New Mexico Board of Veterinary Medicine

Bovine Artificial Insemination and Pregnancy Diagnosis Permit Information

Pursuant to 16.25.8.8 NMAC: Any person who provides bovine artificial insemination (AI) and bovine pregnancy diagnosis (PD) services for compensation must possess a permit from the Board for each type of service.

Artificial Insemination and/or Pregnancy Diagnosis

Anyone providing artificial insemination and/or pregnancy diagnosis services to cattle for compensation must maintain a current permit(s) for those services. To obtain a permit or permits you must apply to the New Mexico Board of Veterinary Medicine and satisfy the following requirements:

Initial permit: Applicant must complete an approved course on bovine artificial insemination and/or bovine pregnancy diagnosis within the last two years, pass a written examination administered by the New Mexico Board of Veterinary Medicine with a score of 70% or greater, and pass a proficiency examination administered by a New Mexico Board of Veterinary Medicine-approved examiner. The examiner must endorse the application certifying that the examinee is proficient in the service tested and recommend the permit be issued. Minimum standards for the proficiency examination are set by the Board.

Permit renewal: Submission of the renewal application, letters of recommendation attesting to proficiency from at least two clients that have used applicant’s services within the last twelve months, and payment of the corresponding fee ($75 for one year, $225 for three year renewal). If two client endorsements are not available, taking and passing the Board-administered proficiency examination may be substituted. If the renewal application is not submitted prior to December 31st, the following late charges will apply: postal postmarked January 1st- January 31st - $50; after January 31st - $75.

If an AI or PD permit lapses and is not renewed within one year, the applicant must retake and pass the examinations before a renewal permit will be issued.

Minimum Standards for Proficiency Examination:

The number of animals required to demonstrate proficiency can meet or exceed the following minimum number set below as determined by Examiner. AI proficiency: Minimum of twelve and up to twenty five successfully passed pipettes. PD proficiency: Minimum of fifty cows palpated with sufficient number of open cows to demonstrate proficiency at determining normal open cow anatomy, and determining pregnancy status with at least 90% accuracy beginning at 60 days of pregnancy and 90% accuracy to trimester.
APPLICATION FOR PERMIT – BOVINE ARTIFICIAL INSEMINATION AND/OR BOVINE PREGNANCY DIAGNOSIS TECHNICIAN

(PLEASE TYPE OR PRINT LEGIBLY)

Please read the entire form carefully, and fill in as appropriate; incomplete application forms will be returned. All permit holders must notify the Board office, in writing, within 30 days of any address change. This form is available for download from the Board website address at bottom of page. Place a checkmark below in the appropriate box or boxes.

Type: ☐ Artificial Insemination (AI) ☐ Pregnancy Diagnosis (PD)

PERSONAL INFORMATION:

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<td>NAME TO APPEAR ON YOUR LICENSE</td>
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<td>EMAIL ADDRESS</td>
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PREFERRED MAILING ADDRESS*:

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HOME ADDRESS*: ☐ Same as above

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OFFICE USE ONLY.

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APPLICATION FEE

| Date of | ☐ BC ☐ MO | / / |
| Doc. No. |       |
| Amount   | ☐ $75 ☐ $150 |
FEES: The application fee for bovine artificial insemination/pregnancy diagnosis technicians is $75 per permit. The completed New Mexico Board of Veterinary Medicine AI/PD Proficiency Examiner Endorsement form must accompany the application. Performing the duties of a bovine artificial insemination and/or bovine pregnancy diagnosis technician without certification is a violation of the law.

By affixing my signature to this document, I am affirming that I agree with the facts that follow. I grant the New Mexico Board of Veterinary Medicine (NMBVM) permission to proceed in the following manner:

❖ To secure or request additional information, which may be required with regard to this application.

❖ I have read and understand the New Mexico laws that pertain to the practice of veterinary medicine and bovine artificial insemination/pregnancy diagnosis in this state, and the rules promulgated by the Board of Veterinary Medicine, which include the standards for professional conduct. I intend to practice in keeping with the laws and rules and all pertinent laws and rules that may be enacted in the future.

❖ I agree to be examined and/or submit to questioning by NMBVM to substantiate any and all claims or representations in this application

❖ All facts, statements, and answers contained in this application are true and correct to the best of my recollection. Any intentional omission, falsification or withholding of the aforementioned concerning my qualifications as an applicant, shall be sufficient grounds to bar me from obtaining this certification and/or any other certification issued by the New Mexico Board of Veterinary Medicine.

❖ Any intentional omissions, falsifications or withholdings discovered during the licensing process or after license has been issued, shall be grounds for cancellation of application and/or revocation of said certificate.

I herein affirm that I understand fully all conditions, requirements and statements, prescribed in this document. I further attest if I did not understand any parts of this application, I requested and received from NMBVM explanation to my complete understanding. I also certify that I have completed and successfully passed the bovine artificial insemination and/or bovine pregnancy diagnosis course of instruction given by the NMBVM-recognized bovine artificial insemination-bovine pregnancy diagnosis examiner or by another institution approved by New Mexico Board of Veterinary Medicine.

SIGNATURE

DATE

NOTARY PUBLIC

STATE OF

COUNTY OF

MY COMMISSION EXPIRES

SEAL

SIGNATURE

DATE

SIGN AND DATE IN INK COLOR OTHER THAN BLACK. FACSIMILES OR COPIES OF FACSIMILES WILL NOT BE ACCEPTED AND WILL BE RETURNED TO APPLICANT.

SUBMIT ORIGINAL FORM TO BOARD OFFICE, RETAIN A SIGNED COPY OF FORMS FOR YOUR RECORDS.
NOTICE OF CHANGE OF ADDRESS – AI/PD

Permit No. __________________________________________

Effective Date: ____________________________________

Name: ____________________________________________

Current Address: __________________________________ 

__________________________________________

Email Address: ____________________________________

Telephone no.: ___________ Fax no.: _____________

Is this the preferred address: ( ) Yes ( ) No

New Address: ______________________________________

__________________________________________

Email Address: ____________________________________

Telephone no.: ___________ Fax no.: _____________

Is this the preferred address: ( ) Yes ( ) No

Requested by: _________________________________

(Name) (Title)
BOVINE ARTIFICIAL INSEMINATION
BOVINE PREGNANCY DIAGNOSIS EXAMINER ENDORSEMENT

I endorse the application for a permit or permits for the applicant below and attest that the applicant has met the minimum standards of the proficiency examination as set forth by the Board of Veterinary Medicine. During the proficiency examination, the applicant demonstrated an acceptable level of knowledge and proficiency as required by the Board. I further attest that I have sufficient personal experience with the applicant to endorse this application and recommend the permit(s) be issued. I agree to provide additional information regarding applicant if requested by the Board.

AI Proficiency: Minimum of twelve and up to twenty-five successfully passed pipettes.

PD Proficiency: Minimum of fifty cows palpated with sufficient number of open cows to demonstrate proficiency at determining normal open cow anatomy and determining pregnancy status with at least 90% accuracy beginning at 60 days and 90% accuracy to trimester.

The number of animals required to demonstrate proficiency can meet or exceed the minimum number as determined by Examiner.

Applicant:
Signature
Printed Name
Printed Address
Telephone No.
Date

Examiner:
Signature
Printed Name
Printed Address
Telephone No.
Date