



m1 MINNESOTA
BOARD OF VETERINARY MEDICINE

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Website: mn.gov/boards/veterinary-medicine/



CE PROGRAM APPROVAL FORM FOR INDIVIDUAL ATTENDEES

Complete and email 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 & VETERINARY TECHNICIANS

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 Licensee _____ 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: vet.med@state.mn.us

For board use only:

Date approved	Approved by	Credits