Veterinarian Form 1-SB

The University of the State of New York THE STATE EDUCATION DEPARTMENT Office of the Professions State Board for Veterinary Medicine www.op.nysed.gov/prof/vetmed/

Application for Approval as a Continuing Education Sponsor for Veterinarians and Veterinary Technicians

At least 120 days in advance of offering courses/educational activities, send a completed application with the required attachments and the \$900 fee to the address at the end of the form. Make your check or money order payable to New York State Education Department. NOTE: APPROVALS ARE FOR A THREE-YEAR PERIOD.	☐ 75 \$900 VN ☐ 76 \$900 VN			
Check one:	Approved Effective Date			
Name of Organization:	Denied Notification Date			
Mailing Address:				
Contact Person:				
Telephone Number:				
Fax Number:				
E-mail Address:				
The organization is approved to sponsor continuing education programs in the following professions and jurisdictions of the United States:				
Profession:				
Jurisdiction:				
Has any jurisdiction denied or restricted your authorization to provide continuing education? [Yes				
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Each item below is a standard for State Education Department approval as a continuing education sponsor for veterinarians and veterinary technicians as set forth in paragraph (2) of subdivision (i) of Section 62.8 of the Regulations of the Commissioner of Education. To demonstrate that your organization is in compliance with these standards, please provide the information requested below.

Standard 1 - Organization. Applicant is an organized educational entity or entity that has expertise in the professional area being taught.

1.	Description of Organization that fosters good practice in the veterinary medicine professions and seeks approval as sponsor of continuing education for veterinary professionals in New York State.	
	The Organization is (check all that apply)¹:	
	 a national or regional veterinary medicine or veterinary technology organization, including specialty boards. a New York State incorporated or otherwise organized veterinary medicine or veterinary technology organization. an affiliate of a national, regional or state organization listed above². a generally recognized international, national or state veterinary conference dedicated to continuing education of veterinary professionals. a national organization of jurisdictional boards of veterinary medicine or veterinary technology. 	
	a higher education institution. None of the above but is (check all that apply and elaborate as necessary):	
	an organization desiring to provide continuing education to New York State veterinary professionals. an organization that proposes to offer courses of learning or self-study programs in acceptable subject areas. an organized educational entity with expertise in veterinary medicine and/or veterinary technology.	
	¹ Organizations seeking approval under the above "deemed approved" categories may proceed to the "Acknowledgements" section to finalize the application. Please note that improperly claiming the status of "deemed approved" sponsor will delay the evaluation of your application.	
	² If you are applying as an "affiliate" of a "deemed approved" sponsor you must provide an acknowledgement of such affiliation from the sponsoring organization.	
2.	Attach a description of all physical resources (e.g. offices, buildings. etc.) administrative organization, student services, and any oth resources available to facilitate continuing education objectives.	
Sta	ndard 2 - Learning Activities.	
3.	Provide a description, course outline, program or brochure for each planned course or other educational activity that addresses the following:	
	 a. its exact title; b. names and résumé of the presenter(s), including professional licenses held; c. content of the course or other educational activity; d. location, date and time; e. description of the learning activity format (e.g. audio, video, self study, live presentation, web conference etc.); f. the learning objectives of the course or other educational activity; and g. the length of the course or other educational activity in contact hours. 	
4.	Describe the method of assessing the learning of participants.	
Sta	indard 3 - Instructors. Instructors are qualified to teach the courses/educational activities which will be offered.	
5.	Describe the method for evaluating the performance of instructors.	
6.	Provide a roster of full-time and part-time instructors, if applicable.	
7.	Provide a sample copy of the certificate of participation/completion that will be provided to persons who complete a learning activity. The certificate must include: (a) the name of the person taking the course; (b) the sponsoring organizations' name and contact information; (c) the title of the learning activity; (d) the date and location of the learning activity; (e) the learning activity format; and (the number of continuing education hours.	
Sta	ndard 4 - Records.	
8.	Describe how records of continuing education activities will be maintained.	
	Records must be maintained for at least six years from the date of completion of coursework, and must include, but shall not be	

limited to, the name and résumé of the faculty, a record of licensed veterinarians or veterinary technicians who attended or participated in the learning activity, an outline, date and location of the learning activity, and the number of hours credited for such

learning activity.

Acknowledgements			
Check and initial each before signing the affirmation below to acknowledge that:			
	the Department may conduct site visits, attend any continuing education event of an approve an approved sponsor to ensure compliance, and a sponsor shall cooperate with the Department providing such information;		
	sponsors shall be approved for three years;		
	approval may be renewed for a period of 3 years upon payment of the fee and the Department may request an updated application; and		
	the applicant has enclosed the \$900 fee for evaluation of the application and further understands that payment of the fee and acceptance of the fee by the New York State Education Department is not a guarantee of approval of the application. Application fees are non-refundable.		
Affi	irmation		
The undersigned hereby affirms under penalty of perjury that: I am an officer, director, agent or a person otherwise authorized to act on behalf of the entity or individual applying for approval as a sponsor of continuing education programs for veterinary professionals in New York State.			
Sig	nature	Date	
Prin	Print Name		
Title			
Mail this form and fee to the New York State Education Department, Office of the Professions, State Board for Veterinary Medicine, 89 Washington Avenue, Albany, NY 12234-1000.			
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