

### INSTRUCTIONS FOR COMPLETING APHIS FORM 2007

This Form shall be completed for each supervisory employee responsible for essential steps in production, testing, and initial distribution of biological products. Send one copy to CVB.

- Item 1**            Self-explanatory
- 2**                "High school" need not be listed if education includes at least one year in an accredited college or university requiring a high school diploma for admission.
- 3A**              List present position first and work back.
- 3B**              Self-explanatory
- 3C & D**        Show length of time in each position, including present position.
- 3E**              Use official title from company records. If that title is not descriptive, add a descriptive title and identify with the initials "DT" (descriptive title).
- 4 & 5**           Self-explanatory

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
VETERINARY SERVICES  
CENTER FOR VETERINARY BIOLOGICS  
**QUALIFICATIONS OF VETERINARY BIOLOGICS PERSONNEL**

1. NAME OF EMPLOYEE (*Last, first, middle*)

(See instructions on attached page.)

**2. EDUCATION**

| NAME OF HIGH SCHOOL, COLLEGE, OR UNIVERSITY<br>(A) | NO. OF YEARS COMPLETED<br>(B) | DATES ATTENDED |           | MAJOR SUBJECTS<br>(E) | DEGREE<br>(F) | DATE CONFERRED<br>(G) |
|----------------------------------------------------|-------------------------------|----------------|-----------|-----------------------|---------------|-----------------------|
|                                                    |                               | From<br>(C)    | To<br>(D) |                       |               |                       |
|                                                    |                               |                |           |                       |               |                       |
|                                                    |                               |                |           |                       |               |                       |
|                                                    |                               |                |           |                       |               |                       |
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|                                                    |                               |                |           |                       |               |                       |
|                                                    |                               |                |           |                       |               |                       |

**3. BIOLOGICS WORK EXPERIENCE**

| NAME AND ADDRESS OF ESTABLISHMENT<br>(A) | ESTAB. LIC. NUMBER (if known)<br>(B) | PERIOD      |           | TITLE OF POSITION HELD<br>(E) | RELATED WORK PERFORMED (if more space is needed, attach sheet)<br>(F) |
|------------------------------------------|--------------------------------------|-------------|-----------|-------------------------------|-----------------------------------------------------------------------|
|                                          |                                      | From<br>(C) | To<br>(D) |                               |                                                                       |
|                                          |                                      |             | Present   |                               |                                                                       |
|                                          |                                      |             |           |                               |                                                                       |
|                                          |                                      |             |           |                               |                                                                       |
|                                          |                                      |             |           |                               |                                                                       |
|                                          |                                      |             |           |                               |                                                                       |
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|                                          |                                      |             |           |                               |                                                                       |

|                                                       |                          |                  |
|-------------------------------------------------------|--------------------------|------------------|
| <b>(See Privacy Act Notice at the bottom of Form)</b> | 4. SIGNATURE OF EMPLOYEE | 5. DATE PREPARED |
|-------------------------------------------------------|--------------------------|------------------|

**PRIVACY ACT NOTICE**

The information requested on this form will not be retrieved from our files by using your name or personal identifier and is therefore, in the opinion of this Agency, not subject to provisions of the Privacy Act of 1974. However, in keeping with the spirit and intent of the Privacy Act we are informing you of the following:

- Authority:** 9 CFR Section 114.7(a)
- Purpose:** That compliance with the Act and applicable regulations be under supervision of person(s) competent in the preparation of biological products.
- Routine uses:** To determine that the responsible person(s) producing biological products are qualified by training and experience and have demonstrated fitness to produce such products in compliance with the Act.
- Effects of failure to furnish information:** Failure to report can result in suspension or revocation of establishment license. Failure to provide the requested personal information will result in no personal penalties or adverse consequences.