

ALABAMA STATE BOARD OF VETERINARY MEDICAL EXAMINERS 8100 SEATON PLACE – SUITE A MONTGOMERY AL 36116 (334) 395-5112 (334) 395-5117 (fax)



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

That Alabama State Board of Veterinary Medical Examiners recognizes the educational benefits of clinically associated residency-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 a residency program in those specialties recognized by the American Board of Veterinary Specialties and only in those areas that are clinically relevant. The resident's training program, and the resident, must be registered and in good standing with the appropriate specialty college.

The board reserves the right to determine the acceptability of each residency 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 8100 Seaton Place – Suite A Montgomery, AL 36116

REQUEST FOR CONTINUING EDUCATION CREDIT RESULTING FROM PARTICIPATION IN A RESIDENT TRAINING PROGRAM

| 1. | I am participating in the following residency-training program. | | | | |
|--|---|--|-------------------------|---------------------------------|--|
| | Specialty College | | | | |
| | Institution | | | | |
| 2. | Date training program began? | | | | |
| 3. | I am actively participating in this residency program on a full time basis? | | | | |
| | Yes | No | (Circle one) | | |
| 4. | I am registered v | registered with the specialty college? | | | |
| | Yes | No | (Circle one) | | |
| 5. I am good standing in the training program? | | | | | |
| | Yes | No | (Circle one) | | |
| | | | | | |
| | | | | | |
| Resident's Name (print) | | | | Resident's Signature | |
| | | | | | |
| | | | | | |
| Lc | ertify that the info | rmatio | n provided above is co | urrect | |
| 10 | ertify that the fillo | rmatio | ii provided above is eo | irect. | |
| | :1 . 0 | (| | B :1 +0 : | |
| Resident Supervisor (print) | | | | Resident Supervisor's Signature | |