



College of Veterinarians of British Columbia

REQUEST FOR CONTINUING EDUCATION PROGRAM APPROVAL

A. CE EVENT HOST/PROVIDER:

Name of Provider (Company/Individual/Institution)

Mailing address (street) (city) (province) (postal code)

Contact person/administrator for event

Contact Person email address

Phone number

Fax number

B. PROGRAM INFORMATION:

Session Title

Method of Delivery of Presentation (eg. in-person vs. online; live vs. pre-recorded) and Duration (not including breaks)

Venue/Location(s)

Session Date(s) & Time(s)

Program description (Information to be covered; target audience; expected outcomes):
Please attach any prepared event advertisement/agenda (if relevant)

C. SPEAKER INFORMATION:

Speaker/Presenter/Instructor Name & Credentials

Speaker Biography (speaker qualifications, including any training, work experience or presenting history that qualifies them to present the material to an audience of veterinarians): *If preferred, you may attach details this information as a separate document*

D. CE credit hours being requested (Total hours duration of instruction (*excluding* meals and social events): _____

E. Contact Information for Registrant Sign-Up for the Session:

This contact information will be included in the posting on the CVBC's website for registrant use. If the session is not open to registration (eg. is a private event organized by/for a particular practice facility, or will be by invitation only) please indicate that.

Eg. Email address/phone number/event registration link

F. Confirmation of Attendance/Completion:

The application must include a sample of the document that will be provided to attendees as proof of completion (recommended details to include on the document: session title, date, presenter, location, attendee name, and CE credit hours)

Please email the completed form and applicable supporting documents to continuingeducation@cvbc.ca.

Expect a processing time of up to 20 business days for review and decision of your application. However, if more information is required, or if a referral of your request to the Continuing Competence Committee is deemed necessary, more time may be required.

FOR OFFICE USE ONLY:

Approved by: _____

Date: _____

Total number of hours of Continuing Education credit approved: _____