

CONTINUING EDUCATION ACCREDITATION COMMITTEE (CEAC)

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**CONTINUING VETERINARY MEDICAL EDUCATION CREDITS (CVMEC) ACCREDITATION
REQUEST FORM**

GENERAL INFORMATION

NAME OF APPLICANT/ ORGANIZATION: _____

ADDRESS: _____

CONTACT:Ph: _____/Fax _____ E-MAIL: _____

DATE OF APPLICATION: _____

PROGRAMME INFORMATION

TITLE: _____

DURATION: _____(days/hours) DATE: _____

VENUE: _____

PROGRAMME CONTENT AND SCHEDULE (CVs for the presenters should be attached)

PROGRAMME AIMS AND OBJECTIVES:

METHOD OF PRESENTATION: Lecture Practical Group work Audio-Visual Aids Flip Chart
Overheads Slides Multi-Media Literature distribution Other _____

METHOD OF EVALUATION:
Pre-Test and Post-Test Post-Test Course Evaluation None Other _____

INTENDED AUDIENCE: _____

CVMEC REQUESTED: _____

AMOUNT PAID BY APPLICANT/ORGANIZATION: *(NOT CURRENTLY APPLICABLE)*

FOR CEAC USE ONLY

ACCREDITATION

CVMEC APPROVED: YES _____ CREDITS

NO Reason(s) _____

DATE APPROVED/NOT APPROVED: _____

SIGNATURE: _____

CEAC Chairman