

**RECORD CARD:
CONTINUING PROFESSIONAL EDUCATION FOR VETERINARIANS**

Name of Veterinarian: _____

NParks/AVS Licence No: _____

Tel no: _____ (Office) _____ (Mobile) _____

Email: _____

Record period: From ___ / ___ / ___ to ___ / ___ / ___

Date	Activity Category (e.g. S1, U2)	Activity name/description	No. of hours/sessions/papers, etc.	Credit points entitled	
				Structured	Unstructured
			Subtotal		

Declaration

I, _____ (name), hereby declare that all information given in this record is to my best knowledge, true and correct.

Electronic Signature/Date