



**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: \$35.00 Cdn + HST**

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](mailto:oavt@oavt.org)  
[www.oavt.org](http://www.oavt.org)