


Veterinary Continuing Education Audit Tracking Worksheet

	Name:		Date:			FOR OFFICE USE ONLY
	Address:		License Number:			
	City:		Telephone Number:			
	State & Zip Code:		Email Address:			
Date Completed	Sponsor/Provider	Course Title	Live Hours	Self-Study Hours	Total CE Hours	Verification
Signature:			Page Total:			

Please print additional tracking sheets if more space is needed.

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