COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF VETERINARY MEDICINE
P. O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-7134

APPLICATION AS PROVIDER OF CONTINUING EDUCATION FOR VETERINARIANS & VETERINARY TECHNICIANS

"Pre-approved" status is granted to the following providers, from which **this application is NOT required,** however the three ● items below remain applicable. Assure that each attendee is issued a certificate per #3 below.

American Veterinary Medical Association (AVMA)
AVMA approved (accredited) schools
Allied organizations of the AVMA
AVMA approved major regional veterinary organizations (conferences)
Specialty boards of the AVMA
Pennsylvania Veterinary Medical Association (PVMA) and its constituent associations
Other state's veterinary medical associations
Any provider approved by the **Registry of Approved Continuing Education (RACE)**
Dept. of Veterinary and Biomedical Sciences, College of Agricultural Sciences, Pennsylvania State University
For CVTs - Veterinary Technicians and Assistants Association of Pennsylvania (VTAAP)

INFORMATION:

- Continuing education must be for the purpose of apprising the licensee of advancements and new developments in veterinary medicine or animal health technology. **No credit will be given for courses in office management or practice building.**

- One (1) credit hour equals **55 minutes of actual instruction.**

NOTE: ***Licensed Veterinarians may earn a maximum of 25% of the biennial CE requirement through individual study or correspondence courses for which third-party verification of satisfactory completion is provided.***

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH THIS APPLICATION TO THE ABOVE ADDRESS:

1. A course outline **AND detailed course description.**

2. A resume of each instructor.

3. A sample of the **Certificate of Attendance** to be issued to each attendee. The sample must contain the name of the provider, title of course, date of course, and spaces for inclusion of the name of the attendee, the number of credit hours completed, signature of person verifying attendance and a space entitled "PA Board Approval Number: _____ " (approval # not required of the providers noted above). The actual number will be sent by the Board with the approval notification.

4. **FEE: $35.00 check or money order payable to "Commonwealth of PA".**
   Fee is non-refundable. A processing fee of $20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

Per regulation 31.16 (b), this application must be submitted (with all required documentation) at least 60 days prior to the date of the proposed program. AN APPLICATION WILL BE DENIED IF IT, OR REQUIRED DOCUMENTATION, IS SENT AFTER THE 60 DAY DEADLINE.

June 2014

STATE BOARD OF VETERINARY MEDICINE
P.O. Box 2649
Harrisburg, PA 17105-2649
(717) 783-7134

VETERINARY CONTINUING EDUCATION PROVIDER APPLICATION

Name of Provider_____

Provider Address_____

Contact Person_____ Daytime Phone_____

I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. section 4911.

Signature_____ Date_____

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Title of Course_____

Date of Course_____ Course Location_____

Name of Instructor(s)_____

Course is administered via: (check applicable) ➡
- ☐ In-person instructor/speaker
- ☐ Correspondence
- ☐ Individual study (includes on-line)

Number of Credit Hours_____ ; for (check applicable) ➡ ☐ Veterinarians ☐ CVTs

BOARD USE ONLY

Application Number_____

Board Member Reviewing_____ Approve_____ Disapprove_____

Date_____

Reason(s) for Disapproval_____
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_____
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