



KENTUCKY BOARD OF VETERINARY EXAMINERS

107 Corporate Drive, Second Floor, Frankfort, KY 40601

Office: 502-782-0273 • Fax: 502-695-5887

kybve.com • vet@ky.gov

Request for Continuing Education Course Approval

Instructions: This form must be completed by an individual or entity seeking approval from the Kentucky Board of Veterinary Examiners for continuing education (CE) [approval for] courses [offered to licensees of the Board]. **Hard copy submissions shall be [If providing printed materials, print] SINGLE SIDED; DO NOT staple.**

OFFICIAL USE ONLY

I. Requestor Contact Information					
First Name	Last Name		Phone Number		
Email Address			Agency Phone		
Name of <u>CE Provider</u> [Sponsoring Agency]					
Street			City	ST	Zip
Country					
<u>Provider [Agency] Address</u>					
<u>Provider [Agency] Website</u>					
II. CE Request Information					Board Use Only
Program Title					Date & Initials of Reviewer:
<u>Date(s) of Program</u>	<u>Time(s) of Program</u>	<u>Target Audience</u>	<u>Hours Requested</u>	<u>Approved Hours</u>	
		Veterinarians			
<u>Is this program offered to the public?</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No	Veterinary Technicians		
<u>Acknowledge requirement to retain attendance records for four (4) years (201 KAR 16:590, Section 4(4)):</u>					<input type="checkbox"/> Yes
<u>CE Content Area</u> (check all that apply) <u>Program Description</u>	<input type="checkbox"/> Alternative / Non-traditional Medicines <input type="checkbox"/> Anatomy, Physiology <input type="checkbox"/> Controlled Substances <input type="checkbox"/> Diagnosis, Treatment <input type="checkbox"/> Disease(s) <input type="checkbox"/> Ethics, Harassment <input type="checkbox"/> General Veterinary Medicine <input type="checkbox"/> Law, Legal <input type="checkbox"/> Leadership, Supervision <input type="checkbox"/> Multi-topic Conference or Symposium <input type="checkbox"/> Practice Management / Administration <input type="checkbox"/> Prescriptions, Non-CS drugs <input type="checkbox"/> Reproduction <input type="checkbox"/> Wellbeing <input type="checkbox"/> Other: _____				

Submit Complete Form to: Vet@ky.gov or via post to
 Kentucky Board of Veterinary Examiners
 107 Corporate Dr, Second Floor
 Frankfort, Kentucky 40601



Attachments (check all that apply)	Required: <input type="checkbox"/> Agenda <input type="checkbox"/> Presenter Bio(s) <input type="checkbox"/> Program Description <input type="checkbox"/> CE Certificate Template		
	Optional: <input type="checkbox"/> Brochure <input type="checkbox"/> Meeting Flyer <input type="checkbox"/> Presenter Bios <input type="checkbox"/> Agenda <input type="checkbox"/> PowerPoint / Prezi Slides <input type="checkbox"/> Presentation <input type="checkbox"/> Other, describe: _____		
Signature of Requestor		Date	

