North Carolina Veterinary Medical Board

1611 Jones Franklin Rd., Suite 106, Raleigh, NC 27606 Phone: (919) 854-5601 Fax: (919) 854-5606

Application for **individuals** seeking approval of CE Presentations

Please contact the provider of your program before submitting request to the Board.

Complete this form and attach any additional information such as pamphlets, brochures, web page information, etc. and **mail/fax** to NCVMB or e-mail to cmoss@ncvmb.org

I am a: [] Veterinarian [] Veterinary Technician				
Name:				
	First	Middle		Last
Address:				
		Street / PO Box / Ap	ot. No.	
		City State	Zip	
Telephone No.: () -	E-mail: _		
	CONTINUING E	DUCATION PROG	GRAM INFORMATIO	N
Program Title:				
Sponsored by:				
Topic of program:				
Location:				
Date when program	ı did/will take pla	City		State
Number of CE hour	rs requested:			
Method of Delivery	: Check appropri	ate box or boxes		
[] Classroom Presentation only	providing: [] Breakfast		Presentation (Includes webinars, web	(Considered
	[] Lunch [] Dinner		conferences, etc.)	computer-based)

NOTE: Processing time is approximately two (2) weeks.