North Carolina Veterinary Medical Board

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Phone: (919) 854-5601 Fax: (919) 854-5606

Application for **individuals** seeking approval of CE Presentations

Please contact the provider of your program before submitting request to the Board.

Complete this form and attach any additional information such as pamphlets, brochures, web page information, etc. and **mail/fax** to NCVMB or e-mail to **Cheryl@ncvmb.org**

I am a: [ ] Veterinarian [ ] Veterinary Technician

Name: _____
First Middle Last

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

_____
City State Zip

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

CONTINUING EDUCATION PROGRAM INFORMATION

Program Title: _____

Sponsored by: _____

Topic of program: _____

Location: _____
City State

Date when program did/will take place: _____

Number of CE hours requested: _____

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.