



SASKATCHEWAN
VETERINARY MEDICAL
ASSOCIATION

REQUEST FOR CONTINUING EDUCATION PROGRAM APPROVAL

SPONSOR

Organization, company, individual or institution

Mailing address (street) (city) (province & postal code)

Phone number Fax number Email address

Contact person/administrator for event phone or email (if different from above)

PROGRAM INFORMATION

Title Date

Program description (please attach printed material that describes program and identifies speakers)

CREDIT HOURS

Total hours duration of this program
(excluding meals and social events) _____

Total number of hours of scientific material presented during this event _____ Total number of hours of non-scientific, commercial/promotional presentations _____

Please mail, fax or email completed form and printed material to SVMA office

Total hours **scientific**
content approved

Total hours **non-scientific**
content approved

Approved by: _____ Date _____