

# ALABAMA CONTINUING EDUCATION COURSE APPROVAL APPLICATION

*The following must be provided for Board review & approval:*

## **SECTION I - CHECKLIST**

- \_\_\_\_\_ **Application**
- \_\_\_\_\_ **Agenda**
- \_\_\_\_\_ **Objective statement**
- \_\_\_\_\_ **Certificate or Letter Certifying attendance** for this program (example)
- \_\_\_\_\_ **Speaker bios** – one page listing credentials for each presenter
- \_\_\_\_\_ **Draft advertisement/ Promotional materials** - if available
- \_\_\_\_\_ **Course Evaluation Forms** – if available
- ★ \_\_\_\_\_ **Attendance List** – Must be received within 30 days of program completion

## **SECTION II – CE PROVIDER INFORMATION**

Provider Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone/Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

1. Is organization/provider:
  - chartered by state?     private for-profit?     private not-for-profit?
  - accredited school/college/university?     government agency?     incorporated?
  - veterinary association?     other? (describe) \_\_\_\_\_
2. How long has this organization/provider been conducting continuing education programs?
3. Are your educational programs currently accredited or approved by another agency?
4. Has your organization ever been denied or had accreditation or approval removed?
5. How do you monitor attendance?

## **Section II – Program Information**

**Program Title:** \_\_\_\_\_

Total Contact Hours of CE available for Veterinarians \_\_\_\_\_

**Total Pharmacological Review CE Hours Provided for Veterinarians** \_\_\_\_\_

**Total Law Review CE Hours Provided for Veterinarians** \_\_\_\_\_

Total Contact Hours of CE available for Veterinary Technicians \_\_\_\_\_

*(refreshment and lunch breaks must be excluded in total number of hours requested)*

**1. Program Description Summary -** \_\_\_\_\_

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### **Method of Delivery:**

classroom    on-line    correspondence    video    video-conference

lab    other, please describe \_\_\_\_\_

### **Subject-matter Category: [check all that apply]**

medical/surgical    acupuncture    chiropractic    holistic    herbal

large animal    small animal    exotics    avian    reptiles

practice management    professional development    promotional

other, please describe \_\_\_\_\_

*(if more than one category, hours must be distinguished on all submitted materials, including certificate of attendance)*

**2. Attach Program Agenda, including a detailed course outline and schedule – i.e., times, topics and speakers.**

**3. Attach Objective Statement -** describe what the program developer expects the participants to learn and be able to do and how the participant will be evaluated.

**4. Attach sample forms used to Certify Attendance –** certificate or letter

**5. Attach Speaker Bios** with credentials for each presenter. Include contact list including the name, address, telephone number and affiliation of presenters for large programs (>15 presenters). Provide vitae for each presenter.

**6. Submit Draft Advertisement or Brochure, if available.**

7. Submit sample forms used to **Evaluate Course**, if available.

8. List Location(s) (City, State) Date(s)

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(Attach additional sheet if necessary)

**You will be notified of the approval decision via mail.**

Please mail your completed application packets to:

**Alabama State Board of Veterinary Medical Examiners  
8 Commerce Street – Suite 910  
Montgomery, AL 36130-5330**

Or if by Fed Ex, UPS or other carrier to:

**8 Commerce Street – Suite 910  
Montgomery, AL 36130-5330**

Phone: 334-262-8068 Fax: 334-262-8716 Email: [David.Phillips@ASBYME.alabama.gov](mailto:David.Phillips@ASBYME.alabama.gov)

For Official Use Only

Name of Provider: \_\_\_\_\_

Date Received: \_\_\_\_\_

Approval Date: \_\_\_\_\_

Date Reviewed by Board: \_\_\_\_\_

Disapproval Date: \_\_\_\_\_

Comments: