



IDAHO BOARD OF VETERINARY MEDICINE

11351 W. CHINDEN BLVD., BLDG. 6 BOISE, ID 83714 PHONE: (208) 488-7530

REQUEST FOR APPROVAL OF CONTINUING EDUCATION CREDITS

COMPLETE FORM BELOW THEN EMAIL BOVMINFO@DOPL.IDAHO.GOV **SAVED FORM**

Name of Sponsoring Organization: _____

Contact Person for Class: _____

Contact Phone: _____ Contact Email: _____

Contact Address: _____

City: _____ State: _____ Zip: _____

Course Title: _____

Course Instructor Name and Credentials: _____

Course Date(s): _____ Course Location: _____

Course Beginning Time: _____ Course Ending Time: _____

(If a multi-day conference, disregard times.)

Course Category and Credits Requested - *(Enter credit quantity for all that apply)*

Veterinarians - Medical: _____ Veterinarian - Management: _____

Cert Vet Techs - Medical: _____ Cert Vet Techs - Management: _____

IMPORTANT! You must attach a bio/credentials of presenter and an outline and/or Powerpoint for your presentation. (Except for multi-day conferences.)

NOTE:

- ▶ All requests should be made two (2) weeks before the date of the course.
- ▶ You will receive an approval letter once your course has been approved.
- ▶ You must provide a Certificate of Completion for each participant.