

North Dakota Board of Veterinary Medical Examiners

Continuing Education Credit Request Form

Complete this form to request continuing education credit for seminars, meetings, wetlabs or other forms of eligible instruction. A brochure or program may be sent in place of this form if all required information is provided. A presenter biography may also be attached (do not submit a resume or CV).

All required information must be provided for CE approval to be granted. Please allow a minimum of 2 weeks for the approval process to be completed.

For virtual recorded programs, CE approval must be requested annually.

Submit CE requests to ndbvme@nd.gov.

Name: _____ **Title:** _____

Organization: _____

Address: _____

Phone number: _____ **Email:** _____

Title of Presentation: _____

Name of presenter: _____

Location: _____ **Virtual:** ____ Yes ____ No

Date of presentation: _____ **Number of CE credits requested:** _____

Audience: ____ Veterinarians ____ Veterinary Technicians ____ Both

Description of presentation: _____

Qualifications of presenter: _____
