



# The Ohio Veterinary Medical Licensing Board

77 South High Street, 16<sup>th</sup> Floor, Columbus Ohio 43215



## REQUEST FOR CONTINUING EDUCATION CREDIT HOURS

This form is for your convenience when requesting approval for continuing education hours. Please complete this form in its entirety and submit it to the Ohio Veterinary Medical Licensing Board at 77 South High Street, 16<sup>th</sup> Floor, Columbus, Ohio 43215-6108. If you are requesting continuing education credit for more than one program, please submit a separate request for each program.

Please note: if the program is RACE, AVMA, OVMA, OSU, etc. approved; do not submit a request to this Board for approval. It is already deemed approved by the Ohio Board.

Approval or disapproval of your request will be posted on the Board's website at [www.ovmlb.ohio.gov](http://www.ovmlb.ohio.gov) under the 'continuing education' section.

### PLEASE NOTE:

- Continuing Education Credit is granted on an "hour for hour" basis. Breaks and lunches should not be included.
- A Continuing Education Request received more than sixty (60) days after the program/event has occurred is subject to denial.
- A Continuing Education program that has been approved by this Board is automatically approved for one (1) year.

Name of Sponsor: \_\_\_\_\_

Title of Program: \_\_\_\_\_

Speaker: \_\_\_\_\_

Description of Topic: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Program: \_\_\_\_\_ Time: \_\_\_\_\_

Length of Program / CE Hours Requested: \_\_\_\_\_

This Program is for: Veterinarians \_\_\_\_\_ RVT's \_\_\_\_\_ Both \_\_\_\_\_

*(Please check one)*

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_