



College of Veterinarians of British Columbia

REQUEST FOR CONTINUING EDUCATION PROGRAM APPROVAL

SPONSOR/PRESENTER

Organization, company, individual or institution

Mailing address (street)

(city)

(province & postal code)

Phone number

Fax number

Email address

Contact person/administrator for event

phone or email (if different from above)

PROGRAM INFORMATION

Title

Method of Delivery/Presentation and Duration (not including breaks)

Venue/Location(s)

Session Date(s) & Time(s)

Program description: (please include/attach details of event/program agenda)

SPEAKER INFORMATION

Speaker/Presenter/Instructor Name & Credentials

Speaker Biography: (please include/attach details demonstrating Speaker's qualifications to speak on the presented topic)

CE credit hours requested (Total hours duration of this program (excluding meals and social events))

Contact Information for Registrant Sign-Up for the Session:

Confirmation of Attendance/Completion

Please attach a sample of the document that will be provided to attendees as proof of completion

Please mail, fax or email completed form and applicable supporting documents to the CVBC office.

FOR OFFICE USE ONLY:

Approved by: _____

Date: _____

Total number of hours of Continuing Education content approved: