SAVT SASKATCHEWAN ASSOCIATION of Veterinary Technologists

REQUEST FOR CONTINUING EDUCATION

APPLICANT INFORMATION	
Pick One: ☐ Administrator of an Event/Program	☐ Attended an Event/Program
Your Email:	Your Phone Number:
Event Contact:	
Contact Email:	Contact Phone Number:

PROGRAM INFORMATION
Title:
Program Description: (Please attach printed material that describes program and identifies speakers)

PROGRAM		
Date(s) of Event:		
Location:		How long?
City:	Prov.:	Postal Code:
Total Hours of CE program:	Category 1 Subcategory:	
RACE Approval ☐Yes ☐No	SVMA Approval ☐Yes ☐ No	Other Approval (ex ABVMA or RVTTC): *Please list below*
RACE Hours Approved:	SVMA Hours Approved:	

SIGNATURES	
I authorize the verification of the information provided on this form.	
Signature of applicant:	Date:
**Email completed form and supporting material to savt@savt.ca*	

OFFICE USE	
Total Category 1 Credits Approved:	
Approved by:	**Date:**
Approval sent/emailed to the applicant: ☐ Yes	

Category 1 Subcategories are:

- CE in Clinical Veterinary Medicine and Science
- CE in Disciplines that have an Impact on Animal Health and Welfare
- CE in Disciplines that have an Impact on the Profession of Veterinary Medicine
- CE that Impacts on the Delivery of Veterinary Medical Services

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