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**OMB Approved**  
0579-0297  
Exp. Date: 12/2023

|                                                                                                                                                                                                              |                                                            |                                                                          |
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| <b>UNITED STATES DEPARTMENT OF AGRICULTURE<br/>ANIMAL AND PLANT HEALTH INSPECTION SERVICE<br/>VETERINARY SERVICES</b><br><br><b>NATIONAL VETERINARY ACCREDITATION PROGRAM</b><br><br><b>APPLICATION FORM</b> | 1. Initial Accreditation<br><br>State      License Number  | 2. Authorization in an Additional State<br><br>State      License Number |
|                                                                                                                                                                                                              | 3. Change Accreditation Category ( <i>block 18 or 19</i> ) | 4. Contact Information Change                                            |
|                                                                                                                                                                                                              | 5. Accreditation Renewal or Reinstatement                  | 6. Post-Revocation Re-Accreditation                                      |
|                                                                                                                                                                                                              |                                                            |                                                                          |

|                                                                                                                         |                                |                                   |                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| 7. Name of Veterinarian ( <i>Last, First, M, Suffix</i> )                                                               |                                | Check if your name has changed    | 8. Six-Digit National Accreditation Number                                                                                                   |
| 9. Other Names Used ( <i>e.g. Maiden Name</i> )                                                                         | 10. Date of Birth              | 11. School of Veterinary Medicine | 12. Year Graduated                                                                                                                           |
| 13. State where Orientation Completed                                                                                   | 14. Date Orientation Completed |                                   | 15. Date Initial Accreditation Training Completed                                                                                            |
| 16. Are you interested in participating in State or Federal agricultural emergency response efforts?<br><br>Yes      No |                                |                                   | 17. Check box if you are a full time U.S. Military Veterinarian<br>( <i>Reservists and National Guard personnel, do not check this box</i> ) |

**ACCREDITATION CATEGORY SELECTION complete only one block, 18 or 19**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18. Category I Animals</b> ( <i>includes canines, felines, amphibians/reptiles not raised for human consumption, furbearing animals, laboratory animals (rodents), and non-human primates</i> )<br><br>Refer to Explanation of Codes Page<br><br>Practice Code:      3      4      8      9<br>(select one)<br><br>Species Code(s):      1      2      12      16      17 (rodents)      18<br>(select up to four; this does not limit the number of Category I species upon which you may perform accredited duties)<br><br>Primary Medical Discipline<br><br>Employment Type | <b>19. Category II Animals</b> ( <i>includes all animals</i> )<br><br>Refer to Explanation of Codes Page<br><br>Practice Code:      (list one)<br><br>Species Code(s):      (list up to four; this does not limit the number of species upon which you may perform accredited duties)<br><br>Primary Medical Discipline<br><br>Employment Type |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**CONTACT INFORMATION**

|                                                                                                   |                                        |                  |
|---------------------------------------------------------------------------------------------------|----------------------------------------|------------------|
| 20. Home Mailing Address                                                                          | 24. Business Name and Mailing Address  |                  |
| 21. County of Home Mailing Address                                                                | 25. County of Business Mailing Address |                  |
| 22. Home Phone                                                                                    | 26. Business Phone                     | 27. Business FAX |
| 23. Email Address- <b>Mandatory to Maintain your Accreditation</b>                                | 28. Business Cell Phone                |                  |
| 29. May your business contact information be released to the public by the USDA?      Yes      No |                                        |                  |

**ACCREDITATION RENEWAL, REINSTATEMENT, OR CHANGE OF ACCREDITATION CATEGORY – complete only if block 3 or block 5 are selected**

Enter the module numbers, not names, of the APHIS approved supplemental training modules you have completed.  
Category I veterinarians: three modules; Category II veterinarians: six modules.

|                           |  |  |  |  |  |
|---------------------------|--|--|--|--|--|
| 30. Module Number         |  |  |  |  |  |
| 31. Course Type           |  |  |  |  |  |
| 32. Date Module Completed |  |  |  |  |  |

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 15 or 16. 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 thereto which may subsequently be issued and in accordance with instructions received from the Veterinary Official. I certify that I have completed all modules listed in Blocks 30-32. I certify that I understand it is my responsibility to notify APHIS when one of my veterinary licenses lapses or become inactive, and when my contact information changes.

|                                                                                                                                                                                                      |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 33. Signature of Veterinarian                                                                                                                                                                        | 34. Date |
| Signature of the Veterinarian-in-Charge and the State Animal Health Official appearing below denotes endorsement of the applicant for Initial Accreditation and/or Post-Revocation Re-Accreditation. |          |
| 35. Signature of State Animal Health Official                                                                                                                                                        | 36. Date |
| 37. Signature of Veterinarian-in-Charge                                                                                                                                                              | 38. Date |

# PRIVACY ACT NOTICE

## General:

This information is provided pursuant to Public Law 95-3579 (Privacy Act of 1974) December 31, 1974, for individuals completing the VS 1-36A.

