



**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 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 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	_____
	<b>TOTAL</b>	_____

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.