

Application for Continuing Education Approval

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

Date: _____/_____/_____

1. Is this program RACE approved? ____yes ____no
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)
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
E-MAIL: _____

Internal Use Only

Request Received: _____/_____/_____

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

Reviewed by: _____