

SEMVMA Academy: Guidelines and Application

Requirements for membership:

1. Applicant must be a SEMVMA members in good standing, and have completed a minimum of fifty (50) hours of continuing education (CE) from January 1 to December 31, 2018 (see note below). Applications are evaluated by the SEMVMA Academy's Membership Committee.
2. Applicant must be a member of the SEMVMA for that calendar year.
3. Membership is free; please circle one of the following:
 - a. Certificate suitable for framing FREE
 - b. Wall plaque, if desired (first year) \$189.00
 - c. Year plates, (perpetual) \$12.50
4. Return this completed application and a check made payable to SEMVMA prior to February 15, 2019.

Name: _____

Clinic: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ E-Mail: _____

CE record for January 1 through December 31 of 2018: Note: Academy credit is for scientific CE, not business management.
(Attach additional sheets if needed.)

SEMVMA Academy Application: cont.

LECTURES ATTENDED

Including: local, state and national VMA hosted lectures (SEMVMA included); Internet based RACE approved courses may be included in this category: **25 hours minimum (please note that all 50 required hours may be in this category).**

Date	Meeting/Topic	Speaker	Location	Hours
Total				

Commercial (Lunches, webinars & informal) seminars: **30 hrs maximum.**

Date	Meeting/Topic	Speaker	Location	Hours
Total				

Independent Study (journal & books): – **maximum 10 hrs**

Internet Education (none RACE approved) – **maximum 10 hrs**

Date	Topic or Title	Venue, Chapter, Issue, Lecturer (citation)	Hours
Total			

SEMVMA Academy Application: cont.

ADDITIONAL AREAS OF STUDY

Professional or Scientific consultation – **maximum 5 hrs**

Date	Meeting/Topic	Speaker	Location	Hours
Total				

Professional publications or lectures – **maximum 10 hrs**

Date	Publisher or Conference	Publication- Lecture topic	Location	Hours
Total				

Lectures attended	
Independent Study & Internet	
Additional areas of study	
GRAND TOTAL	

I understand that my signature (electronic) below attests that the information provided with this application is a true representation of my accomplished continuing professional education.

Signed: _____

Printed Name: _____ Date: _____

SEMVMA Academy Application: cont.

Return completed application (and check, payable to SEMVMA, if applicable) to:

Email: adminsevmma@sevmma.com

Fax: 1-248-651-6333

Mail (if submitting a check):

SEMVMA Academy

P.O. Box 4030

Southfield, MI 48037