



2017 Continuing Education Review Request Form

FEE: There is a processing fee required for all Continuing Education requests submitted for review by the Arizona Academy of Veterinary Practice. Please see page 2 for details and payment form.

CONTACT INFORMATION

Company/Hospital Name: _____

Contact Name: _____

Phone: _____ Fax: _____

Email (Notification will be sent to this email address): _____

MEETING INFORMATION

Date: _____ Location (city): _____

Meeting site: (name of hospital, hotel, conference center): _____

Meeting begins: _____ am/pm Meeting ends: _____ am/pm

Total lecture time (does not include meals or breaks): _____

Lecture Title: _____

Topic(s): _____

Speaker(s): _____

Speaker is a veterinarian: Yes No

Speaker is a board certified specialist: Yes No Diplomate of: _____

If the speaker is not a veterinarian or specialist, list any significant certifications that apply to them. It is also required that you submit a bio for this speaker, as it helps the review committee understand their qualifications to speak on this subject.

Speaker's affiliation: _____

Target audience: Veterinarians Technicians Both

This meeting will be: _____ In-hospital education for a specific staff _____ Open to many hospitals _____

If this is a meeting open to many hospitals, please indicate the area(s) where invitations will be sent:

Phoenix/Metro area _____ Tucson area _____ All of Arizona _____ Other (please describe) _____

If available, please attach a copy of the program announcement to this request form.

Questions should be directed to the AzVMA office at 602-242-7936.

See page 2 for payment information/form and submission contacts.

