

# 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 \_\_\_\_\_

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**SEND TO: IOWA BOARD OF VETERINARY MEDICINE, Hoover Building, 1305 E. Walnut 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: \_\_\_\_\_