

September 22, 2025

George Skiles, Partner  
Sjoberg Evanshenk Consulting, Inc.  
455 Capitol Mall, Ste. 700  
Sacramento, CA 95814

RE: Arizona Veterinary Medical Examining Board – Sunset Review Response

Dear Mr. Skiles:

The Arizona Veterinary Medical Examining Board ("Board") has reviewed and provided responses (attached) to the performance audit and Sunset Review performed on behalf of the Arizona Auditor General's Office. The Board appreciates the feedback provided and has begun addressing and implementing the recommendations.

On behalf of the Board and Board staff, I offer our thanks to the Sjoberg Evashenk Consulting team for their professionalism and courtesy in conducting the review.

Respectfully,



Victoria Whitmore  
Executive Director

Enclosure

**Finding 1:** Board has not resolved some complaints in a timely manner, which could affect patient safety and cause undue burden for licensees/certificate holders.

Board response: The finding is agreed to.

**Recommendation 1:** Investigate and resolve complaints within 180 days.

Board response: The audit recommendation will be implemented.

Response explanation: The Board continually endeavors to resolve complaint cases within the Auditor General's Office 180-day recommendation even with the number of annual complaints rising 75% since FY19. Despite this, as noted in the Report, complaints were resolved faster in FY24 than they were in FY20, indicating that efforts have been made to modify the agency's processes. However, with the number of complaints increasing annually, and the fact that the Board itself reviews all cases, reaching the goal will become more challenging. The Board appreciates the recommendations and all will be implemented in addition to the agency studying other methods to decrease resolution time.

**Recommendation 2:** Develop and implement guidance for joint adjudication of related investigations. The guidance should balance timely resolution of complaints with the benefits of joint adjudication by indicating that individual complaints should be adjudicated separately when possible, and requiring documentation of the rationale for conducting joint adjudications.

Board response: The audit recommendation will be implemented.

Response explanation: The Board agrees and will continue to balance the need to thoroughly review investigative cases with all available information and the 180-day resolution goal. Guidance will be developed to assist the Board in making these decisions.

**Recommendation 3:** Consider meeting for longer times and/or more frequently than once per month to help ensure timely complaint resolution.

Board response : The audit recommendation will be implemented.

Response explanation: The Board typically meets on a monthly basis for approximately 8 hours and held a special meeting in June 2025 to assist in shortening the overall time of several cases that had been moved to the Informal Interview stage. Moving forward, the Board will consider meeting more frequently or holding longer meetings as Board member availability and staff resources allow.

**Recommendation 4:** Monitor the effects of the Board's decision to combine the 2 investigative committees into a single committee on complaint resolution timeliness, and determine the extent to which complaints are handled timely and whether additional measures are warranted, such as scheduling more frequent committee meetings.

Board response: The audit recommendation will be implemented.

Response explanation: The Board will review and consider the level of extra resources required and availability of volunteers to commit to serving on a second Investigative Committee or holding more frequent meetings. The Board reviews all cases; therefore, moving a much higher quantity of cases through the Investigative Committee will also impact Board agendas.

**Recommendation 5:** Minimize the effects of delayed complaint resolution resulting from consent agreements by reducing the timeframe requirement within which licensees must agree to and return signed consent agreements and take action if the licensee does not comply with the timeframe requirement.

Board response: The audit recommendation will be implemented.

**Finding 2:** Board did not comply with some State conflict-of-interest requirements, increasing risk that employees and Board members had not disclosed substantial interests that might influence or could affect their official conduct.

Board response: The finding is agreed to.

Response explanation: The Board understands and agrees with the critical importance of thoroughly complying with all conflict-of-interest requirements. While the audit did not discover any instances where Board members or staff did not properly disclose conflicts that may have impacted a matter heard by the Board or addressed by the agency, the Board will ensure that all requirements are met in the future.

**Recommendation 6:** Continue to develop and implement conflict-of-interest policies to help ensure compliance with state conflict-of-interest requirements and adhere to best practices, including using a conflict-of-interest disclosure form that addresses substantial interests for Board members, committee members, and employees and relatives.

Board response: The audit recommendation will be implemented.

Response explanation: As noted in the Report, this issue has been addressed; forms have been updated.

**Recommendation 7:** Continue to develop and implement conflict-of-interest policies to help ensure compliance with State conflict-of-interest requirements and adhere to best practices, including storing all substantial interest disclosures, including disclosure forms and meeting minutes, in a special file available for public inspection.

