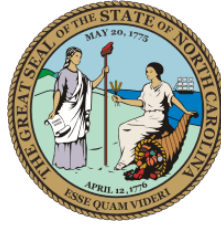# North Carolina Veterinary Medical Board

Information for Providers of Continuing Education

Continuing education credit for presentations should be requested by provider. Presentations need to be submitted by **mail, fax or emailed to Cheryl@ncvmb.org a minimum of 14 days prior to the presentation**, and sooner if you wish to advertise that your program has been approved by the Board. Please note that not all continuing education programs can be approved.

Providers seeking credit must provide an agenda or outline which includes presentation start and stop times, speaker names, location, and title & topic to be presented. Topic(s) must be related to the practice of veterinary medicine.

Continuing education credit is based on 1 hour (60 minutes) of lecture or lab attended. The Board does not approve attendance to exhibit halls or breaks.

The Board can only approve computer-based training presentations pertaining to the practice of veterinary medicine. Ten (10) hours of computer-based education may be used by veterinarians toward each renewal cycle; six (6) hours for veterinary technicians.

Providers are required to present each attendee with a certificate showing proof of participation/attendance. Approval of future programs depends on compliance with Board requirements. Should any changes be made or future dates added, the Board will need to have prior notification of those changes.

North Carolina Veterinary Medical Board

1611 Jones Franklin Rd., Suite 106, Raleigh, NC 27606
Phone: (919) 854-5601   Fax: (919) 854-5606

Provider Approval Request Form - CE Credit

Request for CE credit approval must be submitted fourteen (14) days prior to the presentation. The Board is not required to approve CE credits after a presentation has already taken place. Please submit this form, a copy of the speaker's brief Bio, and an agenda/outline showing times of presentations and breaks.

Name of Company: _____

Person making request: _____
First   Last

Address: _____
Street / PO Box / Apt. No.

_____
City   State   Zip

Telephone No.: (_____) - _____ E-mail: _____

Number of CE credit hours: _____

- Request for CE program to be ongoing: [ ] Yes   [ ] No

- If ongoing from (date)_____ to _____

  ❖ **If "yes", please keep NCVMB updated on new dates & locations**

Sponsor's name/Company's name if different from above:

_____

CE Program: [ ] by invitation only
[ ] open to the public

*(If open to the **public**, contact information required if different from above)*

(P) _____ (F) _____

_____
(website)

_____
(contact person)   (email)

Program Title: _____

Topic of program: _____

Speaker(s) name: _____

                        _____

                        _____

Date(s) and Location(s):

Date	Location (City & State)

Method of Delivery: *Check appropriate box or boxes*

| [ ] Classroom Presentation only | [ ] Classroom presentation providing:
    [ ] Breakfast
    [ ] Lunch
    [ ] Dinner | [ ] Computer-Based Presentation
(Includes webinars, web conferences, etc.) | [ ] Teleconference Presentation
(Considered computer-based) |

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