

Certificate of Attendance



2026 Annual Conference January 28–31, 2026

Hilton - Minneapolis in Minneapolis, MN

hosted by the Minnesota Veterinary Medical Association

I certify that I attended the session(s) listed on this form at the 2026 Annual Conference hosted by the Minnesota Veterinary Medical Association, January 28–31, 2026, in Minneapolis, MN.

Attendee Name: _____

Signature: _____

All sessions are approved by the Minnesota Board of Veterinary Medicine. Three-day attendees will be able to earn up to 23 hours of CE by attending a session during every available time slot including the opening and closing keynotes, Just in Time Lunch Discussion, and both morning coffee chats. Attendees of the pre-conference workshop on Wednesday earn 4 CE credits. Max CE credits available is 27 for one individual.

Record of CE

Use the chart below to record the sessions you attend at the 2026 Annual Conference. Each attendee is responsible for the accuracy of their record. Sessions are listed, along with number of credits and medical/non-medical designation, in the daily schedule section of this program book.

Title of Session	Hours	Medical/ Non-Medical
1 _____		<input type="checkbox"/> Medical <input type="checkbox"/> Non-Medical
2 _____		<input type="checkbox"/> Medical <input type="checkbox"/> Non-Medical
3 _____		<input type="checkbox"/> Medical <input type="checkbox"/> Non-Medical
4 _____		<input type="checkbox"/> Medical <input type="checkbox"/> Non-Medical
5 _____		<input type="checkbox"/> Medical <input type="checkbox"/> Non-Medical
6 _____		<input type="checkbox"/> Medical <input type="checkbox"/> Non-Medical
7 _____		<input type="checkbox"/> Medical <input type="checkbox"/> Non-Medical
8 _____		<input type="checkbox"/> Medical <input type="checkbox"/> Non-Medical

continued on next page

Record of CE (continued)

Title of Session	Hours	Medical/ Non-Medical
9 _____		<input type="checkbox"/> Medical <input type="checkbox"/> Non-Medical
10 _____		<input type="checkbox"/> Medical <input type="checkbox"/> Non-Medical
11 _____		<input type="checkbox"/> Medical <input type="checkbox"/> Non-Medical
12 _____		<input type="checkbox"/> Medical <input type="checkbox"/> Non-Medical
13 _____		<input type="checkbox"/> Medical <input type="checkbox"/> Non-Medical
14 _____		<input type="checkbox"/> Medical <input type="checkbox"/> Non-Medical
15 _____		<input type="checkbox"/> Medical <input type="checkbox"/> Non-Medical
16 _____		<input type="checkbox"/> Medical <input type="checkbox"/> Non-Medical
17 _____		<input type="checkbox"/> Medical <input type="checkbox"/> Non-Medical
18 _____		<input type="checkbox"/> Medical <input type="checkbox"/> Non-Medical
19 _____		<input type="checkbox"/> Medical <input type="checkbox"/> Non-Medical
20 _____		<input type="checkbox"/> Medical <input type="checkbox"/> Non-Medical
21 _____		<input type="checkbox"/> Medical <input type="checkbox"/> Non-Medical
22 _____		<input type="checkbox"/> Medical <input type="checkbox"/> Non-Medical
23 _____		<input type="checkbox"/> Medical <input type="checkbox"/> Non-Medical
24 _____		<input type="checkbox"/> Medical <input type="checkbox"/> Non-Medical

Medical CE credits earned: _____

Non-Medical CE credits earned: _____

Total CE credits earned: _____