="checkbox"/>		

<i>PRACTICAL DEMONSTRATION/VACCINATION PROTOCOL AND ADMINISTRATION CANINE</i>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Development of a typical puppy vaccination protocol.	<input type="checkbox"/>		
Demonstrate canine vaccine administration.	<input type="checkbox"/>		
<i>KNOWLEDGE BASE/VACCINATION PROTOCOL AND ADMINISTRATION CANINE</i>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Knowledge of typical core vaccines, common optional vaccines, and signs of adverse vaccination reactions.	<input type="checkbox"/>		
<i>PRACTICAL DEMONSTRATION/VACCINATION PROTOCOL AND ADMINISTRATION FELINE</i>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Development of a typical kitten vaccination protocol.	<input type="checkbox"/>		
Feline vaccine administration.	<input type="checkbox"/>		
<i>KNOWLEDGE BASE/VACCINATION PROTOCOL AND ADMINISTRATION FELINE</i>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Knowledge of typical core vaccines, common optional vaccines, and signs of adverse vaccination reactions.	<input type="checkbox"/>		
<i>PRACTICAL DEMONSTRATION/VACCINATION PROTOCOL AND ADMINISTRATION HORSES</i>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Demonstrate equine vaccination administration.	<input type="checkbox"/>		
<i>KNOWLEDGE BASE/VACCINATION PROTOCOL AND ADMINISTRATION HORSES</i>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Knowledge of typical core vaccines, common optional vaccines, and signs of adverse vaccination reactions.	<input type="checkbox"/>		
<i>KNOWLEDGE BASE/VACCINATION PROTOCOL AND ADMINISTRATION CATTLE AND SMALL RUMINANTS</i>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Knowledge of typical core vaccines, common optional vaccines for at least one species, and sites for animals raised for food production in this category.	<input type="checkbox"/>		
Supervising veterinarian signature			
I, the undersigned, attest that I am the person described and identified as the supervising veterinarian of the above named veterinary technician candidate. I understand that the department may require additional information from me, and that if I provide false or incomplete information, the application of the candidate may be denied, or the license ultimately suspended or revoked.			
_____			_____
SIGNATURE OF SUPERVISING VETERINARIAN			DATE SIGNED

(19) Checklist for WAC 246-935-220 Dentistry.

ATTESTATION OF SUPERVISING VETERINARIAN

Veterinary Technician Practical Experience Task: Form 19

Checklist for WAC 246-935-220 dentistry

DENTISTRY

Per WAC 246-935-145(2), the supervising veterinarian will attest to the candidate's knowledge of, or completion of, the required task areas and procedures on forms provided by the secretary.

