

State of New Mexico
Board of Veterinary Medicine

MICHELLE LUJÁN GRISHAM
Governor



Samantha R. Uhrig, DVM
Chair

William J. Duran
Executive Director and CFO

CONTINUING EDUCATION APPROVAL REQUEST FORM

(TYPE OR PRINT LEGIBLY)

Mail or email completed request; faxes are not accepted.

(Attachments should not exceed two pages, one-sided only.)

CE COURSE TITLE _____

CE SPONSOR _____

DATE OF CE COURSE _____

LOCATION (City, State) _____

NO. OF HOURS REQUESTED _____

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

PRESENTER(S) NAME(S) _____

REQUESTOR CONTACT NAME _____

BUSINESS NAME _____

REQUESTOR ADDRESS _____

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

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