

STATE OF NEVADA



BOARD OF VETERINARY MEDICAL EXAMINERS

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Reno, Nevada 89502

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REQUEST FOR APPROVAL OF CONTINUING EDUCATION

Date Submitted: \_\_\_\_\_ Email Address \_\_\_\_\_

\_\_\_\_\_  
Name of Organization/Sponsor

\_\_\_\_\_  
Contact person/Phone

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip

Has your organization ever applied for approval of continuing education for this course in the State of Nevada? \_\_\_\_\_ If yes, when \_\_\_\_\_

Name of course being presented: \_\_\_\_\_

Number of CE hours being requested for presentation \_\_\_\_\_

For: Veterinarians \_\_\_\_\_ and/or Veterinary Technicians \_\_\_\_\_

Location of CE Program: \_\_\_\_\_

Date of CE Program: \_\_\_\_\_

Please provide a copy of the following:

- Program's subject matter-submit an outline or course material
- An hour-by hour program schedule illustrating the hours of the presentation
- Identification of speakers and instructors
- The presenter(s) academic background in the CE program being taught
- The presenter(s) Curriculum Vitae
- A copy of the Certificate of Attendance that will be given to all attendees.

**All requests, including supporting documentation must either be mailed or e-mailed to the Board office 60 days prior to the date of the program. Faxes will not be accepted. The Board will review this request at their next scheduled Board meeting and notification of the Board's decision will be sent within 10 days after the meeting.**