WEST VIRGINIA BOARD OF VETERINARY MEDICINE
HARDSHIP CE EXTENSION REQUEST FORM

Please provide documentation (such as doctor's statement or military order) to support your request for hardship extension.

Name: _____

Please choose: ☐ Veterinarian ☐ RVT ☐ CAET

I am requesting a continuing education hardship extension due to verified medical or military emergencies beyond my control or in situations where I am on active duty or just returning from active duty.

My reason(s) for failing to complete mandatory continuing education is: _____

_____

_____

_____

_____

I understand that if the extension for completion of continuing education hours is approved, it shall not be applied toward satisfaction of continuing education in the year completed and shall be separate from continuing education required and completed for the current renewal year.

_____ _____

Signature Date