Board response: The audit recommendation will be implemented.

Response explanation: This recommendation has been addressed; all required documents have been added to the special file.

**Recommendation 8:** Continue to develop and implement conflict-of-interest policies to help ensure compliance with State conflict-of-interest requirements and adhere to best practices, including adopting a secondary review process to ensure disclosure forms submitted by Board members, committee members, and employees are complete.

Board response: The audit recommendation will be implemented.

Response explanation: This recommendation has been implemented; Board staff will review all forms for completeness and take action to address form deficiencies if needed.

**Recommendation 9:** Continue to develop and implement conflict-of-interest policies to help ensure compliance with State conflict-of-interest requirements and adhere to best practices, including requiring Board members to publicly state their reason for recusal during meetings.

Board response: The audit recommendation will be implemented.

Response explanation: Board members have begun to follow this recommendation and will continue to do so in the future.

**Recommendation 10:** Continue to develop and implement conflict-of-interest policies to help ensure compliance with State conflict-of-interest requirements and adhere to best practices, including providing periodic training to employees, at least annually, on the Board's conflict-of-interest requirements, process, and disclosure form, including how the State's conflict-of-interest requirements relate to their unique programs, functions, or responsibilities.

Board response: The audit recommendation will be implemented.

Response explanation: Efforts to develop annual staff training on this topic have begun.

**Sunset factor 2:** The Board's effectiveness and efficiency in fulfilling key statutory objectives and purposes.

**Board does not have approach to track and monitor licenses and certificates to help ensure licenses and certificates are issued in a timely manner.**

Board response: The finding is agreed to.

Response explanation: As noted in the Report, all veterinary licenses and certified veterinary technician certificates issued that were sampled were done so accurately and within timeframes, which indicates that the Board utilizes a checklist tracking system plus multiple staff and Executive Director reviews to ensure that licenses/certificates are issued as quickly and efficiently as possible, within required timeframes. However, an electronic system was not maintained.

**Recommendation 11:** Develop and implement a mechanism for tracking and monitoring license and certificate issuance to help ensure licenses and certificate continue to be issued in a timely manner.

Board response: The audit recommendation will be implemented.

Response explanation: Recently, the Board implemented an extensive E-licensing system, which allows for electronic tracking and reporting for key dates in the process, which is expected to thoroughly address this recommendation.

**Board did not review/validate continuing education prior to renewing licenses and certificates, nor did it have a process to audit licensee and certificate holders' compliance with continuing education requirements on a random sample basis.**

Board response: The finding is agreed to.

Response explanation: The Board understands the importance of ensuring licensees' compliance with continuing education (CE) requirements. One of the many reasons for developing an E-licensing system was to streamline the process for licensees to track CE and create an efficient process for random audits. The Board's previous system did not have the capability for licensees to upload and store CE documents and the Board lacked Licensing staff resources to consistently verify compliance. While the Board did not validate all CE prior to renewing licenses, which was an online automatic process, an informal process existed to verify as resources allowed after the automatic renewal. The Board reviewed information pertaining to those individuals identified who had deficiencies.

**Recommendation 12:** Establish and implement procedures for verifying that renewal applicants have met continuing education requirements, such as by developing and implementing a random audit process to verify compliance.

Board response: The audit recommendation will be implemented.

Response explanation: With the Board's recent implementation of a new E-licensing system, the Board now has the capability to efficiently conduct a random audit process.

**Board did not always issue veterinary medical premises and animal crematory licenses in a timely manner.**

Board response: The finding is agreed to.

Response explanation: The audit review has highlighted the fact that the current Administrative Rules effectively align with individual licensing, but not completely with premises and animal crematory licensing. The "90 day" timeframe referenced in statute to issue a license includes the statement "if the application demonstrates compliance...". Therefore, statute allows licenses to be issued more than 90 days after an application is received in some circumstances. The Board has maintained an effective inspection and licensing process for over 30 years, with licenses being issued in most situations within 90 days, regardless of the time taken by the applicant to fulfill their requirements. Since statute allows for premises to operate as soon as the application and license fee are received, the Board believes it is in the best interest of public protection to inspect and license facilities as soon as possible, using the most time-efficient and cost-effective methods to conduct statewide inspections. The audit report cites 3 instances, all from 2019, in which for various reasons, the applicant caused long delays in the process, despite the efforts of Board staff.

