

Updating Report Development Program, General Performance and Western Judges

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Annual submission deadline: October 31

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Approval of updating clinic/seminar ho	ours are subject to MHC's discretion. Form must be complete.
Name of official:	
Description of clinic/seminar:	
Dato	Location:
Number of hours participated:	
Name of clinician/Instructor	
TO BE COMPLETED THE THE	CLINICIAN/INSTRUCTOR OF ABOVE NAMED CLINIC:
I hereby/certify that	has completed hours under my instruction,
as stated above.	
Signature:	Date: