

Request for Nonsubstantive Change
ICR 0579-0297

October 31, 2023

APHIS conducted a review of VS Form 1-36A, National Veterinary Accreditation Program Application Form, and requests approval for the following nonsubstantive changes.

The changes are the result of consolidating and modifying several blocks.

The changes do not affect response time or burden.

Block 2: Change “Authorization in a new State” to “Authorization in an additional State”.

Blocks 3 to 12: Unchanged.

Blocks 13 to 16 changes to Blocks 13 to 19: Three new fields added (see screenshots below - changes captured red boxes).

CHANGE

13. State where First Orientation Completed:	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 – Block 15 OR 16	
15. <input type="checkbox"/> Category I animals (includes canines, felines, amphibians/reptiles, furbearing animals, laboratory animals (rodents), and non-human primates) Refer to Explanation of Codes Page Practice Code(s): <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/> 9 (select up to two) Species Code(s): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 (rodents) <input type="checkbox"/> 18 (select up to four; this does not limit the number of Category I species upon which you may perform accredited duties) Primary Medical Discipline: <input type="text"/> Employment Type: <input type="text"/>	16. <input type="checkbox"/> Category II animals (includes all animals) Refer to Explanation of Codes Page Practice Code(s): <input type="text"/> <input type="text"/> (list up to two) Species Code(s): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (list up to four; this does not limit the number of species upon which you may perform accredited duties) Primary Medical Discipline: <input type="text"/> Employment Type: <input type="text"/>
CONTACT INFORMATION	

TO

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? <input type="checkbox"/> Yes <input type="checkbox"/> No		17. Check box if you are a full time U.S. Military Veterinarian (Reservists and National Guard personnel, do not check this box) <input type="checkbox"/>
ACCREDITATION CATEGORY SELECTION complete only one block, 18 or 19		
18. Category I Animals (Includes canines, felines, amphibians/reptiles not raised for human consumption, furbearing animals, laboratory animals (rodents), and non-human primates) Refer to Explanation of Codes Page Practice Code: (select one) <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/> 9 Species Code(s): <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 (rodents) <input type="checkbox"/> 18 (select up to four; this does not limit the number of Category I species upon which you may perform accredited duties) Primary Medical Discipline <input type="text"/> Employment Type <input type="text"/>	19. Category II Animals (includes all animals) Refer to Explanation of Codes Page Practice Code: (list one) <input type="text"/> Species Code(s): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (list up to four; this does not limit the number of species upon which you may perform accredited duties) Primary Medical Discipline <input type="text"/> Employment Type <input type="text"/>	
CONTACT INFORMATION		

Blocks 17 to 33 Contact Information are now Blocks 20 to 29: Consolidated the number of fields to enter addresses for both homes and businesses. Changed “Email Address” to “Email Address-Mandatory to Maintain your Accreditation”. (see screenshots below).

CHANGE

CONTACT INFORMATION					
17. Home Mailing Address:			24. Name of Business:		
			25. Business Mailing Address:		
18. City:	19. State:	20. ZIP Code:	26. City:	27. State:	28. ZIP Code:
21. County of Home Mailing Address:			29. County of Business Mailing Address:		
22. Home Phone:			30. Business Phone:		
23. Email Address:			31. Business FAX Number:		
			32. Business Cell Phone Number:		
33. May your business contact information be released to the public by the USDA? <input type="checkbox"/> Yes <input type="checkbox"/> No					

TO

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-Mandatory to Maintain your Accreditation		28. Business Cell Phone
29. May your business contact information be released to the public by the USDA? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Blocks 34 to 42 are now Blocks 30 to 38 (see screenshots below – changes captured red boxes).

CHANGE

ACCREDITATION RENEWAL 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.						
34. Module Number						
35. Course Type						
36. Date Module Completed						
By signing in block 37, I certify that the information contained in this form is true and correct to the best of my knowledge. I am able to perform the tasks listed in Title 9 Code of Federal Regulations (CFR) Part 161.1(g) for the accreditation category designated in Blocks 15 or 16. I have been given a copy of the Standards of Accredited Veterinarian Duties contained in Title 9 CFR Part 161.4, and I agree to conduct all activities as an accredited veterinarian in accordance with the Standards of Accredited Veterinarian Duties.						
37. Signature of Veterinarian:					38. 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.						
39. Signature of State Animal Health Official:					40. Date:	
41. Signature of Veterinarian-in-Charge:					42. Date:	

VIS Form 1-2RA Previous edition may be used

TO

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:	