Colleague Visit Reporting Form

Date of visit: ______________________

Host Practitioner: ________________________________

AETA member #:________  IETS Freeze Code #:________

Address: ________________________________

Visiting Practitioner: ________________________________

AETA Member #: ________  IETS Freeze Code #:________

Address: ________________________________

To meet requirement for 5 CE credits, the visit is required to be at least 1 business day in duration and an attempt to observe an embryo recovery/processing procedure should be included. Was that requirement met?

Yes_____  No______

Signature of Host Practitioner: ________________________________

Signature of Visiting Practitioner: ________________________________