Candidate name: _____			
Supervising veterinarian name: _____			
Supervising veterinarian license #: _____			
<b>Check items as completed. Complete all items in each section.</b>			
<b>DENTISTRY</b>			
<b><i>PRACTICAL DEMONSTRATION/COMPANION ANIMAL</i></b>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Identification of hand instruments.	<input type="checkbox"/>		
Demonstrate accurate use of hand instruments.	<input type="checkbox"/>		
Demonstrate accurate use of ultrasonic scaler and polisher.	<input type="checkbox"/>		
Perform complete dental prophylaxis on canine.	<input type="checkbox"/>		
Perform complete dental prophylaxis on feline.	<input type="checkbox"/>		
Describe proper technique for taking dental radiographs (digital or manual) including premolars, incisors, and canines.	<input type="checkbox"/>		
Accurately chart dental cleaning using appropriate nomenclature for canine.	<input type="checkbox"/>		
Accurately chart dental cleaning using appropriate nomenclature for feline.	<input type="checkbox"/>		
<b><i>KNOWLEDGE BASE/COMPANION ANIMAL/EXOTIC</i></b>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Accurately describe tooth structure and components of a tooth.	<input type="checkbox"/>		
Demonstrate knowledge and use of common descriptive terms of teeth (i.e., rostral, buccal, lingual, occlusal, apical, etc.).	<input type="checkbox"/>		
Diagram tooth formula in canine and accurately identify each tooth.	<input type="checkbox"/>		
Diagram tooth formula in feline and accurately identify each tooth.	<input type="checkbox"/>		
Accurately describe normal dentition from puppy to dog.	<input type="checkbox"/>		
Accurately describe normal dentition from kitten to cat.	<input type="checkbox"/>		
List common abnormalities in teeth development.	<input type="checkbox"/>		
Describe periodontal disease and accurately list stages and associated signs.	<input type="checkbox"/>		
Describe two common periodontal diseases in felines and treatment (gingival stomatitis and FORLs).	<input type="checkbox"/>		
Define accurate normal sulcus depths for canine and feline.	<input type="checkbox"/>		
Describe dental problems seen in rabbits and rodents, causes, and treatment.	<input type="checkbox"/>		
Describe the proper techniques and risks extracting canine, premolar, and incisors in companion animals.	<input type="checkbox"/>		
Describe treatment and prevention of dental disease in companion animals.	<input type="checkbox"/>		
<b><i>KNOWLEDGE BASE/LARGE ANIMAL</i></b>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Accurately describe dental structure of herbivores, specifically equine, bovine, ovine, and caprine.	<input type="checkbox"/>		
Describe common equine dental problems.	<input type="checkbox"/>		
Describe process of "floating" teeth in horses and why it is important.	<input type="checkbox"/>		

Define "wolf" teeth in equine and problems associated with them.	<input type="checkbox"/>		
Supervising veterinarian signature			
I, the undersigned, attest that I am the person described and identified as the supervising veterinarian of the above named veterinary technician candidate. I understand that the department may require additional information from me, and that if I provide false or incomplete information, the application of the candidate may be denied, or the license ultimately suspended or revoked.			
_____			_____
SIGNATURE OF SUPERVISING VETERINARIAN			DATE SIGNED

(20) Checklist for WAC 246-935-230 imaging.

ATTESTATION OF SUPERVISING VETERINARIAN

Veterinary Technician Practical Experience Task: Form 20

Checklist for WAC 246-935-230 imaging

IMAGING

Per WAC 246-935-145(2), the supervising veterinarian will attest to the candidate's knowledge of, or completion of, the required task areas and procedures on forms provided by the secretary.

Candidate name: _____			
Supervising veterinarian name: _____			
Supervising veterinarian license #: _____			
<b>Check items as completed. Complete all items in each section.</b>			
<b>IMAGING</b>			
<b>PRACTICAL DEMONSTRATION/COMPANION</b>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Demonstrate and perform recommended safety procedures.	<input type="checkbox"/>		
Use technique chart to set exposure of X-ray machine.	<input type="checkbox"/>		
Demonstrate anatomical positioning options (i.e. V/D, D/V, lateral, obliques, and OFA views).	<input type="checkbox"/>		
Produce radiographs appropriately including proper labeling of radiographs.	<input type="checkbox"/>		
Critique radiographs regarding positioning, exposure, and collimation.	<input type="checkbox"/>		
Perform at least one contrast study.	<input type="checkbox"/>		
Take diagnostic, properly positioned radiographs of thoracic cavity.	<input type="checkbox"/>		
Take diagnostic, properly positioned radiographs of abdominal cavity.	<input type="checkbox"/>		
Take diagnostic, properly positioned radiographs of pelvis.	<input type="checkbox"/>		
Take diagnostic, properly positioned radiographs of pelvic limb.	<input type="checkbox"/>		
Take diagnostic, properly positioned radiographs of thoracic limb.	<input type="checkbox"/>		
Take diagnostic, properly positioned radiographs of vertebral column.	<input type="checkbox"/>		
Take diagnostic, properly positioned radiographs of skull.	<input type="checkbox"/>		
<b>KNOWLEDGE BASE</b>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Describe basic principles and use of MRI.	<input type="checkbox"/>		
Describe basic principles and use of CT.	<input type="checkbox"/>		
Accurately describe labeling requirement for radiographs.	<input type="checkbox"/>		
Describe proper care and maintenance of radiographic cassettes.	<input type="checkbox"/>		
Describe proper care and storage of x-ray film.	<input type="checkbox"/>		

