

**COLORADO STATE BOARD OF LICENSURE FOR VETERINARY MEDICINE
CONTINUING EDUCATION SUMMARY PAGE 1 OF _____**

Licensee must complete this form in its entirety. Incomplete or unsigned forms will not be accepted. Report 32 hours of Board-approved continuing education that has been taken between November 1, 2008 and October 31, 2010 as set forth in C.R.S. 12-64-110(4)(a).

Licensee Name: _____ License No. VET- _____
(Please print or type)

Document#	Sponsoring Association	Course Title & Instructor	Location	Date(s) Completed	CE Hours	Check if Management Based Material	Audit Use:
							Retention Document Verified (Y or N)
1							
2							
3							
4							
5							
					TOTAL	<input type="text"/>	<input type="text"/>

To maintain an "Active" license, you attest under penalty of perjury, that you have complied with all Board rules and policies. I, the named Licensee, under penalty of perjury, hereby certify to the truth and accuracy of all representations made in the foregoing record.

Licensee Signature: _____ Date: _____
(Licensee Signature Required)

For Audit Use Only:

Reviewed By: _____ Date Reviewed: _____

Results of Audit: _____

Verified By: _____ Date Verified: _____

**COLORADO STATE BOARD OF LICENSURE FOR VETERINARY MEDICINE
CONTINUING EDUCATION SUMMARY PAGE ___ OF ___**

Licensee Name: _____ License No. VET-_____

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—							
—							
—							
					TOTAL	<input type="text"/>	<input type="text"/>

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(Licensee Signature Required)