2020 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 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

<table>
<thead>
<tr>
<th>MEETING TITLE</th>
<th>LOCATION</th>
<th>DATES</th>
<th># OF HOURS</th>
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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.)

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

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<th>MEETING TITLE</th>
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<th># OF PRESENTATION HOURS</th>
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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