**2017 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 of the continuing education you have undertaken during the 2017 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* ***PLEASE SEND ME MY 2017 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 CONTINUING EDUCATION MEETINGS**

MEETING TITLE LOCATION DATES # OF HOURS

**TOTAL HOURS PART A: \_\_\_\_\_\_\_\_\_\_** HOURS

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

JOURNAL TITLE

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_D.V.M.

**Please return completed form to: OVMA, 420 Bronte Street S., Suite 205, Milton, Ontario L9T 0H9**

**FAX: 1.877.482.5941 / 905.875.0958**