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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 –
ANIMAL DISEASE TRAINING**

1. COURSE TITLE:

2. DATE OF COURSE:

3. PARTICIPANT'S NAME (*Dr., Mr. Ms., Mrs.*):

4. MAILING ADDRESS (*Street, City, State, Zip Code, and Country*):

5. WORK PHONE NUMBER:

6. WORK FAX NUMBER:

7. CELL PHONE NUMBER (*Government or Business*):

8. WORK EMAIL ADDRESS:

9. CHECK ONE:

FEDERAL EMPLOYEE

STATE EMPLOYEE

OTHER

10. AGENCY/ORGANIZATION:

11. JOB TITLE:

12. PARTICIPANT'S OFFICIAL DUTY STATION:

APPROVAL SECTION

13. SUPERVISOR'S NAME:

14. SUPERVISOR'S EMAIL ADDRESS:

15. SUPERVISOR'S APPROVAL:

16. APHIS OFFICIAL'S APPROVAL:

EMAIL THE COMPLETED NOMINATION FORM:

APHIS.VS.TRAINING@USDA.GOV.

A LIST OF THE VS TRAINING IS AT:

<https://www.aphis.usda.gov/aphis/ourfocus/animalhealth/training-and-development>