<i>KNOWLEDGE BASE</i>	<b>Check as completed</b>	<b>DATE SUCCESSFULLY COMPLETED</b>	<b>DVM INITIALS</b>
Demonstrate proper film handling.	<input type="checkbox"/>		
Accurately describe different contrast materials and their uses.	<input type="checkbox"/>		
Describe common equine and ruminant radiographic anatomy and positioning.	<input type="checkbox"/>		
Demonstrate knowledge of positioning avian and exotic pets for radiographs.	<input type="checkbox"/>		
Describe components of x-ray machine and how x rays are developed.	<input type="checkbox"/>		
Know difference between various screen types and films associated with each.	<input type="checkbox"/>		
Define radiology terms associated with exposure to radiation: REM, RAD, SIEVERT, MPD, dosimeter, and TLD.	<input type="checkbox"/>		
Define miliamperage, kilovoltage, miliamperage seconds, and focal spot to film distance (FFD).	<input type="checkbox"/>		
Define difference between low and high contrast objects.	<input type="checkbox"/>		
Describe proper environmental disposal of used processor fluids.	<input type="checkbox"/>		
Describe proper environmental disposal of films to be destroyed.	<input type="checkbox"/>		
Describe scatter radiation and grid usage.	<input type="checkbox"/>		
Define anatomical position terminology for small and large animal.	<input type="checkbox"/>		
Supervising veterinarian signature			
I, the undersigned, attest that I am the person described and identified as the supervising veterinarian of the above named veterinary technician candidate. I understand that the department may require additional information from me, and that if I provide false or incomplete information, the application of the candidate may be denied, or the license ultimately suspended or revoked.			
_____		_____	
SIGNATURE OF SUPERVISING VETERINARIAN		DATE SIGNED	

[Statutory Authority: RCW 18.92.128, WSR 10-11-119, § 246-935-255, filed 5/18/10, effective 6/18/10.]

**CONTINUING EDUCATION REQUIREMENTS**

**WAC 246-935-270 Purpose.** The purpose of these rules is to establish standards of continuing education for licensed veterinary technicians. The rules designate approved training methods, identify continuing education providers and set minimum continuing education credit requirements.

[Statutory Authority: RCW 18.92.030 and 2007 c 235, WSR 08-20-126, § 246-935-270, filed 10/1/08, effective 11/1/08.]

**WAC 246-935-280 Basic requirement—Amount.** Continuing education consists of programs of learning which contribute directly to the advancement or enhancement of the skills of licensed veterinary technicians. Beginning with license renewals on or after July 23, 2007, licensed veterinary technicians must complete thirty hours of continuing education every three years. No more than ten hours can be earned in practice management courses in any three-year reporting period. Licensed veterinary technicians must comply with chapter 246-12 WAC relating to continuing education requirements.

[Statutory Authority: RCW 18.92.030 and 2007 c 235, WSR 08-20-126, § 246-935-280, filed 10/1/08, effective 11/1/08.]

**WAC 246-935-290 Qualified organizations approved by the veterinary board of governors.** Courses offered by the following organizations qualify as continuing education courses for veterinary technicians.

- (1) The Washington State Association of Veterinary Technicians.
- (2) National Association of Veterinary Technicians in America.
- (3) All veterinary technician specialty academies recognized by the North American Veterinary Technician Association.
- (4) The American Association of Veterinary State Boards (AAVSB).
- (5) The American Veterinary Medical Association (AVMA).
- (6) The Washington State Veterinary Medical Association.
- (7) Any board approved college or school of veterinary medical technology.
- (8) Any state or regional veterinary association which is recognized by the licensing authority of its state as a qualified professional association or educational organization.
- (9) The American Animal Hospital Association.

