



Surgical Experience Form

To be completed by the NEB candidate:

NEB Candidate Name (print)

NEB Candidate Signature

NEB Candidate I.D.

Candidates are reminded that falsification of documents would be a violation of the Rules of Conduct and can resolve in disciplinary actions up to and including dismissal from the program.

To be completed by a licensed veterinarian validating NEB candidate's surgical experience:

Surgical procedure(s) performed by NEB candidate named above:	Please indicate role of NEB candidate: Whether primary surgeon or assistant	Date when surgical procedure was performed:

Reminder: To qualify towards the NEB requirement, all surgical procedures must have been performed within a five-year period preceding application of the CPE.





By signing below, I, the validating veterinarian affirm to the NEB that

- i) I have read and understood this document in its entirety, as written in English or as translated into the _____ language
- ii) I have personally witnessed this candidate perform the aseptic surgical procedure(s) listed above.

Signature _____

Date _____

Full Name of Validating Veterinarian (print):

License or Registration Number

Name of Licensing Authority (state, province, country)

Clinic name and contact information (address, phone number, e-mail) where procedure was performed:

Please submit your completed form to the NEB via email to the following email address:

neb-bne@cvma-acmv.org

