



## REQUEST FOR CONTINUING EDUCATION

### APPLICANT INFORMATION

Sponsor:		
Sponsor Email:	Sponsor Phone Number:	
Contact Person/Administrator of Event:		
Mailing address:		
City:	Prov:	Postal Code:
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?	
Phone:	E-mail:	Fax:
City:	Prov.:	Postal Code:
Total Hours of CE program:	<input type="checkbox"/> Scientific <input type="checkbox"/> Non-Scientific	
RACE Approval <input type="checkbox"/> Yes <input type="checkbox"/> No	SVMA Approval <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Approval (ex ABVMA or RVTTC): <i>Please list below</i>
RACE Hours Approved:	SVMA Hours Approved:	

### SIGNATURES

I authorize the verification of the information provided on this form.	
Signature of applicant:	Date:

*\*Please mail, fax or email completed form and printed material to the SAVT office*

### OFFICE USE

<b>Total Category 1 Credits Approved:</b>	<b>Total Category 2 Credits Approved:</b>
<b>Total Category 3 Credits Approved:</b>	
<b>Approved by:</b>	<b>Date:</b>
<b>Approval sent/emailed to the applicant:</b> <input type="checkbox"/> Yes	