Name of Program: 2018 International Conference on One Medicine One Science
Event ID #: CF0759
Location: Graduate Hotel, University of Minnesota, Minneapolis, Minnesota
Date: April 29-May 2, 2018

Veterinarians are responsible for maintaining documentation of continuing education attendance for a minimum of four years. Keep this document together with a copy of the conference program agenda to verify attendance. (AAVSB provides an on-line continuing education recording system that is free for veterinary professionals, www.aavsb.org/vcet.)

One (1.0) veterinary continuing education hour is awarded for each 50 minutes of attendance at a course, seminar, or lecture.

___ I attended all conference sessions: Sunday, April 29-Tuesday, May 2, 2018 for 19.3 CE Hours.

___ I only attended the following single sessions (Please check the sessions you did attend):

____ Opening Session, Sunday, April 29, 2018 (2.4 hours)
____ Plenary Presentation and Session 1, Monday, April 30, 2018 (4.0 hours)
____ Session 2, Monday, April 30, 2018 (2.5 hours)
____ Featured Presentation, Monday, April 30, 2018 (0.9 hours)
____ Session 3, Tuesday, May 1, 2018 (4.2 hours)
____ Featured Speaker, Tuesday, May 1, 2018 (0.9 hours)
____ Session 4, Tuesday, May 1, 2018 (3.8 hours)
____ Plenary Talk, Wednesday, May 2, 2018 (0.6 hours)

I attended one of the following workshops on Wednesday, May 2, 2018. (Check the session attended)

____ CIS1: One Medicine One Science Approaches to Health at Two NIH Institutes (6.6 hours)
____ CIS2: Effective Policy when Consumer Preferences (Food and Health) Do Not Match Actions (7.7 hours)
____ CIS3: Breaking Silos and Building Bridges Within and Across Geographies for One Medicine One Science Policy (6.3 hours)
____ CIS4: Precision Medicine and Genome Editing: Science and Ethics (6.8 hours)
____ CIS5: Science Communication and Strategic Engagement of Policy Makers (7.2 hours)

Name (please print) ____________________________________________________________

Affiliation or Organization _______________________________________________________

Daytime Phone Number _________________________________________________________

Signature ___________________________ Date _________________________________