

# TEXAS STATE BOARD OF VETERINARY MEDICAL EXAMINERS

## Continuing Education Certification Of Attendance/Completion

Provider Name:	Participant Name:
Program Title:	
Date(s) Held:	Location:
Continuing Education Hours Awarded:	Continuing Education Approved By: (Example – TSBVME, RACE, AVMA, Local Association, Etc.)
Provider Signature:	Date Signed:
Participant Signature:	Date Signed:

Certification of Attendance/Completion form must be completed by the continuing education provider at the end of the continuing education program.

Veterinarians must maintain this completed form for a minimum of four calendar years and submit it to the Texas State Board of Veterinary Medical Examiners upon request.