ALABAMA STATE BOARD OF
VETERINARY MEDICAL EXAMINERS
8 COMMERCE STREET – SUITE 910
MONTGOMERY AL 36104
(334) 262-8068
(334) 262-8716 (fax)

CONTINUING EDUCATION CREDIT FOR VETERINARIANS PARTICIPATING IN CLINICAL-ASSOCIATED INTERNSHIP TRAINING PROGRAMS

That Alabama State Board of Veterinary Medical Examiners recognizes the educational benefits of certain components of internship training programs and may allow this training to serve as credit towards the annual continuing educational requirements for renewal of state licensure. This credit is only applicable for individuals actively participating on a full-time basis in an internship program that is registered with the American Association of Veterinary Clinicians Internship Matching Program. The program must have **full-time, active participation** by at least one individual board-certified in a clinical specialty recognized by the American Board of Veterinary Specialties (excluding American Board of Veterinary Practitioners). Continuing education credit will be considered for participation in journal clubs, clinical pathologic conferences, morbidity and mortality rounds, intern/resident training rounds, or resident/faculty seminars that are presented or supervised by board certified specialist.

The board reserves the right to determine the acceptability of each internship training program in fulfilling the requirements necessary for credit toward the continuing education requirements.

Please complete the reverse side of this form and return to:

Alabama State Board of Veterinary Medical Examiners
8 Commerce Street – Suite 910
Montgomery, AL 36104

REQUEST FOR CONTINUING EDUCATION CREDIT RESULTING FROM PARTICIPATION IN AN INTERNSHIP TRAINING PROGRAM

1. Location of training program _____

2. Date training program began? _____

3. Are you actively participating in this internship program on a full time basis?

   Yes No (Circle one)

4. List the Board-certified individual(s) associated with your training program.

   _____ _____

   _____ _____

   _____ _____

5. Are you in good standing in the training program?

   Yes No (Circle one)

6. Attach a sheet describing the **topics** covered and **number of hours** spent participating in each topic for all journal clubs, clinical pathologic conferences, morbidity and mortality rounds, intern/resident training rounds, or resident/faculty seminars.

_____ _____

Intern's Name (print) Intern's Signature

I certify that the information provided above and in all attachments is correct.

_____ _____

Intern Supervisor (print) Intern Supervisor's Signature