## Authority:

5 U.S.C. 3301, 7 U.S.C. 8309, and 21 U.S.C. 113a

## Routine Uses:

The information will be used for (1) Referral to State Animal Health officials to certify accreditation status or to exchange information regarding disciplinary action(s). (2) Referral to state veterinary examining boards to certify accreditation status or to exchange information regarding disciplinary action(s). (3) Disclosure to the public for the purpose of locating and contacting accredited veterinarians for a specific geographical location. (4) Referral to the appropriate agency, whether Federal, State, local or foreign, charged with the responsibility of investigating or prosecuting a violation of law, or of enforcing or implementing a statute, rule, regulation or order issued pursuant there to, of any record within this system when information available indicates a violation or potential violation of law, whether civil, criminal or regulatory in nature, and whatever arising by general statute or particular program statute, or by rule, regulation or order issued pursuant thereto. (5) Disclosure to the Department of Justice has agreed to represent the employee or the United States, where the agency determined that litigation is likely to affect the agency or any of its components, is a party to litigation or has an interest in such litigation and the use of such records by the Department of Justice is deemed by the agency to be relevant and necessary to the litigation ; provided, however, that in each case the agency determines that disclosure of the records to be Department of Justice is a use of the information contained in the records that is compatible with the purpose for which the records were collected. (6) Disclosure in a proceeding before a court of adjudicative body before which the agency is authorized to appear, when the agency, or any component thereof, or any employee of the agency in his or her official capacity, or any employee of the agency in his or her individual capacity where the agency has agreed to represent the employee or the United States, where the agency determines that litigation is likely to affect the agency or any of its components, is a party to litigation or has an interest in such litigation, and the agency determines that use of such records is relevant and necessary to the litigation; provided, however, that in each case the agency determines that disclosure of the records to the court is a use of the information contained in the records that is compatible with the purpose for which the records were collected (7) Disclosure to appropriate agencies, entities, and persons when the agency suspects or has confirmed that the security or confidentiality of information in the system of records has been compromised; the agency has determined that as a result of the suspected or confirmed compromise there is a risk of harm to economic or property interests, a risk of identity theft or fraud, or a risk of harm to the security or integrity of this system or other systems or programs (whether maintained by the agency or another agency or entity) that rely upon the compromised information; and the disclosure made to such agencies, entities, and persons is reasonably necessary to assist in connection with the agency's efforts to respond to the suspected or confirmed compromise and prevent, minimize, or remedy such harm; (8) Disclosure to cooperative Federal, State, and local government officials, employees, or contractors, and other parties engaged to assist in administering the program. Such contractors and other parties will be bound by the nondisclosure provisions of the Privacy Act. This routine use assists the agency in carrying out the program, and thus is compatible with the purpose for which the records are created and maintained. (9) Disclosure to USDA contractors, partner agency employees or contractors, or private industry employed to identify patterns, trends or anomalies indicative of fraud, waste, or abuse. (10) Disclosure to the National Archives and Records Administration or to the General Services Administration for records management inspections conducted under 44 U.S.C. 2904 and 2906.

## Effects of Nondisclosure:

Although this information is voluntary, failure to complete all the information may delay the process of the application or it may result in the application not being processed.

## **Instructions for Completing VS Form 1-36A, National Veterinary Accreditation Program (NVAP) Application**

**Block 1. Initial Accreditation:** Check this block if you are applying for initial accreditation. Enter the two-letter State abbreviation and your complete veterinary license number for this State. Complete blocks 1, 7, 9 (if applicable), 10, 11, 12, 13, 14, 15/16, 17-33, 37, and 38.

**Block 2. Authorization in an additional State:** Check this block if you are seeking authorization to perform accredited duties in an additional State. Enter the two-letter State abbreviation and your complete veterinary license number for this State. Complete blocks 2, 7, 8, 9 (if applicable) 10, 17-33, 37, and 38.

**Block 3. Change Accreditation Category:** Check this block if you are changing your Accreditation Category. Complete blocks, 3, 7, 8, 10, 15/16, and 34-38.

**Block 4. Contact Information Change:** Check this block if you are changing your contact information (e.g., name, address). Complete blocks 4, 7, 8, 10, 37, 38, and the appropriate CONTACT INFORMATION fields.

