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OMB APPROVED  
0579-0353  
EXP DATE XX/XXXX

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

## NOMINATION REQUEST FORM

\*\* This section to be completed by the Training Coordinator\*\*

PRIORITIZED NUMBER: \_\_\_\_\_

COURSE TITLE:

DATE OF THE COURSE:

PARTICIPANT'S NAME (DR., MR., MS., MRS.):

MAILING ADDRESS (Street, City, State, ZIP Code, and Country):

WORK PHONE NUMBER:

WORK FAX NUMBER:

(Government or Business) CELL PHONE NUMBER:

WORK EMAIL ADDRESS:

CHECK ONE:     FEDERAL EMPLOYEE     STATE EMPLOYEE     OTHER

AGENCY/ORGANIZATION:

JOB TITLE:

PARTICIPANT'S OFFICIAL DUTY STATION:

SUPERVISOR'S APPROVAL:

REGION'S APPROVAL:

**PLEASE FAX THE COMPLETED NOMINATION FORM TO YOUR TRAINING COORDINATOR. THE TRAINING COORDINATOR WILL FAX TO THE PROFESSIONAL DEVELOPMENT STAFF.**

**A LIST OF TRAINING COORDINATORS CAN BE FOUND IN THE VETERINARY SERVICES TRAINING CATALOG ON THE WEB AT:  
[HTTP://WWW.APHIS.USDA.GOV/ANIMAL\\_HEALTH/PROF\\_DEVELOPMENT/](http://www.aphis.usda.gov/animal_health/prof_development/)**