

NAME :

## 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	Minutes
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**Type of CE:**

**Total Time:**

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. 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.**