(10) Veterinary specialty boards recognized by the American Veterinary Medical Association.

(11) Regional veterinary conferences and allied organizations recognized by AAVSB.

(12) The Registry of Approved Continuing Education (RACE).

(13) Other courses as approved by the board.

[Statutory Authority: RCW 18.92.030 and 2007 c 235. WSR 08-20-126, § 246-935-290, filed 10/1/08, effective 11/1/08.]

**WAC 246-935-300 Self-study continuing veterinary technician education activities.** The board may grant continuing education credit for participation in self-study educational activities. The board may grant a licensee a total of ten credit hours under this section for any three-year reporting period. Self-study educational activities may include:

(1) Credit for reports. The board may grant continuing education credit for reports on professional veterinary literature. Licensees must submit requests for credit to the veterinary board of governors at least sixty days prior to the end of the reporting period. The request must include a copy of the article, including publication source, date and author. The report must be typewritten and include at least ten descriptive statements about the article.

(a) Professional literature approved for these reports are peer reviewed veterinary medical journals.

(b) Each report qualifies for one credit hour. The board may grant a licensee up to five credit hours of continuing veterinary technician education under this subsection if the combined total of ten hours for all types of self-study continuing veterinary medical education is not exceeded.

(2) Credit for preprogrammed educational materials. The board may grant a licensee continuing education credit for viewing and participating in board-approved formal preprogrammed veterinary technician educational materials. The preprogrammed materials must be approved by an organization listed in WAC 246-935-290, and must require successful completion of an examination. Preprogrammed educational materials include, but are not limited to:

(a) Correspondence courses offered through journals or other sources;

(b) Cassettes;

(c) Videotapes;

(d) CD-ROM;

(e) Internet.

[Statutory Authority: RCW 18.92.030 and 2007 c 235. WSR 08-20-126, § 246-935-300, filed 10/1/08, effective 11/1/08.]

**WAC 246-935-310 Exceptions.** The board may excuse from or grant an extension of continuing education requirements to a licensed veterinary technician due to illness or other extenuating circumstances.

Licensees seeking an extension must petition the board, in writing, at least forty-five days prior to the end of the reporting period.

[Statutory Authority: RCW 18.92.030 and 2007 c 235. WSR 08-20-126, § 246-935-310, filed 10/1/08, effective 11/1/08.]

(10/4/11)

## PREPARATION AND ADMINISTRATION OF LEGEND DRUGS, NONLEGEND DRUGS AND CONTROLLED SUBSTANCES

**WAC 246-935-400 Citation and purpose.** As provided in RCW 18.92.013, the purpose of WAC 246-935-400 through 246-935-440, unless the context clearly requires otherwise, is to define and clarify nondiscretionary functions used in preparing, and administration of, legend drugs, nonlegend drugs, and controlled substances that may be delegated by a veterinarian to a licensed veterinary technician. The supervising veterinarian shall have legal responsibility for the health, safety, and welfare of the animal patient which the licensed veterinary technician serves. The supervising veterinarian shall delegate animal health care tasks only if the licensed veterinary technician is qualified to perform the task and the task is not precluded by the medical condition of the animal patient.

[Statutory Authority: RCW 18.92.030 and 18.92.013. WSR 10-06-086, § 246-935-400, filed 3/1/10, effective 4/1/10.]

**WAC 246-935-410 Definitions.** The definitions in this section apply throughout WAC 246-935-400 through 246-935-440 unless the context clearly requires otherwise.

**"Administer"** means the direct application of a drug whether by injection, inhalation, ingestion, or any other means, to the body of a patient.

**"Controlled substance"** means a drug, substance, or immediate precursor included in Schedules I through V as set forth in federal or state laws, or federal or board of pharmacy rules.

**"Deliver" or "delivery"** means the actual, constructive, or attempted transfer from one person to another of a legend drug or controlled substance, whether or not there is an agency relationship.

**"Legend drugs"** means any drugs which are required by state law or regulation of the state board of pharmacy to be dispensed on prescription only or are restricted to use by practitioners only.

