

State of Hawaii  
Department of Commerce and Consumer Affairs  
**BOARD OF VETERINARY EXAMINERS**  
335 Merchant St., 3rd Floor, Honolulu, Hawaii 96813  
Mailing Address: P.O. Box 3469, Honolulu, Hawaii 96801  
Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

**PROGRAM SPONSOR AGREEMENT FOR CONTINUING EDUCATION ("CE")**

**PROGRAM TITLE:** \_\_\_\_\_

**INSTRUCTIONS**

1. *Submit this completed application form for each course title;*
2. *Attach a program outline including time schedule;*
3. *Attach curriculum vitae of all lecturer(s);*
4. *Attach a copy of the certificate of attendance; and*
5. *Attach a check for \$25 made payable to: **COMMERCE & CONSUMER AFFAIRS**. (check must be in U.S. dollars and be from a U.S. financial institution.)*

**FOR OFFICE USE ONLY**

Index number: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Approved by: \_\_\_\_\_

SPONSOR'S NAME: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

TYPE OF ORGANIZATION: \_\_\_\_\_

BUSINESS ADDRESS (include suite no., city, state & zip code): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LOCATION WHERE COURSE WILL BE DELIVERED (city or town): \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Total CE course hour(s) being requested: \_\_\_\_\_

**The sponsor agrees that the program shall be such that:**

1. It will require and monitor the attendance;
2. It will be at least 50 minutes in duration for each hour claimed from the beginning of the subject matter to its conclusion;
3. It will be presented by a qualified lecturer, whose name, title, and qualifications are to be included in the curriculum vitae;
4. Written records of its attendees and of the program outline shall be maintained in its files for a period of two years immediately following its conclusion;
5. Written evidence of attendance will be issued by the Sponsor to **each attendee only** with the CE course hour(s) and the Hawaii Board of Veterinary Examiners ("Hawaii Board") Index Number shown thereon. The Hawaii Board will not accept any certification of attendance or lists of attendees from the Sponsor. If any are received, they will be discarded;

(CONTINUED ON PAGE 2)

**PROGRAM TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

6. The CE course hour(s) requested are exclusive of any preparation time;
7. The program records will be subject to review by the Hawaii Board and the program sponsor agrees to make these records available to the Hawaii Board during regular business hours at the location indicated above for a period of two years following the date of presentation; and
8. The Hawaii Board will be notified as to the location of these records if they are removed from the above location prior to expiration for the above two year period.

In consideration for compliance with this agreement, we understand that we may advise prospective attendees of the approval of our programs and the number of hours of credit allowable. If we fail to comply with this agreement or fail to meet acceptable standards in our programs, we understand that approval of our programs may be revoked by the Hawaii Board and that notice of such revocation may be given by the Hawaii Board to all inquiring licensees.

\_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of individual responsible for CE administration

\_\_\_\_\_  
Name (print) and Title

(THIS FORM MAY BE DUPLICATED)