## **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 **jduck@ncvmb.org** 

I am a: [ ] Veterin	arian [] Veter	inary Technician			
Name:					
	First Middle			Last	
Address:					
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Program Title:					
Sponsored by:					
Topic of program:					
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Number of CE hour	rs requested:				
Method of Delivery	: Check appropri	ate box or boxes			
[ ] Classroom Presentation	[ ] Classroom providing:	resentation [	] Computer-Based Presentation	[ ] Teleconference Presentation	
only	[] Breakfast		(Includes webinars, web conferences, etc.)	(Considered computer-based)	
	[ ] Dinner		, ,		

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