

TITLE

RACE Provider Number: 50-

RACE Program Number: 20-

RACE Program Category:

RACE Delivery Method:

Date of Attendance

Participant Name

Participant Signature

State(s) and License Numbers

*This program (**insert program number**) is approved by the AAVSB RACE to offer a total of (**insert total number of CE Credits approved**) ((**insert max # a person can receive**) max) being available to any one veterinarian: and/or (**insert total number approved**) Veterinary Technician CE Credits ((**insert max # a person can receive**) max). This RACE approval is for the subject matter category of (**insert approved category**) using the delivery method of: (**insert approved delivery method**). This approval is valid in jurisdictions which recognize AAVSB RACE; however, participants are responsible for ascertaining each board's CE requirements. Attendee received _____ medical and _____ non-medical CE credits.*

