# Florida Veterinary Technician Association
## Continuing Education Form

**Please email the completed form to certification@thefvta.net .**
**If you have any questions or concerns about your renewal, you can email them to the address above.**
**Do not submit this form if the total of hours listed does not meet or exceed the 15 hour requirement.**

| | |
|---|---|
| **NAME** | |
| **FVTA VT NUMBER** | |
| **ADDRESS** | |
| **CITY, STATE, and ZIP CODE** | |

| DATE | LECTURE TITLE | RACE NUMBER | RACE APPROVED CE HOUR(S) |
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