Ontario Association of Bovine Practitioners

Dr. Lloyd Wieringa Continuing Education Fund for Recent Grads in Bovine Practice

Application Form

Name:

College and Year of Graduation:

Address/Clinic:

Email:

Preferred phone number for contact (if needed):

Applicants will be assessed based on the potential knowledge or skills that may be gained, the applicability to their practice and Ontario bovine practice as well as the novelty and feasibility of the proposed experience. Note – successful applicants will be expected to present information about their activity via the OABP newsletter and at an OABP CE meeting*

Proposed Continuing Education Experience

Title:

Location and Primary Contact/Program Lead/ Program Coordinator for this experience:

Date(s) of attendance:

Brief Description of the activity:

Please outline the expected benefit(s) from attendance:

Consider education or skills of the individual veterinarian, the practice they work for, and Ontario bovine practice broadly

Amount requested (to a maximum of $1500):

Note: Funds are to be direct expenditures generated by the experience. Examples include: used to offset travel, registration, training materials, specific equipment needed etc.

Additional comments:

☐ **I understand that successful applicants will be expected to share information about their activity for the benefit of other members and commit to do so via a summary in the OABP newsletter and a presentation at an OABP CE meeting**

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Signature **Date**