State of New Mexico

Board of Veterinary Medicine

SUSANA MARTÍNEZ Governor



Rebecca J. Washburn, DVM Chair

> Frances R. Sowers Executive Director



NEW MEXICO BOARD OF VETERINARY MEDICINE CE APPROVAL REQUEST FORM (PLEASE TYPE OR PRINT LEGIBLY)



Mail or email completed request; faxes are not accepted.

CE COURSE TITLE		
CE SPONSOR		
DATE OF CE COURSE		
LOCATION (City, State)		
NO. OF HOURS REQUESTED		
		time schedule must be attached to this form)
PRESENTER'S NAME(S)		
(A brief bio, no more than one page pe	r presenter, must be	attached to this form)
REQUESTOR CONTACT NAM	1E	
BUSINESS NAME		
REQUESTOR ADDRESS PHONE	 FAX	FMAII