

IMPORTANT NOTICE: Completion of this form is necessary to accomplish the requirements outlined in 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

Illinois Department of Financial and Professional Regulation
Attn: Division of Professional Regulation
320 West Washington Street, 3rd Floor
Springfield, Illinois 62786

OUT-OF-STATE VETERINARY CONTINUING EDUCATION PROGRAM APPLICATION

***In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

INSTRUCTIONS

Submit this application with the following for Board review:

1. Fee in the amount of \$25 made payable to the Department of Financial and Professional Regulation.
2. An outline of the content of the program indicating the teaching methods to be utilized;
3. A schedule of the program, specifying time, broken down by day(s) and including breaks and lunch periods;
4. A brief biography or vitae of the instructor(s);
5. A copy of the Certificate of Attendance (if applicable).

NOTE: A separate application **MUST** be submitted for **EACH** program for which you are seeking approval. This form may be duplicated. If application is not submitted requesting approval prior to participation in the program or within the required 90 days prior to the expiration of the license, late approval may be obtained by submitting a \$25 processing fee plus a \$100 per hour CE late fee not to exceed \$500. Approval is not required for RACE approved programs taken in other states.

1. OFFICIAL NAME OF SPONSORING ORGANIZATION OR INSTITUTION	2. ADDRESS OF ORGANIZATION OR INSTITUTION (Include Street, City, State, and ZIP Code)	3. TELEPHONE # (Include Area Code)	FAX # (Include Area Code)
4. NAME OF PERSON RESPONSIBLE FOR C.E. PROGRAM		5. RESPONSIBLE PERSON(S) TITLE	
6. TITLE OF PROGRAM	7. NUMBER OF CLOCK HOURS REQUESTED	8. IS PROGRAM OPEN TO ALL VETERINARIANS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
9. SITE(S) OF PROGRAM		10. DATE(S) ATTENDED	
11. HOW DOES THIS PROGRAM RELATE TO THE PROFESSION OF VETERINARY MEDICINE? _____ _____			
12. HOW WILL LEARNING OBJECTIVES BE SHARED WITH PARTICIPANTS? _____ _____			
13. PROVIDE APPROPRIATE MAILING ADDRESS FOR RESPONSE:			
_____ Signature of Person Submitting Application		_____ Illinois License Number	
_____ Print Name		_____ E-mail address (Required)	
_____ Address		_____ Date	
_____ City, State, & ZIP Code			

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.