



State of Idaho  
Division Of Occupational and Professional Licenses  
Board of Veterinary Medicine

**BRAD LITTLE**  
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**RUSSELL BARRON**  
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REQUEST FOR APPROVAL OF CONTINUING EDUCATION CREDITS COMPLETE FORM BELOW  
THEN EMAIL [SAVED FORM](mailto:BOVMINFO@DOPL.IDAHO.GOV) TO BOVMINFO@DOPL.IDAHO.GOV

Name of Sponsoring Organization: \_\_\_\_\_

Contact Person for Class: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Contact Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Instructor Name and Credentials: \_\_\_\_\_

Course Date(s): \_\_\_\_\_ Course Location: \_\_\_\_\_

Course Beginning Time: \_\_\_\_\_ Course Ending Time: \_\_\_\_\_

*(If a multi-day conference, disregard times.)*

Course Category and Credits Requested - *(Enter credit quantity for all that apply)*

Veterinarians - Medical: \_\_\_\_\_ Veterinarian - Management: \_\_\_\_\_

Cert Vet Techs - Medical: \_\_\_\_\_ Cert Vet Techs - Management: \_\_\_\_\_

**IMPORTANT!** You must attach a bio/credentials of presenter and an outline and/or PowerPoint for your presentation. (Except for multi-day conferences.)

**NOTE:**

- ▶ All requests should be made two (2) weeks before the date of the course.
- ▶ You will receive an approval letter once your course has been approved.
- ▶ You must provide a Certificate of Completion for each participant.