



OAVT's Continuing Education Credit Application Form

Name of CE Event: _____

Event Date(s): _____ Please enter "ongoing" if there is no specific date

Yes, post this event to the OAVT website .

Delivery Method Online In-person

Duration of Event (Please list the hours per day and/or the number of days)

How can people register/RSVP to this event? Include the web link or email address.

Provide a one or two sentence description of the event:

C.E. Credit Application Fees

	Cost	Amount
Price per CE Event (The fee applies to each instance of the event that you would like posted. Ex. If the event is posted on two dates, the fee is \$20 x 2 = \$40.)	\$20.00	
	<i>Subtotal</i>	
	HST (13%)	

TOTAL	
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- Credit cards will not be charged until event is approved

Card Number

Expiry /
 MM / YYYY

Name on Card

Signature

Applicant's Email: _____



OAVT Accredited Continuing Education Events

Please read and sign this document, and return it with your accreditation application.

CERTIFICATE

RVTs require proof of attendance at all CE events, whether they are online or in person. Certificates should include the following information:

- Date of activity
- Number of credits assigned by the OAVT
- Name of presenter and credentials
- Topic of activity
- Name of the presenting company/organization
- Space for the name of the RVT

ATTENDANCE

Please have a sign in/sign out sheet for RVTs attending your in-person event, if it is longer than two hours. RVTs who do not both sign in **and** sign out should not receive a certificate or the credits. The OAVT recognizes that this will require some time and effort from you, but we wish to ensure that there is complete fairness and equity for all attendees who register for and complete the event that you have offered.

AVAILABILITY

If you are offering online CE, the OAVT can only accredit activities which are available to the entire membership, regardless of place of employment. It would be inappropriate for us to accredit and advertise online activities that require a clinic account number in order to gain access.

SIGNATURE

I have read the above and agree to the conditions of accreditation by the OAVT.

Signature

Date