



Supporting Quality
Veterinary Care

COLORADO ASSOCIATION OF CERTIFIED VETERINARY TECHNICIANS

303-318-0652 866-318-0652 303-318-0651 (fax) info@cacvt.com www.cacvt.com

CONTINUING EDUCATION FORM 2006-2008

Please Print

Name _____ State Certification # (if known): _____

Mailing Address _____

City _____ State _____ Zip Code _____

Contact Phone _____ E-Mail _____

Please submit a list of your continuing education events attended using this form. You DO NOT need to submit proof of attendance at this time. If you are chosen randomly from the computer data base, then you will be asked to provide proof. Please retain proof of attendance for your own records and submit if requested. Thank you.

Meeting _____

Title/Topic _____

Date _____ Time _____ Speaker: _____

Number of CE hours requested: _____ Technical ___ or Supportive ___ (check one)

Meeting _____

Title/Topic _____

Date _____ Time _____ Speaker: _____

Number of CE hours requested: _____ Technical ___ or Supportive ___ (check one)

Meeting _____

Title/Topic _____

Date _____ Time _____ Speaker: _____

Number of CE hours requested: _____ Technical ___ or Supportive ___ (check one)

(Continued on back)

TOTAL NUMBER OF CREDIT HOURS SUBMITTED: _____

Credits must be obtained between July 1, 2006 and June 30, 2008. CE does not carry over into the next certification period. You need at least 16 CE credits, of these 8 or more must be from the technical category.

Return to Continuing Education Committee after 16 hours are completed

CACVT Continuing Education Committee
191 Yuma Street
Denver, CO 80223



CONTINUING EDUCATION FORM 2006-2008

Meeting _____
Title/Topic _____
Date _____ Time _____ Speaker: _____
Number of CE hours requested: _____ Technical ___ or Supportive ___ (check one)

Meeting _____
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Meeting _____
Title/Topic _____
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Number of CE hours requested: _____ Technical ___ or Supportive ___ (check one)
