

CONTINUING EDUCATION RECORD

Form 5

Date(s) of Conference:

Name of conference, meeting, etc:

Organization or Person providing the CE:

Speaker Name	Credentials	Title of Presentation	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Time _____

Type of CE:

Continuing education programs **MUST** be presented by a VTS member (in any of the specialty academies), a veterinary diplomate of an American or European college, or other qualified speakers as outlined in the AVST Application Packet (page 6). You **MUST** list the CE provider's **diplomate/credential** status (DACVS, DACVAA, DACVIM, DECVS, VTS, etc.) on the CE form. **Failure to include the speaker's credentials will result in those hours being rejected.**