

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)	No. of hours/sessions/ papers, etc.	Credit points entitled	
			Structured	Unstructured
		Subtotal		
		Total		

Declaration

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

Electronic Signature/Date