**Recommendation 13:** Complete required inspections and issue veterinary premises and animal crematory licenses within the 90-day time frame.

Board response: The audit recommendation will be implemented.

Response explanation: The Board believes that modifying the Administrative Rules will clarify the timeframes.

**Recommendation 14:** Revise its rules to better reflect its processes and timelines for licensing veterinary premises and animal crematory premises, such as allowing for licensing time frames to be suspended for scheduling inspections.

Board response: The audit recommendation will be implemented.

**Recommendation 15:** Review and approve each premises license application individually when an applicant submits multiple applications.

Board response: The audit recommendation will be implemented.

Response explanation: The one 2019 example identified by the audit team was an unusual circumstance caused by the applicant and is not indicative of a pattern of the Board's normal process. This sample was related to 30 vaccine clinic applications submitted on the same date. Clinics were often cancelled at the last minute due to staffing issues and corrections of potential violations noted were not consistent, requiring additional coordination and follow-up with the applicant. The Board, as well as the applicant, found that handling a portion of them as a group was more efficient than doing so individually since the issues were the same or similar for all.

**Board did not evaluate the appropriateness of its fees.**

Board response: The finding is agreed to.

Response explanation: While the Board annually reviews its actual and projected revenue data (which is based on fees) in comparison to actual/projected expenditures, the recommendation to regularly study individual fees will be implemented. Many fees are set in statute; any changes of those would require legislative action.

**Recommendation 16:** Develop and implement policies and procedures for periodically reviewing the appropriateness of its fees that direct it to analyze the costs of its regulatory processes, compare these costs to the associated fees, determine the appropriate licensing fee amounts, and then revise its fees as needed.

Board response: The audit recommendation will be implemented.

**Sunset factor 4:** The extent to which rules adopted by the Board are consistent with the legislative mandate.

**Board adopted some rules that are not consistent with statute.**

Board response: The finding is agreed to.

Response explanation: The Board had identified some rules that are in need of updating and noted these in its 5-year rule review. No new rules have recently been adopted that are inconsistent; the inconsistencies have arisen due to more recent statute changes and changes in technology and agency best practices.

**Recommendation 17:** Revise the inconsistent rules identified from its 5-year rule review.

Board response: The audit recommendation will be implemented.

Response explanation: The Board has begun the process to implement this recommendation.

**Recommendation 18:** Revise A.A.C. R3-11-401 to align with the statutory requirement in A.R.S. §32-3248 by amending the rule to require the 3 hours of continuing education related to opioid use, substance use disorders, or addiction for applicable licensees.

Board response: The audit recommendation will be implemented.

Response explanation: This rule will be included in the Board's next rule package.

**Sunset factor 5:** The extent to which the Board has provided appropriate access to records, meetings and rulemakings, including soliciting public input.

**Board did not properly disclose disciplinary and non-disciplinary actions on its website.**

Board response: The finding is agreed to.

Response explanation: As noted in the Report, the website did not include any copies of Board Orders outlining disciplinary or non-disciplinary actions that were beyond 5 years as required. However, the Board's long-standing IT system did not allow for the complaint case number to be removed from the website without deleting the entire complaint record from the electronic system. One of the goals of obtaining a new E-licensing system was to address this issue.

**Recommendation 19:** Remove references to disciplinary and nondisciplinary actions from its website's directory that are more than 5 years old.

Board response: The audit recommendation will be implemented.

Response explanation: This recommendation has been implemented. In August 2025, the Board's new online licensee directory was launched that corrected this issue.

**Recommendation 20:** Develop and implement a process to monitor and verify that disciplinary actions are posted accurately and added and removed timely on its website.

Board response: The audit recommendation will be implemented.

Response explanation: This recommendation has been implemented. The Board's new E-licensing system automatically removes all disciplinary/non-disciplinary action information

from the online directory after 5 years and the agency continues to maintain a tracking list to cross-check accuracy.

**Sunset factor 6:** The extent to which the Board timely investigated and resolved complaints that are within its jurisdiction.

**Board did not timely notify licensees or certificate holders of informal interviews.**

Board response: The finding is agreed to.

**Recommendation 21:** Establish and implement a process for timely notifying licensees or certificate holders of informal interviews before the Board to review their matter.

Board response: The audit recommendation will be implemented.

Response explanation: This recommendation has been implemented to address situations such as the 2 samples identified in the audit where notices were sent one day less than required. Mailing Informal Interview notices will be prioritized over other activities required by staff following Board meetings.