

*This document is to be used when traditional documentation of a CE event is not available.*

*Verification can be given by the person who presented the CE or your supervisor.*

*A contact number is required for the individual who verifies the CE.*

## Continuing Education Tracking Form

Member Name: \_\_\_\_\_

Term Years: \_\_\_\_\_

Activity Name <i>ex: workshop name, webinar name, etc</i>	Date of Activity	Credits	Category <i>ex: 1 – Impact on Animal Health and Welfare</i>	Verified By <i>Signature &amp; Contact Number Required</i>
				Signature
				Print Name
				Phone Number
				Signature
				Print Name
				Phone Number
				Signature
				Print Name
				Phone Number

Category 1 Subcategories are:

- CE in Clinical Veterinary Medicine and Science
- CE in Disciplines that have an Impact on Animal Health and Welfare
- CE in Disciplines that have an Impact on the Profession of Veterinary Medicine
- CE that Impacts on the Delivery of Veterinary Medical Services