



**ONTARIO
VETERINARY
MEDICAL
ASSOCIATION**

**OVMA Continuing Education Program
APPLICATION FORM**

Submission Date _____

Organization Name: _____ Sponsor Name: _____

Program Title: _____

Address: _____

Contact Name: _____ 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 $\frac{1}{2}$ 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 won't begin until payment is received. Incomplete applications can't 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 (Note: per hour fees are based on the total available hours to be assessed)	\$20 x	_____
HST: 107801037RT0001	Add 13% HST	_____
	TOTAL	_____

Visa or MasterCard 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 SUBMITTED 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** sheet for additional information.

Submit completed packets and application fees to:

Attention: Nina Bauer, Coordinator of Special Events
Ontario Veterinary Medical Association
205-420 Bronte St S
Milton, ON L9T 0H9
Email: nbauer@ovma.org

Questions? Contact us at nbauer@ovma.org.