



APPLICATION FOR APPROVAL OF CONTINUING EDUCATION PROGRAMS FOR VETERINARIANS AND VETERINARY TECHNICIANS

State Form 51115 (R2 / 6-23)

INDIANA BOARD OF VETERINARY MEDICINE
 1202 East 38th Street
 Discovery Hall, Ste. 100
 Indianapolis, IN 46205
 Telephone: (317) 544-2409
 E-mail: VetBoard@vetboard.in.gov
 Website: www.in.gov/VetBoard

| | |
|---|--|
| DATE RECEIVED (month, day, year) | |
| APPROVAL DATE (month, day, year) | |
| CONTINUING EDUCATION HOURS GRANTED | |

DO NOT WRITE ABOVE THIS LINE – FOR OFFICE USE ONLY

PLEASE TYPE OR PRINT AND ANSWER ALL QUESTIONS.

SPONSORING ORGANIZATION

| | | | |
|--|-------------------|----------------|----------|
| Name of sponsoring organization | | | |
| Address (number and street or post office box) | | | |
| City | | State | ZIP code |
| Telephone number (daytime) () | Fax number () | E-mail address | Website |

PROGRAM COORDINATOR

| | | |
|--|-------------------|----------------|
| Name(s) of program coordinator(s) | | Title |
| Mailing address (number and street or post office box) | | |
| City | | State ZIP Code |
| Telephone number (daytime) () | Fax number () | E-mail address |

PROGRAM TO BE OFFERED

| | |
|---|--|
| Program title | |
| Program date(s) | <input type="checkbox"/> One Program <input type="checkbox"/> Multiple Programs |
| Location of program (city and state) | |
| Number of Continuing Education hours requested | |
| Is this program for: <input type="checkbox"/> Veterinarians <input type="checkbox"/> Veterinary Technicians <input type="checkbox"/> Both | |

TYPE OF PROGRAM

| | | |
|---------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Conference | <input type="checkbox"/> Institute | <input type="checkbox"/> Special Training Program |
| <input type="checkbox"/> Seminar | <input type="checkbox"/> Workshop | <input type="checkbox"/> Satellite Program |
| <input type="checkbox"/> Short Course | <input type="checkbox"/> Videotape | <input type="checkbox"/> Other _____ |

OBJECTIVES

List the objectives for the continuing education course.

| |
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CONTENT OF PROGRAM

Please provide the Board with a brief summary of the content of the program below. Attach a copy of the program outline or brochure with time frames to this application.

Empty space for program content summary with dashed lines.

LECTURERS

Attach curriculum vitas and resumes of all lecturers showing education and professional background.

Table with 2 columns: NAME OF LECTURER, ACADEMIC AND PROFESSIONAL BACKGROUND. Multiple empty rows.

ADMINISTRATION

1. Who will provide participants with a record of attendance and retain records of attendance by participants for four (4) years from the date of the program?

2. Does the "Record of Attendance" that will be awarded to the veterinarian or veterinary technician state the following:

- 1. Sponsor of the program? [] Yes [] No
2. Name of the program? [] Yes [] No
3. Date of the program? [] Yes [] No
4. Number of continuing education hours awarded? [] Yes [] No

NOTE: Each participant must be provided a record of attendance.

ADDITIONAL INFORMATION REQUIRED

1. Have you enclosed the following items:

- a. One (1) original and one (1) copy of your application for continuing education approval. [] Yes [] No
b. One (1) original and one (1) copy of the program outline or brochure with time frames. [] Yes [] No
c. One (1) original and one (1) copy of the curriculum vitas or resumes of all lecturers. [] Yes [] No

2. Have you applied for continuing education approval with any other entity? [] Yes [] No

If yes, please specify:

Empty space for additional information with dashed lines.

APPLICATION AFFIRMATION

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete and correct.

Signature of program coordinator

Date signed (month, day, year)