

North Carolina Veterinary Medical Board

Information for Providers of Continuing Education seeking approval for Presentations.

Continuing education credit for presentations should be requested by provider. Presentations need to be submitted by mail a minimum 7 day prior to the presentation. Please note that not all continuing education programs can be approved.

Providers seeking credit must provide an agenda or outline which includes presentation start and stop times, speaker names, location, and title & topic to be presented. Topics must be related to the practice of veterinary medicine.

Continuing education credit is based on 1 hour (60 minutes) of lecture, wetlab, laboratory attended. The Board does not approve attendance to exhibit halls.

3 hours of credit may be used each renewal cycle for computer based training pertaining to the practice of veterinary medicine. The Board can only approve computer based training presentations for 3 hours.

Providers are required to present each individual who has completed the presentation with a certificate showing the number of credit hours as approved by the N.C. Board. Failure to do so can result in approval of presentation to be withdrawn. Approval of future programs also depends on complying with Board requirements. Should any changes be made to the continuing education presentation, the Board will need to have prior notification in writing of those changes.

It should be noted that some educational training provided during presentations can not be preformed by anyone other than a North Carolina licensed veterinarian.

Below is a form to help providers with approval request.

NCVMB

North Carolina Veterinary Medical Board
Continuing Education Credit Approval Request form

Request for continuing education credit approval must be submitted by mail at minimum of 7 days prior to the presentation. Board will not approve continuing education credit for presentation that have already taken place. Submit copy of a Speaker Bio (brief), Agenda/outline of presentation, and/or advertisement with form.

Name of Company: _____

Person making request: _____
First Last

Address: _____
Street/P.O. Box/Apt#

City State Zip Code

Phone Number: (____) _____

Number of C.E. credit requested: _____

Sponsor Name/Company Name (if different from above):

Program Title: _____

Topic of Program: _____

Speaker Name(s): _____

Date and location/where program is to be held:

Date	Location (City, State)

Method of Delivery: Circle One

Classroom Presentation	Computer based Presentation	Dinner Presentation	Lunch Presentation	Teleconference Presentation
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