**Block 5. Accreditation Renewal or Reinstatement:** Check this block if you are renewing your accreditation or reinstating your accreditation after it has expired. Complete blocks 5, 7, 8, 10, and 34-38. You may not apply for renewal prior to 6 months of your renewal date.

**Block 6. Post -Revocation Re-Accreditation:** Check this block if your accreditation was revoked and you are applying for reaccreditation. Complete blocks 6, 7, 8, 10, 15/16, 17-33, 37, and 38.

**Block 7. Name of Veterinarian:** Enter your legal last name, first name and middle initial. (If this is a name change request, enter your new legal name in this block.) Check the block, if your name has changed and complete Block 9.

**Block 8. Six-Digit National Accreditation No.:** Enter the National Accreditation Number that you have been assigned.

**Block 9. Other Names Used (e.g., Maiden Name):** Enter other names used – for example, maiden name, nickname (this name should not be the same name as in block 7).

**Block 10. Date of Birth:** Enter the two-digit month, two-digit day, and four-digit year of your birth.

**Block 11. School of Veterinary Medicine:** Enter the name of the school of veterinary medicine from which you graduated.

**Block 12. Year Graduated:** Enter your four-digit year of graduation from a school of veterinary medicine.

**Block 13. State where Orientation Completed:** Enter the two letter abbreviation of the State where core orientation was completed.

**Block 14. Date Orientation Completed**

**Block 15. Date Initial Accreditation Training Completed**

**Block 16. Are you interested in participating in State or Federal agricultural emergency response efforts?** Check "yes" or "no", if you would like to be contacted to assist with agricultural emergency response efforts.

**Block 17. Check box if you are a full time U.S. Military Veterinarian. Reservists and National Guard personnel, do not check box.**

### **Category Selection (Refer to Explanation of Codes)**

**Block 18. Category I:** Check this block for authorization to only perform accredited duties on canines, felines, amphibians/reptiles, furbearing animals, laboratory animals (rodents), and/or non-human primates.

**Block 19. Category II:** Check this block for authorization to perform accredited duties on all animals.

**Practice Code:** Enter the code which most clearly describes the species upon which you will perform accredited duties.

**Species Code(s):** Enter up to four code(s) associated with the species with which you most often expect to perform accredited duties. These entries do not limit the species on which you may perform accredited duties within your Accreditation Category.

**Primary Medical Discipline:** Enter the number associated with the discipline that best describes your primary medical discipline.

**Employment Type:** Enter the number associated with your employment type.

### **Home Contact Information**

**Block 20. Home Mailing Address:** Enter your complete home mailing address. *This is the address that will be used by NVAP to communicate with you.*

**Block 21. County of Home Mailing Address:** Enter the county in which your home address is located.

**Block 22. Home Phone:** Enter your 10-digit home phone number.

**Block 23. Email Address:** Enter your email address. (NOTE: If you enter a shared email address, that information may be viewed by others.)

### **Business Contact Information**

**Block 24. Business Name and Mailing Address:** Enter the name of the business where you work/practice. If you are self-employed without a specific business name, enter your name from Block 7. Enter complete business mailing address. If your home mailing address is your business mailing address, write "Same as home address."

**Block 25. County of Business Mailing Address:** Enter the county in which your business address is located.

**Block 26. Business Phone:** Enter your 10-digit business phone number.

**Block 27. Business FAX:** Enter your 10-digit fax number.

**Block 28. Business Cell Phone:** Enter your 10-digit cell phone number.

**Block 29. May your business contact information be released to the public by the USDA?** Check "yes" or "no" to having your business contact information released, which determines if clients can find you using the "Find an Accredited Veterinarian" Public Search tool on our website.

**Block 30. Module Number:** Enter the module numbers, not the names, of the APHIS approved supplemental training modules you have completed. Category I veterinarians: three modules; Category II veterinarians: six modules

**Block 31. Course Type:** Enter Online or Lecture to describe how you completed each module.

**Block 32. Date Module Completed:** Enter the two-digit month, two-digit day, and four-digit year that you completed the module.

### **Certification/Approval**

**Block 33. Signature of Veterinarian:** Read the certification statement above block 33 and sign in blue or black ink, digitally sign, or digitally draw your signature. (NOTE: You MUST be licensed or legally able to practice as a veterinarian.)

