



**ONTARIO
VETERINARY
MEDICAL
ASSOCIATION**

2023 APPLICATION CONTINUING EDUCATION RECOGNITION PROGRAM

Each year, OVMA recognizes members who have completed at least 30 hours of Continuing Education (CE) during the previous calendar year with a Continuing Education plaque. First time applicants receive a CE plaque; thereafter applicants receive the appropriate year tile.

To receive your plaque or tile, please complete this form and submit it to the OVMA office as soon as possible. Please include all the continuing education you have undertaken during the 2023 calendar year, to give OVMA a better understanding of the types and amount of CE being utilized by Ontario’s veterinarians. For all CE events attended in person or studied online, please attach copies of receipts or other proof of participation.

This form is also available on the OVMA website under the Continuing Education portal.

Name: _____

Address: _____

Telephone: _____ Email: _____

• Please send me my 2023 year tile

• Please send me my continuing education plaque

Name as you wish it to appear on your plaque (please print):

_____ D.V.M.

A. ATTENDANCE AT OVMA APPROVED CONTINUING EDUCATION MEETINGS

| MEETING TITLE | LOCATION | DATES | # OF HOURS |
|---------------|----------|-------|------------|
| | | | |
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| |

Total Hours Part A: _____ Hours

B. JOURNAL SUBSCRIPTIONS (Maximum allowable credit is 3 hours per Journal to a maximum of 9 hours.)

1. _____ X 3 HOURS = _____ HOURS

2. _____ X 3 HOURS = _____ HOURS

3. _____ X 3 HOURS = _____ HOURS

Total Hours Part B _____ Hours (Maximum 9)

C. CONTINUING EDUCATION LECTURES GIVEN

| MEETING TITLE | LOCATION | # OF PRESENTATION HOURS |
|---------------|----------|-------------------------|
| | | |
| | | |
| | | |

Total Hours Part C _____ Hours

D. ELECTRONIC/ONLINE PROGRAMS

1. _____ = _____ HOURS

2. _____ = _____ HOURS

3. _____ = _____ HOURS

4. _____ = _____ HOURS

5. _____ = _____ HOURS

Total Hours Part D: _____ Hours



Total Part A: _____ Hours

Total Part B: _____ Hours

Total Part C: _____ Hours

Total Part D: _____ Hours

Grand Total: _____ Hours

CERTIFICATION:

I hereby certify that, to the best of my knowledge, the information contained herein is correct.

_____ D.V.M.

Please return completed form to: OVMA, 205-420 Bronte St S, Milton, Ontario L9T 0H9 FAX: 1.877.482.5941 /
905.875.0958