

KENTUCKY BOARD OF VETERINARY EXAMINERS

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OFFICIAL USE ONLY Request for Continuing Education 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. If providing printed materials, print SINGLE SIDED; DO NOT staple. **Requestor Contact Information** I. First Name Last Name Phone Number **Email Agency Phone** Address Name of Sponsoring Agency Street City STZip Country Agency Address **Agency Website CE Request Information** II. **Board Use Only** Date & Initials of Reviewer: **Program Title Target Audience** Hours Requested **Approved Hours** Date(s) of Program Veterinarians Veterinary Time(s) of Program Technicians Program Description (or attach separate sheet with narrative) ☐ Brochure ☐ Meeting Flyer ☐ Presenter Bios Attachments (check all that apply) ☐ Agenda ☐ PowerPoint Presentation ☐ Other, describe: Fee \$50 per course payable to the Kentucky State Treasurer, attached to this form Signature of Requestor Date

Submit Complete Form to: Vet@ky.gov or via post to Kentucky Board of Veterinary Examiners 4047 Iron Works Parkway, Suite 104
Lexington, Kentucky 40511

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