**"Preparing"** includes the proper selection, measuring, labeling, or packaging necessary to prepare a prescription or order from a licensed veterinarian for delivery.

[Statutory Authority: RCW 18.92.030 and 18.92.013. WSR 10-06-086, § 246-935-410, filed 3/1/10, effective 4/1/10.]

**WAC 246-935-420 Delegated nondiscretionary functions used in preparing, and the administration of, legend drugs, nonlegend drugs and controlled substances.** Nondiscretionary functions, tasks or actions used in preparing, and the administration of, legend drugs, nonlegend drugs and controlled substances, delegated orally or in writing by the supervising veterinarian to the licensed veterinary technician are:

- Accessing the drug;
- Selecting the appropriate quantity;
- Packaging and labeling of the drug;
- Administering the drug to the animal patient; and
- Delivery of the drug to the owner or authorized agent.

[Statutory Authority: RCW 18.92.030 and 18.92.013. WSR 10-06-086, § 246-935-420, filed 3/1/10, effective 4/1/10.]

[Ch. 246-935 WAC p. 41]

**WAC 246-935-430 Controlled substance storage and records.** (1) Under WAC 246-933-320, it is the responsibility of a licensed veterinarian to assure that:

(a) All controlled substances are maintained in a locked cabinet or other suitable secure container according to federal and Washington state laws;

(b) Controlled substance records are readily retrievable, according to federal and Washington state laws. Records shall be maintained in sufficient detail to account for the receipt, use, and disposition of all controlled substances.

(2) A licensed veterinary technician shall ensure that proper storage and records of controlled substances are maintained during the performance of delegated functions related to controlled substances.

[Statutory Authority: RCW 18.92.030 and 18.92.013. WSR 10-06-086, § 246-935-430, filed 3/1/10, effective 4/1/10.]

**WAC 246-935-440 Maintenance of patient medical records.** The licensed veterinary technician shall include sufficient information in the patient medical record to document the care and treatment provided by the licensed veterinary technician. The records relating to delegated nondiscretionary functions used in preparing, and the administration of, legend drugs, nonlegend drugs and controlled substances shall, at a minimum, include dosage and route of the drugs prepared, administered, or delivered in response to a prescription or order from a licensed veterinarian.

[Statutory Authority: RCW 18.92.030 and 18.92.013. WSR 10-06-086, § 246-935-440, filed 3/1/10, effective 4/1/10.]

**WAC 246-935-990 Veterinary technician fees and renewal cycle.** (1) Licenses must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

(2) The following nonrefundable fees will be charged:

<b>Title of Fee</b>	<b>Fee</b>
State examination (initial/retake)	\$160.00
Initial license	110.00
Renewal	75.00
Late renewal penalty	80.00
Expired license reissuance	80.00
Duplicate license	30.00
Certification of license	30.00

[Statutory Authority: RCW 43.70.110, 43.70.250, and 2011 1st sp.s. c 50. WSR 11-20-092, § 246-935-990, filed 10/4/11, effective 12/1/11. Statutory Authority: RCW 43.70.250 and 2007 c 235. WSR 08-10-095, § 246-935-990, filed 5/7/08, effective 6/7/08. Statutory Authority: RCW 43.70.250, [43.70.]280 and 43.70.110. WSR 05-12-012, § 246-935-990, filed 5/20/05, effective 7/1/05. Statutory Authority: RCW 43.70.250, 2001 2nd sp.s. c 7 and RCW 18.92.125. WSR 01-23-101, § 246-935-990, filed 11/21/01, effective 1/21/02. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-935-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.250. WSR 93-14-011, § 246-935-990, filed 6/24/93, effective 7/25/93; WSR 92-07-036 (Order 252), § 246-935-990, filed 3/10/92, effective 4/10/92. Statutory Authority: RCW 43.70.040. WSR 91-02-050 (Order 122), § 246-935-990, filed 12/27/90, effective 1/31/91.]