



**ONTARIO  
VETERINARY  
MEDICAL  
ASSOCIATION**

**2024 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 2024 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 2024 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**

MEETING TITLE	LOCATION	DATES	# OF HOURS

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

MEETING TITLE	LOCATION	# OF PRESENTATION HOURS

Total Hours Part C \_\_\_\_\_ Hours

D. ELECTRONIC/ONLINE PROGRAMS

- 1. \_\_\_\_\_ = \_\_\_\_\_ HOURS
- 2. \_\_\_\_\_ = \_\_\_\_\_ HOURS
- 3. \_\_\_\_\_ = \_\_\_\_\_ HOURS
- 4. \_\_\_\_\_ = \_\_\_\_\_ HOURS
- 5. \_\_\_\_\_ = \_\_\_\_\_ HOURS

Total Hours Part D: \_\_\_\_\_ Hours

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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