



SASKATCHEWAN
VETERINARY MEDICAL
ASSOCIATION

REQUEST FOR CONTINUING EDUCATION PROGRAM APPROVAL

SPONSOR/PRESENTER

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 include/attach details of event/program agenda, speakers and their credentials.	

CE credit hours requested

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

Please mail, fax or email completed form and applicable supporting documents to the SVMA office.

Total number of hours of Continuing Education content approved

Approved by: _____ Date _____