Note:

Please have the clinician complete this basic form to provide you with an outline of what the clinician plans to discuss at your clinic. All fields are adjustable. Please feel free to add additional fields (rows) as appropriate. Thank you.

NAME OF CLINIC:

DATE:

LOCATION:

CLINICIAN:

|  |  |  |
| --- | --- | --- |
|  |  | Requested CE Credits |
| 9 am - 12 Noon | Lectures:* Topic 1
* Topic 2
* Topic 3
 |  |
| 1 pm - 4 pm | Live Horse Demonstration/Discussion* Topic 1
* Topic 2
* Topic 3
 |  |
|  |  |  |
|  | TOTAL CE CREDITS |  |