

**UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES**

NATIONAL VETERINARY ACCREDITATION PROGRAM

APPLICATION FORM

- | | |
|---|--|
| 1. <input type="checkbox"/> Initial Accreditation
State: _____ Lic No: _____ | 2. <input type="checkbox"/> Authorization in a new State
State: _____ Lic No: _____ |
| 3. <input type="checkbox"/> Choose Accreditation Category (Block 15 or 16) | 4. <input type="checkbox"/> Contact Information Change |
| 5. <input type="checkbox"/> Accreditation Renewal | 6. <input type="checkbox"/> Post-Revocation Re-accreditation |

7. Name of Veterinarian (<i>Last, First, M, Suffix</i>): <input type="checkbox"/> Check if your name has changed.		8. Six Digit National Accreditation No:	
<input type="text"/>		<input type="text"/>	
9. Other Names Used (e.g., Maiden Name): <input type="text"/>	10. Date of Birth: <input type="text"/>	11. School of Veterinary Medicine: <input type="text"/>	12. Year Graduated: <input type="text"/>
13. State where Orientation Completed: <input type="text"/>	14. Are you interested in participating in State or Federal agricultural emergency response efforts? <input type="checkbox"/> Yes <input type="checkbox"/> No		

ACCREDITATION CATEGORY SELECTION (select only one)

- | | |
|---|--|
| 15. <input type="checkbox"/> Category I animals, as defined in 9 CFR Part 160.1 requires 3 units of APHIS approved courses for renewal) | 16. <input type="checkbox"/> Category II animals, as defined in 9 CFR Part 160.1 requires 6 units of APHIS approved courses for renewal) |
|---|--|

HOME CONTACT INFORMATION

17. Home Mailing Address: <input type="text"/>			18. County of Home Mailing Address: <input type="text"/>
<input type="text"/>			19. Home Telephone: <input type="text"/>
<input type="text"/>			20. Email Address: <input type="text"/>
21. City: <input type="text"/>	22. State: <input type="text"/>	23. ZIP Code: <input type="text"/>	24. If your home contact information is the same as your business contact information, may it be released to the public by USDA? <input type="checkbox"/> Yes <input type="checkbox"/> No

PRIMARY BUSINESS CONTACT INFORMATION

25. Name of Business: <input type="text"/>			26. County of Business Mailing Address: <input type="text"/>
27. Business Mailing Address: <input type="text"/>			28. Business Telephone: <input type="text"/>
<input type="text"/>			29. Business Fax: <input type="text"/>
<input type="text"/>			30. Business Cell Telephone: <input type="text"/>
31. City: <input type="text"/>	32. State: <input type="text"/>	33. ZIP Code: <input type="text"/>	34. May your business contact information be released to the public by USDA? <input type="checkbox"/> Yes <input type="checkbox"/> No

35. LIST ALL STATE(S) AND VETERINARY LICENSE NUMBER(S) WHERE YOU ARE CURRENTLY AUTHORIZED TO PERFORM ACCREDITED DUTIES

State: <input type="text"/> Lic No: <input type="text"/>	State: <input type="text"/> Lic No: <input type="text"/>	State: <input type="text"/> Lic No: <input type="text"/>
State: <input type="text"/> Lic No: <input type="text"/>	State: <input type="text"/> Lic No: <input type="text"/>	State: <input type="text"/> Lic No: <input type="text"/>
State: <input type="text"/> Lic No: <input type="text"/>	State: <input type="text"/> Lic No: <input type="text"/>	State: <input type="text"/> Lic No: <input type="text"/>

36. Species Category: <input type="text"/>	37. Species Code(s): <input type="text"/>	38. Primary Medical Discipline: <input type="text"/>	39. Employment Type: <input type="text"/>
--	---	--	---

ACCREDITATION RENEWAL – Complete only if Accreditation Renewal Block 5 is checked

40. Course Title (<i>Must be APHIS approved</i>)	41. Organization Administering Course	42. Course Type	43. Units	44. Date Completed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I certify that I am able to perform the tasks listed in 9 CFR Part 161.1(g) for the appropriate Accreditation category in Blocks 16 or 17 and have been given a copy of the Standards of Accredited Veterinarian Duties. I agree to conduct all activities as an Accredited Veterinarian in accordance with the Standards of Accredited Veterinarian Duties contained in Title 9, Code of Federal Regulations, Subchapter 3, Part 161.4 and any amendments there to which may subsequently be issued and in accordance with instructions received from the APHIS representative. I certify that I have completed all courses listed in Block 40.

45. Signature of Veterinarian: <input type="text"/>	46. Date: <input type="text"/>
---	--------------------------------

Signature of the Veterinarian-in-Charge and the State Animal Health Official appearing below denotes endorsement of the applicant for veterinary accreditation and/or authorization in a new State. Signatures are NOT required for Accreditation Renewal or Change in Accreditation Category.

47. Signature of State Animal Health Official: <input type="text"/>	48. Date: <input type="text"/>
---	--------------------------------

49. Signature of Veterinarian-in-Charge: <input type="text"/>	50. Date: <input type="text"/>
---	--------------------------------