

Record of Participation in Continuing Education Seminars



I hereby certify that:

completed:

Paws and Parasites: Five Ways to Purrfect Prevention in Your Practice

on February 29 2024.

Handwritten signature of Andrea Spediacci in black ink.

Andrea Spediacci, DVM
AAHA Director of Learning

Handwritten signature of Judy Rose Lanier in black ink.

Judy Rose Lanier, CVPM, CVA, DES
AAHA Learning Programs Manager

The program 20-1157210 has been approved for **1** hour(s) of **Medical** continuing education credit(s) in jurisdictions that recognize RACE approval. (RACE provider #50-27899)

I hereby certify that I participated in this number of CE hours:

Signature of Registrant: _____

License(s) number and state(s)/province: _____

Address: _____

City/State/Zip: _____

Please submit this CE letter to your accrediting body for approval. Do not return it to aaha.

AMERICAN ANIMAL HOSPITAL ASSOCIATION

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