2022 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 2022 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 2022 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.)

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

<table>
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<tr>
<th>MEETING TITLE</th>
<th>LOCATION</th>
<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, 205-420 Bronte St S, Milton, Ontario L9T 0H9 FAX: 1.877.482.5941 / 905.875.0958