



## TEXAS BOARD OF VETERINARY MEDICAL EXAMINERS

1801 Congress Ave., Suite 8.800 Austin, Texas 78701

(512)305-7555, (512)305-7556 (fax)

[www.veterinary.texas.gov](http://www.veterinary.texas.gov)

### LVT CE APPLICATION

**Please mail this form with a check to the address above.**

The fee is \$25.00 fee if submitted at least 30 days in advance.

The fee is \$50.00 if submitted less than 30 days in advance.

Date Received: \_\_\_\_\_

For office use only

**Provider Name:** \_\_\_\_\_

**Sponsor Name**

if different than provider: \_\_\_\_\_

**Program Title:** \_\_\_\_\_

*Note: all correspondence regarding this program will be sent via email to the Provider contact of record.*

#### Hours of Continuing Education Requested:

Number of total CE hours available for this program for **veterinary technicians ONLY:** \_\_\_\_\_

Number of CE hours available in practice management/clinical categories \_\_\_\_\_/\_\_\_\_\_

Maximum number of hours of CE for any ONE technician (if different from above): \_\_\_\_\_

*NOTE: The smallest increment to be considered for approval is ¼ hour (.25). Please include all available hours for all available sessions, including multiple tracks, which you want considered for this program.*

#### Method(s) of Delivery (select all that apply):

Seminar/Lecture

Interactive Teleconference

Interactive Webinar

Lab / Wet Lab

Non-Interactive Online

Other (please specify): \_\_\_\_\_

**Subject Matter Category / Categories** (select all that apply):

Scientific/Clinical

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Acupuncture                   | <input type="checkbox"/> Laboratory Animal Medicine | <input type="checkbox"/> Physical Therapy/Rehabilitation |
| <input type="checkbox"/> Anesthesiology                | <input type="checkbox"/> Microbiology               | <input type="checkbox"/> Preventative Medicine           |
| <input type="checkbox"/> Behavior                      | <input type="checkbox"/> Neurology                  | <input type="checkbox"/> Shelter Medicine                |
| <input type="checkbox"/> Cardiology                    | <input type="checkbox"/> Nutrition                  | <input type="checkbox"/> Surgery                         |
| <input type="checkbox"/> Dentistry                     | <input type="checkbox"/> Oncology                   | <input type="checkbox"/> Theriogenology/Reproduction     |
| <input type="checkbox"/> Dermatology                   | <input type="checkbox"/> Ophthalmology              | <input type="checkbox"/> Toxicology                      |
| <input type="checkbox"/> Emergency/Critical Care       | <input type="checkbox"/> Pain Management            | <input type="checkbox"/> Ultrasound/Radiology            |
| <input type="checkbox"/> Epidemiology                  | <input type="checkbox"/> Pathology                  | <input type="checkbox"/> Zoologic/Exotic Animal Med.     |
| <input type="checkbox"/> Herd Management               | <input type="checkbox"/> Pharmacology               | <input type="checkbox"/> Internal Medicine               |
| <input type="checkbox"/> Other (please specify): _____ |   |  |

Non-Scientific / Non-Clinical

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Practice Management           | <input type="checkbox"/> Disaster Planning/Preparedness | <input type="checkbox"/> Record-Keeping |
| <input type="checkbox"/> Professional Development      | <input type="checkbox"/> Ethics                         |   |
| <input type="checkbox"/> Client Communication          | <input type="checkbox"/> Legal Issues                   |   |
| <input type="checkbox"/> Other (please specify): _____ |   |   |

**If you are offering practice management and clinical seminars, please indicate how many hours for each, and, as part of the schedule and details you are submitting, mark the topics you consider practice management versus clinical presentations.**

Promotional or Product Information

Federal / Governmental Agency

Name of Agency / Agencies): \_\_\_\_\_

Is this job specific? ( Is this CE is required for attendee to complete as part of employment with Agency?):

Yes/No: \_\_\_\_\_

Give Name of Course: \_\_\_\_\_

Have you sought RACE (Registry of Acceptable Continuing Education) approval? Yes  No

If the answer is "yes", how many hours did RACE approve? \_\_\_\_\_

Which particular course(s) was (were) approved and the number of hours for each? (Please attach pertinent material if the space provided is not sufficient) \_\_\_\_\_

**Date(s) / Location(s):** At least ONE date and location must be listed to process the application. *NOTE: Programs cannot be retroactively reviewed or approved after-the-fact. It is preferable that you submit an application at least 30 days in advance of the first course offering to ensure that the review process can be completed and any potential issues addressed before the program begins.*

Location(s): Give exact address including City/State	Date(s)

**Objective Statement:** Please describe the specific information, concepts and/or skills that participants are expected to obtain when they complete the offering and include details about how that will be evaluated. Who is the target audience you are trying to reach/teach? You may attach a separate sheet or include this information on your program agenda, if desired.

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**Items to be included with this Application:**

**The application will not be considered or reviewed if it is lacking the required material and information.**

- Detailed **Agenda**, including start and stop times
- Presenter(s) **Biographical Information (Resume)**
- Short synopsis per topic (**Outline of presentation**)
- **Advertisement/promotional** materials (how is this advertised and who is invited)

*By my signature on this CE Application, I hereby verify that I am aware of the requirements that need to be met by me as the provider of the requested CE. I understand that I have to maintain a sign-in roster for a minimum of four (4) years. This sign-in roster is subject to unannounced inspection or has to be mailed to the Texas Board of Veterinary Medical Examiners upon request. I further understand that the attendee must be issued a Certificate of Completion at the conclusion of the seminar. I have reviewed the sample certificate found on the Board's web site and understand that the certificate issued by me, the provider, must be similar, albeit bearing my company's logo or no logo. I agree to comply with the above requirements and accept responsibility for compliance with the requirements.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

Submit **completed** application with the appropriate fee to:

**Texas Board of Veterinary Medical Examiners**

**333 Guadalupe Street, Suite 3-810**

**Austin, TX 78701**

**Email questions to: [wanda@veterinary.texas.gov](mailto:wanda@veterinary.texas.gov) or call 512-305-7863**

*The review/approval process typically takes about 30 days from the date of receipt by the Texas Board of Veterinary Medical Examiners. Retroactive credit is not given.*