

State of New Mexico

Board of Veterinary Medicine

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NEW MEXICO BOARD OF VETERINARY MEDICINE CONTINUING EDUCATION 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 _____

COURSE OUTLINE: (Synopsis of course content and time schedule must be attached to this form)

PRESENTER'S NAME(S) _____

(A brief bio, no more than one page per presenter, must be attached to this form)

REQUESTOR CONTACT NAME _____

BUSINESS NAME _____

REQUESTOR ADDRESS _____

PHONE _____ **FAX** _____ **EMAIL** _____