

SUMMARY OF PERSONAL CONTINUING EDUCATION PARTICIPATION

Use **additional forms if needed**. Please contact the Board if you have questions.

NAME OF LICENSEE: _____ LICENSE NUMBER: _____

RECORDING PERIOD: March 1, 2019 to February 28, 2021

INTERACTIVE CONTINUING EDUCATION: Lecture, Wet Lab or Webinar (live or prerecorded). A maximum of 10 Practice Management credits can count towards the total 40 credit requirement.					
Date(s)	Name of Conference, Lecture, Wet Lab or Webinar	Provider	Source of Approval R = RACE A = Automatic B = MN BVM	# Total Credits	# Credits Practice Management within total
	Online				
Total Interactive Credits:					

SELF-STUDY: 3 hours of activity = 1 credit. A maximum of 10 credits can be counted towards the 40-credit requirement.
 Please indicate which, if any, are practice management

Journal or Textbook Titles Commonly Read in Audit Period		# Hours Reading over audit dates	# Hours Practice Management
Total hours reading:			
Non-approved Online Course Title	Provider	# Credits on Certificate	# Credits Practice Management
Total Online Credits:			
Describe other self-study such as non-approved scientific meetings		# Hours	# Hours Practice Management
Total Other:			
		# Credits	# Credits Practice Management
Total Self-Study CE credits = (Sum of reading hours + On-line Credits + Other) divided by 3: Maximum of 10 credits allowed			

Scientific publications (journal or textbook) on veterinary topics and/or presentations at veterinary meetings from 3/1/19 to 2/28/21:

10 credits can be granted for authoring a scientific paper or book chapter in a scholarly book.

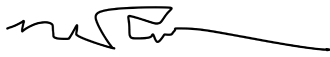
Up to 10 total credits can be claimed on a one-time basis for a paper or exhibit presented before a professional veterinary or allied health professional audience, with 2 credits per hour of presentation to a maximum of 10 credits.

Date	Title and Type of Scholarly Work	Where Published, Presented or Name of Conference	# Credits
Total			

Total Continuing Education: Interactive + Self Study + Scholarly Work = _____ Credits

Please note that any credits over the required 40 cannot be counted towards the next renewal requirements.

I certify that the above records of continuing education in which I participated are accurate.

Signature:  _____ Date: _____

Printed Name: _____

CONTINUING EDUCATION AUDIT WAIVER

I certify that I qualify for a waiver of the continuing education requirements on the basis of:

Signature: _____ Date: _____

Printed Name: _____ License Number: _____