RACE Program Application

	rovider #:		REGISTEY OF APPROVED AMERICAN ASSOCIATION OF VETERINARY STATE FORMER		
Prov	vider Name:				
Prog	gram Title:				
	Note: All correspondence related to this program will be sen	t via email to the RACE Provider co	ntact of record.		
Hou	rs of Continuing Education Requested:				
N	Number of <u>total CE hours available</u> for this program for veterinarians: Naximum number of hours of CE for <u>any ONE veterinarian</u> (if differen	t from above):			
	lumber of <u>total CE hours available</u> for this program for veterinary tec				
N	Maximum number of hours of CE for any ONE veterinary technician (if	· -			
	NOTE: *(A 50 minute contact hour is equivalent to 50 minutes of in The smallest increment to be considered for approval is ½ hour (.5). one whole CE hour, even if RACE-approved. Please include all availa that you wish the RACE committee to consider for this program.	Not all boards will accept incre			
Paym	nent Information (review will not begin until payment is received. In	complete applications cannot b	pe considered, and each		
incon	nplete application will be assessed a \$100.00 administrative fee):				
			Amount Enclosed:		
1.	Program Processing Fee: for programs submitted 45 or more days				
	in advance of first course offering.	\$125.00			
	PLUS	PLUS			
2.	Per Hour course fee: \$20.00 x maximum number of hours requeste	ed			
	(Note: per hour fees are based on the total available hours to be assess				
	OR	OR .			
	Large Program fee cap (100 or more hours): \$1,000.00	\$1,000			
	AND, IF APPLICABLE	AND, IF APPLICABLE			
3.	LATE fee for applications submitted 45 days or fewer in advance of				
	first course offering. THIS IS NOT A "RUSH" OR "EXPEDITE" FEE.	\$225.00			
		TOTAL			
	Check (payable to AAVSB)				
_	Credit Card (American Express, MasterCard or Visa only, please)				
	Credit Card Information:				
	Card Number:				
		3-Digit Security Code*:			
	Cardholder Name:				
	Cardholder Address:				
	City, State:	Zip/Postal Code:			
	Cardholder's				
	Signature:				
	*The security code is a three- or four-digit code located on the back of your ci	edit card, usually after the first fou	r digits of your account number.		

^{*}The security code is a three- or four-digit code located on the back of your credit card, usually after the first four digits of your account number.

This security feature helps validate your credit card number and ensures your account is protected.

Page 1 of 3

Method(s) of Delivery (select all that apply):		
Seminar/Lecture	<i>Interactive</i> Audio- or Tele-	<i>Non-Interactive</i> Self-Study
(includes classroom, conference, etc	.) Conference	Journal, Slides, or Booklet
Lab / Wet Lab	<i>Non-Interactive</i> Online	<i>Non-Interactive</i> Self-Study CD, DVD or Cassette
<i>Interactive</i> Broadcast Satellite Web Conference	e Other (please specify):	
NOTE: Non-interactive and self-study programs ron Delivery," for details. Providers and participants s Delivery, even if RACE-approved.		
Subject Matter Category / Categories (select of	,	
NOTE: It is REQUIRED that the Provider clarific	es duration of hours per subject matter (i.	e. 10.00 Scientific/Clinical; 5.00 Dentisti
5.00 Surgery) Scientific / Clinical		
Acupuncture	Laboratory Animal Medicine	Physical Therapy / Rehabilitation
Anesthesiology	Microbiology	Preventative Medicine
Behavior	Neurology	Shelter Medicine
Cardiology	Nutrition	Surgery
Dentistry	Oncology	Theriogenology / Reproduction
Dermatology	Ophthalmology	Tavialamı
		Toxiology
Emergency/Critical Care		Ultrasound / Radiology
Emergency/Critical Care	Pain Management	Ultrasound / Radiology
Emergency/Critical Care Epidemiology Herd Management	Pain Management Pathology	Ultrasound / Radiology Zoologic / Exotic Animal Medicine Internal Medicine
Emergency/Critical CareEpidemiology Herd Management	Pain Management Pathology Pharmacology	Ultrasound / Radiology Zoologic / Exotic Animal Medicine Internal Medicine
Emergency/Critical Care Epidemiology Herd Management Other (please specify): Non-Scientific / Non-Clinical	Pain Management Pathology Pharmacology	Ultrasound / Radiology Zoologic / Exotic Animal Medicine Internal Medicine
Emergency/Critical Care Epidemiology Herd Management Other (please specify): Non-Scientific / Non-Clinical	Pain Management Pathology Pharmacology Disaster Planning/Preparedness	Ultrasound / Radiology Zoologic / Exotic Animal Medicine Internal Medicine
Emergency/Critical Care Epidemiology Herd Management Other (please specify): Non-Scientific / Non-Clinical Practice Management	Pain Management Pathology Pharmacology Disaster Planning/Preparedness Ethics	Ultrasound / Radiology Zoologic / Exotic Animal Medicine Internal Medicine Record-Keeping
Emergency/Critical Care Epidemiology Herd Management Other (please specify): Non-Scientific / Non-Clinical Practice Management Professional Development	Pain Management Pathology Pharmacology Disaster Planning/Preparedness Ethics Legal Issues	Ultrasound / Radiology Zoologic / Exotic Animal Medicine Internal Medicine Record-Keeping Information Technology

NOTE: Providers and participants should be aware that some boards have limitations and/or restrictions on certain subject matter categories, even if RACE-approved.

Program Title:	
	ed to process the application. NOTE: Programs cannot be retroactively an application at least 45 days in advance of the first course offering tial issues addressed before the program begins.
Objective Statement: Please describe, in detail, the specific inform obtain when they complete the offering. Details of the objective remust be included in the program application.	
Items to be includedApplication fees (see first page of this Application)	d with this Application: Certificate of Attendance, including RACE-required language
Agenda with Detailed Objectives	Participant Evaluation, including RACE-required language
	and Objectives
If applicable, Co-Sponsor Agreement form	
Presenter Biographical Information	If applicable, Advertisement / Promotional materials
If applicable, Post-Test (for non-interactive programs)	
Provider must submit an ORIGINAL and TWO (2) copies of each of t	le on our website, for detailed information about these items. these items, assembled into THREE (3) IDENTICAL, COLLATED PACKETS. ets and application fees to:
AAVS	B - RACE
380 West 22nd	Street, Suite 101
Kansas Cit	y, MO 64108
that are located on the AAVSB website (www.aavsb.org). I agree to coaccept responsibility for compliance with the program requirements.	the Standards, applications and information about the RACE program omply with the Standards for Providers adopted by AAVSB ARACE, and I
Signature: Date:	Printed Name: Title:
Dutc.	HUC.

The approval process takes <u>approximately</u> 3-4 weeks from the date of receipt by AAVSB.