

OVMA Continuing Education Program Application Form

Submission Date _____

Organization Name: _____ Sponsor Name: _____

Program Title: _____

Contact Name: _____

Address: _____ City, Prov: _____ Postal Code: _____

E-mail Address: _____ Phone Number: _____

Hours of Continuing Education Requested:

Number of total CE hours available for this program : _____

NOTE: The smallest increment to be considered for approval is ½ hour (0.5). Please include all available hours for all available sessions, including multiple tracks, that you wish to be considered for this program.

Payment Information *Review will not begin until payment is received. Incomplete applications cannot be considered.*

		Amount Enclosed:
1. Program Application Fee (required for ALL applications):	\$150.00	\$150.00
PLUS	PLUS	PLUS
2. Per Hour course fee: \$20.00 x maximum number of hours requested <i>(Note: per hour fees are based on the total available hours to be assessed)</i>	\$20 x _____	_____
TOTAL	_____	_____

Credit Card (MasterCard or Visa only, please)

Cheque (payable to OVMA)

Credit Card Information:

Card Number: _____

Exp Date : _____ 3 digit CVV: _____

Cardholder Name: _____

Cardholder Address: _____

City, Province: _____ Postal Code: _____

Cardholder's Signature: _____

Program Title: _____

Date(s) / Location(s): At least ONE date and location must be listed to process the application. *NOTE: Programs can be delivered in a number of locations, given there are no changes to the presentation material or presenters, only one application needs to be made.*

Locations (City)	Date(s)

Program Agenda: *Note: approval is one credit per hour (50 minute) presentation, the smallest increment to be considered for approval is 1/2 hour (0.5). Include all break and lunch timing. Please attach additional pages as required.*

Start Time	Stop Time	Presentation Topic / Title	Presenter Name

Items to be included with this Application:

- Application **fees** (see first page of this Application)
- Detailed **Agenda**, including start and stop times
- Topic **Summary/Abstract(s)** (to include as an attachment)
- Presentation slides / Powerpoint Presentation** (include as an attachment or provide a weblink to the PP presentation slides)
- Presenter / Speaker **Information Form**

Please see the **OVMA Continuing Education Credit Recognition Application Submission Requirements** information sheet for additional information

Submit completed packets and application fees to:

Attention: Patty Dawson, Manager of Continuing Education
Ontario Veterinary Medical Association
420 Bronte St, S, Suite 205
Milton, ON L9T 0H9
e-mail: pdawson@ovma.org

Questions? Contact us at pdawson@ovma.org or 800.670.1702, ext. 226.