**CONTINUING VETERINARY MEDICAL EDUCATION CREDIT (CVMEC) ASSESSMENT**

***CONTINUING EDUCATION ACCREDITATION COMMITTEE***

***jvbceac@gmail.com***

**SECTION 1: VETERINARIAN DATA (*to be completed by veterinarian)***

**Name:­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**JVB Registration Number: \_\_\_\_\_\_**

**Annual License Certificate Application for YEAR: 20\_\_\_**

**Date of Submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CVMEC Details :** (*Veterinarian to* *complete ONLY first four columns in table below)*

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| --- | --- | --- | --- | --- |
| **Date** | **Title of CVMEC Event/Activity** | **CVMEC Event Organizing Body**  **(eg JVMA/ CbVMA/NAVC)** | **CVMEC**  **Awarded by Organiser\*** | **CEAC Assessment/**  **Comments** |
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***\*Attach original Certificate(s) OR JP-certified/NP-notarized copy of Certificate(s)***

**SECTION 2: FOR CEAC USE ONLY**

**Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of receipt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Attachment(s) received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This is to certify that the **CEAC** has confirmed that the above-named veterinarian:

1. **has** completed the required CVME Credits during 20\_\_\_. 🗆
2. **has** **not** completed the required CVME Credits during 20\_\_\_. 🗆
3. wasnot required to complete CVMEC during 20\_\_\_ . 🗆

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CEAC Chairman (PRINT) CEAC Chairman Signature

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Date JVB Registrar signature/ Date received