

Application for Continuing Education Approval

This form must be submitted at least 45 days prior to program date for pre-approval.

1. Is this program RACE approved? ____yes ____no Date:____/____/____

2. Sponsoring Organization: _____

3. Contact Person: Name _____

Address _____

City/State/Zip _____

Telephone # _____ Fax # _____

E-Mail Address _____

4. Title of Program: _____

5. Program Date(s): _____

6. Program Location(s): _____

7. Presenter(s): attach separate sheet if necessary:

Name _____ Position _____

Name _____ Position _____

Name _____ Position _____

8. **TOTAL** number of CEUs requested and how each CEU will be classified:

Scientific _____ **Management** _____ (1 CEU equals 1 hour of approved education)

9. Target audience: _____

10. List or attach a time schedule of program events (i.e.: 6:00 p.m. Social; 7:00 p.m. CE Program; 8:00 p.m.. Business Meeting. Be sure to list the time of day): _____

11. Educational Objectives: (Action words describing what the participant should learn.) **“At the completion of this program, the participant should be able to:”**

12. Attached: ____ Program agenda with full schedule ____ Itemization of each hour of CEU requested per session or seminar ____ Classification of each CEU (Scientific or Management) ____ Bio of each Presenter

13. I agree to take responsibility for the information provided here-in and the guidelines established for sponsorship of the continuing education program.

Signature _____ Date _____

SEND TO: IOWA BOARD OF VETERINARY MEDICINE, Wallace Building, 502 E. 9th St., Des Moines, Iowa 50319
PHONE: 515-281-8617 FAX: 515-281-4282

INTERNAL USE ONLY: Application and Documents Received ____/____/____

This program has been approved for: # **Scientific CEU:** _____ # **Management CEU:** _____

Reviewed and approved by: _____