Information for Providers of Continuing Education

Continuing education credit for presentations should be requested by provider. Presentations need to be submitted by mail, fax or emailed to cmoss@ncvmb.org a minimum of 14 days prior to the presentation, and sooner if you wish to advertise that your program has been approved by the Board. 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. Topic(s) must be related to the practice of veterinary medicine.

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

The Board can only approve computer-based training presentations pertaining to the practice of veterinary medicine. Ten (10) hours of computer-based education may be used by veterinarians toward each renewal cycle; six (6) hours for veterinary technicians.

Providers are required to present each attendee with a certificate showing proof of participation/attendance. Approval of future programs depends on compliance with Board requirements. Should any changes be made or future dates added, the Board will need to have prior notification of those changes.
Provider Approval Request Form - CE Credit

Request for CE credit approval must be submitted fourteen (14) days prior to the presentation. The Board is not required to approve CE credits after a presentation has already taken place. Please submit this form, a copy of the speaker’s brief Bio, and an agenda/outline showing times of presentations and breaks.

Name of Company: ________________________________________________________________

Person making request: ____________________________________________________________

First ___________________________________________________ Last _______________________

Address: _______________________________________________________________________

Street / PO Box / Apt. No. _______________________________________________________________________

City __________________ State ________________ Zip ________________

Telephone No.: (______)____________________ E-mail: ________________________________

Number of CE credit hours: ______

• Request for CE program to be ongoing: [ ] Yes [ ] No

• If ongoing from (date)____________________ to _____________________

❖ If “yes”, please keep NCVMB updated on new dates & locations

Sponsor’s name/Company’s name if different from above:

__________________________________________________________________________

CE Program: [ ] by invitation only
[ ] open to the public

(If open to the public, contact information required if different from above)

(P) ______________________________________ (F) __________________________

(website) _______________________________________________________________________

(contact person) __________________________ (email) __________________________
Program Title: ___________________________________________________________

Topic of program: __________________________________________________________

Speaker(s) name: __________________________________________________________

Date(s) and Location(s):

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Method of Delivery: Check appropriate box or boxes

[ ] Classroom Presentation only
[ ] Classroom presentation providing:
  [ ] Breakfast
  [ ] Lunch
  [ ] Dinner
[ ] Computer-Based Presentation (Includes webinars, web conferences, etc.)
[ ] Teleconference Presentation (Considered computer-based)

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