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**OMB APPROVED**  
**0579-0353**  
**EXP. XX/XXXX**

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

## NOMINATION REQUEST FORM

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:

CELL PHONE NUMBER (*Government or Business*):

WORK EMAIL ADDRESS:

CHECK ONE:     FEDERAL EMPLOYEE     STATE EMPLOYEE     OTHER

AGENCY/ORGANIZATION:

JOB TITLE:

PARTICIPANT'S OFFICIAL DUTY STATION:

SUPERVISOR'S NAME:

SUPERVISOR'S EMAIL ADDRESS:

SUPERVISOR'S APPROVAL:

APHIS OFFICIAL'S APPROVAL:

**EMAIL THE COMPLETED NOMINATION FORM TO THE PROFESSIONAL DEVELOPMENT SERVICES (PDS) AT  
[PROFESSIONAL.DEVELOPMENT.STAFF@APHIS.USDA.GOV](mailto:PROFESSIONAL.DEVELOPMENT.STAFF@APHIS.USDA.GOV). POINT OF CONTACT FOR TRAINING.**

**A LIST OF THE PDS POINTS OF CONTACT FOR TRAINING CAN BE FOUND ON THE WEB AT:  
[http://www.aphis.usda.gov/wps/portal/aphis/ourfocus/animalhealth?1dmy&urile=wcm%3apath%3a%2Faphis\\_content\\_library%2Fsa\\_our\\_fo cus%2Fsa\\_animal\\_health%2Fsa\\_training\\_and\\_development%2Fsa\\_professional\\_development](http://www.aphis.usda.gov/wps/portal/aphis/ourfocus/animalhealth?1dmy&urile=wcm%3apath%3a%2Faphis_content_library%2Fsa_our_fo cus%2Fsa_animal_health%2Fsa_training_and_development%2Fsa_professional_development)**