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:

<table>
<thead>
<tr>
<th>Surgical procedure(s) performed by NEB candidate named above:</th>
<th>Please indicate role of NEB candidate: Whether primary surgeon or assistant</th>
<th>Date when surgical procedure performed:</th>
</tr>
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<tbody>
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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:

CVMA-NEB
339 Booth Street
Ottawa, ON K1R 7K1