



STATE OF NEW HAMPSHIRE
BOARD OF VETERINARY MEDICINE

APPLICATION FOR CONTINUING EDUCATION APPROVAL

SPONSOR INFORMATION

Sponsoring Organization: _____
 Address: _____
 Program Coordinator: _____
 Phone: _____ E-Mail Address: _____

PROGRAM INFORMATION

Title of Program(s): Hours Requested (per program & total):	Location(s)	Date(s)
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METHOD OF MONITORING ATTENDANCE

_____ Certificate of Attendance
 _____ Session Participation Form

ITEMS ATTACHED

_____ Program Description/Outline
 _____ Speaker Bio/Affiliation
 _____ Program Brochure

For Official Use Only

Approved: _____ Yes _____ No Hours Approved: _____
 Approval Date: _____
 Approval Signature: _____
 Comments: _____