

State of New Mexico  
Board of Veterinary Medicine

MICHELLE LUJÁN GRISHAM  
Governor



Lawrence D. Young, DVM  
Chair

Deborah L. Schenk  
Executive Director and CFO

**CONTINUING EDUCATION APPROVAL REQUEST FORM**  
**(TYPE OR PRINT LEGIBLY)**  
**Mail or email completed request**

**(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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