**Block 34. Date:** Enter the two-digit month, two-digit day, and four-digit year that you signed this application.

**Blocks 35-38:** Do not enter any information in these blocks.

## Explanation of Codes

### **Practice Codes (Blocks 15 & 16)**

**(May indicate up to 2 codes)**

**("Predominant" = Greater than 50%**

**Species Contact,**

**"Exclusive" = Only Species Contact)**

- 1 - Food Animal Predominant
- 2 - Food Animal Exclusive
- 3 - Companion Animal Predominant
- 4 - Companion Animal Exclusive
- 5 - Mixed Animal
- 6 - Equine Predominant
- 7 - Equine Exclusive
- 8 - Other
- 9 - No Species Contact

### **Species Codes (Blocks 15 & 16)**

**(May choose up to 4 codes)**

- 1 - Canine
- 2 - Feline
- 3 - Equine
- 4 - Bovine
- 5 - Porcine
- 6 - Ovine/Caprine
- 7 - Camelid
- 8 - Cervid
- 9 - Poultry
- 10 - Avian (non-poultry)
- 11 - Exotics
- 12 - Amphibian/Reptile
- 13 - Aquatic Animal
- 14 - Zoo Animal
- 15 - Wildlife
- 16 - Furbearing Animals
- 17 - Laboratory Animal
- 18 - Non-Human Primate
- 19 - Other Species
- 20 - No Species Contact

### **Primary Medical Disciplines**

**(Blocks 15 & 16)**

**(Choose only 1 discipline)**

- 1 - Anatomy
- 2 - Anesthesiology
- 3 - Animal Behavior
- 4 - Animal Welfare
- 5 - Alternative/Contemporary
- 6 - Association Management
- 7 - Biochemistry
- 8 - Biomedical Engineering

- 9 - Business/Economics
- 10 - Cardiology
- 11 - Dentistry
- 12 - Dermatology
- 13 - Disaster Medicine
- 14 - Ecology
- 15 - Emergency and Critical Care
- 16 - Endocrinology
- 17 - Environmental Health
- 18 - Epidemiology
- 19 - Ethics
- 20 - General Medicine
- 21 - Genetics
- 22 - Human Animals Bond
- 23 - Homeland Security
- 24 - Immunology
- 25 - Internal Medicine
- 26 - Insurance
- 27 - Laboratory Animal Medicine
- 28 - Law
- 29 - Media
- 30 - Microbiology
- 31 - Mycology/Bacteriology
- 32 - Molecular Biology
- 33 - Neurology
- 34 - Non-Medical
- 35 - Nutrition
- 36 - Oncology
- 37 - Ophthalmology
- 38 - Parasitology
- 39 - Pathology - Anatomic
- 40 - Pathology - Clinical
- 41 - Pharmacology
- 42 - Pharmacology - Clinical
- 43 - Physiology
- 44 - Population Medicine
- 45 - Poultry Medicine
- 46 - Preventative Medicine
- 47 - Production Medicine
- 48 - Public Health
- 49 - Radiology
- 50 - Shelter Medicine
- 51 - Sports Medicine
- 52 - Surgery
- 53 - Theriogenology
- 54 - Toxicology
- 55 - Virology
- 56 - Wildlife Medicine
- 57 - Zoological Medicine

58 - Other Professional Discipline

### **Employment Type (Blocks 15 & 16)**

**(May choose only 1 type)**

#### **Private Clinical Practice**

- 1 - General Medicine/Surgery
- 2 - Production Medicine
- 3 - Referral/Specialty Medicine
- 4 - Emergency/Critical Care Medicine
- 5 - Other Private Clinical Practice

#### **Academia**

- 6 - Veterinary Medical College/School
- 7 - Veterinary Science Department
- 8 - Veterinary Technician Program
- 9 - Animal Science Department
- 10 - Other Academia

#### **Government**

- 11 - U.S. Federal
- 12 - State
- 13 - Local
- 14 - Foreign
- 15 - Army
- 16 - Air Force
- 17 - Public Health Commission Corps
- 18 - Other Government

#### **Industry/Commercial**

- 19 - Pharmaceutical/Biological
- 20 - Feeds/Nutrition
- 21 - Laboratory
- 22 - Agriculture/Livestock Production
- 23 - Business/Consulting Services
- 24 - Other Industry/Commercial

#### **Other**

- 25 - Humane Organization
- 26 - Membership Assn/Professional Society
- 27 - Foundation/Charitable Organization
- 28 - Missionary/Service
- 29 - Zoo/Aquarium
- 30 - Wildlife
- 32 - Temp Not Employment in Veterinary Field
- 33 - Non-Veterinary Employment
- 34 - Not Employed
- 35 - Not Listed Above

This Professional Classification System is used courtesy of the American Veterinary Medical Association.