**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)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** |  **Title of CVMEC Event/Activity** |  **CVMEC Event Organizing Body****(eg JVMA/ CbVMA/NAVC)** | **CVMEC****Awarded by Organiser\*** | **CEAC Assessment/****Comments** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

***\*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\_\_\_ . 🗆

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CEAC Chairman (PRINT) CEAC Chairman Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date JVB Registrar signature/ Date received