

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 - _____

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)

(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
8100 Seaton Place – Suite A
Montgomery, AL 36116**

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

**8100 Seaton Place – Suite A
Montgomery, AL 36116**

Phone: 334-395-5112 Fax: 334-395-5117 Email: John.McCall@asbvme.alabama.gov

For Official Use Only

Name of Provider: _____

Date Received: _____

Approval Date: _____

Date Reviewed by Board: _____

Disapproval Date: _____

Comments: