

**RECORD OF PERSONAL PARTICIPATION**

**FOR CONTINUING EDUCATION**

*This form is provided by the LOUISIANA BOARD OF VETERINARY MEDICINE to be used when a continuing education program consists of more than one presentation (and/or is presented over a number of days) and the Sponsor of the program does not provide a record of personal participation sheet for attendees.*

**A CERTIFICATE OF ATTENDANCE provided by the program Sponsor is required to be submitted in addition to this completed RECORD OF PERSONAL PARTICIPATION.**

The agenda/itinerary for the program attended -- with individual sessions and times -- marked to indicate the actual presentations attended by the participant is acceptable in lieu of a completed record of personal participation sheet.

The BASIC RULE is that any Record of Personal Participation for a program should include the information requested on this form: program date(s), name of program attended, name of presentation presenter(s)/speaker(s), and actual number of hours attended.

**Please Print:**

NAME OF PARTICIPANT: \_\_\_\_\_

NAME OF CONFERENCE: \_\_\_\_\_

DATES OF CONFERENCE: From - \_\_\_\_\_ To - \_\_\_\_\_

DATE	NAME OF PRESENTATION	NAME OF PRESENTER	NO. OF HOURS
All hours listed on front and back side of this form should be entered here.			<b>TOTAL HOURS</b>

I certify that I completed the CE program indicated above and on the Certificate of Attendance provided by the program sponsor, a copy attached, by attendance at the presentations listed on this form for the number of hours also noted on this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**- THIS FORM MAY BE DUPLICATED -**

DATE	NAME OF PRESENTATION	NAME OF PRESENTER	NO. OF HOURS

*The total number of hours attended should be entered on front side of this form in space provided.*

**- THIS FORM MAY BE DUPLICATED -**