



ONTARIO ASSOCIATION OF VETERINARY TECHNICIANS

**CONTINUING EDUCATION CREDIT
APPLICATION FORM**

Note: Please print or type form. Use one form for each event.

Title of Educational Event: _____

Date Session Begins _____ **Date Session Ends** _____

Duration of the Session (# of hours) _____

**Speaker's Name and
Qualifications** _____

Sponsor _____

City _____ **Province/State** _____

**DESCRIPTION OF THE EDUCATIONAL EVENT FOR WHICH C.E. CREDIT
IS BEING REQUESTED (Please include brochure or Web page address of event):**

**LEARNED OUTCOMES (what will participants learn; or what will participants be
able to do as a result of this event)**

APPLICANT INFORMATION:

Name: _____

Title: _____ Membership # _____

Organization _____

Mailing Address _____

City _____ Prov _____ Postal Code _____

Phone _____ E-mail _____

Member of OAVT: yes _____ no _____ (if “no”, cheque must accompany this application)

C. E. CREDIT APPLICATION FEE FOR NON-MEMBER: \$25.00 Cdn

Please submit with this application, a sample copy of one of the following:

1. Certificate of Completion;
2. Receipt for Registration fees for the event;
3. List of Registered participants at the event.

You will be required to provide our members with verification of completion/participation, to submit to the O.A.V.T. for C.E. credit recognition. The Certificate or Receipt must make reference to the date of the event, topic, speaker and the C.E. credit value attained by each member.

TO BE COMPLETED BY THE OAVT HEAD OFFICE:

<i>Membership</i>	<i>Fee included</i>	<i>Date received</i>	<i>C.E. credit assigned</i>	<i>Value</i>
<i>Verified</i>				

Complete and send this form to:

**Ontario Association of Veterinary Technicians
Ontario AgriCentre
Suite 104, 100 Stone Road West
Guelph, ON N1G 5L3**

Phone: (519)836-4910 Fax: (519)836-3638 email: oavt@oavt.org
www.oavt.org