Veterinarian COSN Form

The University of the State of New York THE STATE EDUCATION DEPARTMENT Office of the Professions State Board for Veterinary Medicine www.op.nysed.gov/prof/vetmed/

Attestation of Veterinarian's Provision of Free Spaying and/or Neutering Services for Continuing Education Credit

Instructions

This form must be filled out and signed by veterinarians who choose to provide free spaying and/or neutering services for continuing education credit. Once completed, it is recommended that you keep this form at the your practice location. You are required to provide it, along with any attached documentation, to the New York State Education Department upon request. If you are not claiming free spaying and/or neutering services for continuing education credit, you do not need to fill out this form.

Free spaying and/or neutering services can only be used to satisfy a portion of your continuing education requirement, if such services were, among other things, provided in conjunction with a municipality, duly incorporated not-for-profit society for the prevention of cruelty to animals, duly incorporated humane society, or duly incorporated animal protection association or persons who would otherwise be eligible under Agriculture and Markets Law Section 117-a(3)(a).

If you provided free spaying and/or neutering services to a dog or cat owner, who is eligible to participate in the animal population control program under Agriculture and Markets Law Section 117-a(3)(a), attach a copy of the pet owner's adoption agreement with the pound, shelter maintained by or under contract or agreement with the state or any county, city, town, or village, duly incorporated society for the prevention of cruelty to animals, duly incorporated humane society, or duly incorporated dog or cat protective association that the dog or cat was adopted from.

You may claim a **maximum** of **3 hours** of **continuing education credit** by providing free spaying and/or neutering serves per registration period. Each **hour** of free spaying and/or neutering service provided equals **one half hour** of **continuing education credit**.

In order for the provision of free spaying/neutering services to satisfy a portion of your continuing education requirements, such services must have been administered at practices, facilities and properties that were appropriately equipped and staffed to provide such services. Additionally, you must have provided any needed follow-up services, which are referred to as other veterinary services for continuing education credit purposes, for any post-operative complications related to any such surgeries that arose within 24 hours of performing them. You must also complete the core continuing education requirements for veterinarians.

| First Middle Mailing Address: (You must notify the Department promptly of any address or name changes.) Line 1 Line 2 Line 3 City State ZIP Code Country/ Province New York State Veterinarian License Number: | Print Nan | ne: | | | | | | | | | | | | | | | | | | | | | | | | |
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| Country/ Province | City | | | | | | | | | | | | | | | | | | | | | | | | | |
| Province | State ZIP Code | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Country/ Province | | | | | | | | | | | | | | | | | | | | | | | | | |
| Registration Period: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Veterinarian - COSN Form, Page 1 of 2, February 2017 | | | | | | | | | | Vet | terir | aria | an - | СО | SN | For | m, | Pag | e 1 | of 2 | 2, F | ebr | ua | ry 2017 | | |

| | e the following log to record each instance where you provided free spaying and/or isfying a portion of your continuing education requirement (use additional sheets if | |
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| 1. | Location where service took place | |
| | Address: | |
| | Date of service: | |
| 2. | Location where service took place | |
| | Address: | |
| | Date of service: | |
| 3. | Location where service took place | |
| | Address: | |
| | Date of service: | |
| 4. | Location where service took place | |
| | Address: | |
| | Date of service: | Number of Hours claimed: |
| Att | estation | |
| Ed cor fals | ereby attest that I am in compliance with all the mandatory continuing education requirement ucation Law and section 62.8 of the Regulations of the Commissioner of Education. I further attained herein and in any documents attached hereto, are, to the best of my knowledge trusted statements and/or information may, among other things, subject me to the full disciplinaring gents and the Department pursuant to Title VII of the Education Law. | er attest that the statements and information e and accurate. I also acknowledge that any |
| Sig | nature: | _ Date: |
| Pri | nt Name: | _ |