



m1 MINNESOTA
BOARD OF VETERINARY MEDICINE

2829 University Avenue SE #401
Minneapolis, MN 55414
Phone: 651-201-2844
Fax: 651-201-2842
MN Hearing/Speech Relay: 1-800-627-3529
Email: vet.med@state.mn.us
Website: mn.gov/boards/veterinary-medicine/



CE PROGRAM APPROVAL FORM FOR INDIVIDUAL ATTENDEES

Complete and mail this form to the Minnesota Board of Veterinary Medicine for obtaining CE credit for attendance at a previously unapproved CE program that you attended in the last 30 days. This form may also be used to obtain advance approval and CE credit determination for an unapproved course you plan to attend. An approval letter will be sent to your email address if your program is approved.

THIS FORM IS TO BE COMPLETED ONLY BY LICENSED MINNESOTA VETERINARIANS

Name and License #	
Address (City, State, Zip)	
Phone	
E-mail (required)	
Title of course/program	
Location and dates of program	
Type (lecture, lab, etc.)	
Name and address of sponsor	
Description of course content, including time schedule (<i>Attach a copy of the program announcement if available</i>)	
Name(s) and qualifications/credentials of presenters (<i>Attach additional pages if needed</i>)	
Number of hours of credit requested	<input type="text"/>

Signature of DVM _____ Date: _____

CE programs sponsored by the AVMA, CVMA, AAHA, regional specialty boards, state and local VMA's, colleges of veterinary medicine, academic or specialty groups, academies of veterinary practice, international veterinary organizations, USAHA, USDA, and Minnesota Board of Animal Health are pre-approved and do not require individual approval. Programs by other sponsors who have obtained advance approval do not require individual approval.

Send completed form to: Minnesota Board of Veterinary Medicine 2829 University Ave SE #401 Minneapolis, MN 55414 or e-mail the signed and completed form to vet.med@state.mn.us

For board use only:

Date approved	Approved by	Hours