



2020 APPLICATION CONTINUING EDUCATION RECOGNITION PROGRAM

ONTARIO VETERINARY
MEDICAL ASSOCIATION

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 2020 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 2020 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

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 hereby 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