

Certificate of Attendance

Course Title:

Date of Attendance:

Sponsor/Presenter Name:

Name & License Number

RACE Provider Number:
RACE Program Number:

Attendee earned a total of _____ credits via the following delivery methods:

Seminar/Lecture (In-Person): _____ medical credits & _____ non-medical credits

Lab/Wet Lab: _____ medical credits & _____ non-medical credits

Interactive-Distance: _____ medical credits & _____ non-medical credits

Non-Interactive: _____ medical credits & _____ non-medical credits

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This program has been approved for _____ hours of continuing education credit for veterinarians
and _____ hours for veterinary technicians in jurisdictions that recognize RACE approval.

