

**MINNESOTA BOARD OF VETERINARY MEDICINE SPONSOR APPLICATION  
FOR PRE-APPROVAL OF VETERINARY CONTINUING EDUCATION (VCE) PROGRAM**

Sponsoring organization:	
Website link:	
Contact person:	Email:
Phone:	Fax:
Mailing address:	
Program title:	
Program date(s):	Start/End times:
What is the course tuition fee?	No. CE hours requested:
Program type: <input type="checkbox"/> Avian <input type="checkbox"/> Small animal <input type="checkbox"/> Public Health <input type="checkbox"/> Swine <input type="checkbox"/> Equine <input type="checkbox"/> Bovine <input type="checkbox"/> Complementary and Alternative Medicine <input type="checkbox"/> Other: _____	
Program location, including name of facility:	
Names and credentials of presenters:	
Program content (Describe course, including a schedule of the hours of instruction; attach brochure if available):	
What will be the mode of instruction:	
Audience this program is designed for:	
What do expect participants to learn:	
What will be your method of monitoring and certifying attendance? (Certification must be provided to the attendee, not to the Board.)	
As sponsors of an approved veterinary continuing education program, we agree to: <ol style="list-style-type: none"> <li>1. Notify the Minnesota Board of Veterinary Medicine of course cancellation or changes;</li> <li>2. Maintain attendance for 4 years and verify individual attendance to the Board upon request;</li> <li>3. Provide each attendee with a certificate of attendance which states the number of VCE hours earned.</li> </ol>	
Date:	Signature:
For Board use only	Send completed form and <b>\$50 check</b> to: Minnesota Board of Veterinary Medicine 335 Randolph Ave. #215 St. Paul, MN 55102
Date received:	
CE hours approved:	
Approved by:	