

# 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: \_\_\_\_\_ to \_\_\_\_\_

<b>INTERACTIVE CONTINUING EDUCATION: Lecture, Wet Lab or Webinar (live, not prerecorded).</b> 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	Location (City, State)	Source of Approval R=RACE A = Automatic B = MN BVM	# Total Credits	# Credits Practice Management within total
<b>Total Interactive Credits:</b>					

**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
<b>Total hours reading:</b>			
Online Course Title	Provider	# Credits on Certificate	# Credits Practice Management
<b>Total Online Credits:</b>			
Describe other self-study such as non-approved scientific meetings		# Hours	# Hours Practice Management
<b>Total Other:</b>			
		# Credits	# Credits Practice Management
<b>Total Self-Study CE credits = (Hours Reading + On-line Credits + Other) <span style="color: red;">divided by 3:</span></b>			

**Scientific publications (journal or textbook) on veterinary topics and/or presentations at veterinary meetings:**

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

Up to 10 credits can be claimed for a paper or exhibit before a professional veterinary or allied health professional audience, with 2 credits per hour of presentation.

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

**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:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ License Number: \_\_\_\_\_