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OMB Approved
0579-0297
Exp. 11/2012

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

**NATIONAL VETERINARY ACCREDITATION PROGRAM
APPLICATION FORM**

1. <input type="checkbox"/> Initial Accreditation State: _____ Lic No: _____	2. <input type="checkbox"/> Authorization in a new State State: _____ Lic No: _____
3. <input type="checkbox"/> Choose Accreditation Category (<i>Block 15 or 16</i>)	4. <input type="checkbox"/> Contact Information Change
5. <input type="checkbox"/> Accreditation Renewal	6. <input type="checkbox"/> Post-Revocation Re-accreditation

7. Name of Veterinarian (<i>Last, First, M, Suffix</i>): <input type="checkbox"/> Check if your name has changed.	8. Six Digit National Accreditation No: _____
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9. Other Names Used (e.g., <i>Maiden Name</i>): _____	10. Date of Birth: _____	11. School of Veterinary Medicine: _____	12. Year Graduated: _____
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13. State where Orientation Completed: _____	14. Are you interested in participating in State or Federal agricultural emergency response efforts? <input type="checkbox"/> Yes <input type="checkbox"/> No
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ACCREDITATION CATEGORY SELECTION (*select only one*)

15. <input type="checkbox"/> Category I animals, as defined in 9 CFR Part 160.1 (requires 3 units of APHIS approved courses for renewal)	16. <input type="checkbox"/> Category II animals, as defined in 9 CFR Part 160.1 (requires 6 units of APHIS approved courses for renewal)
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HOME CONTACT INFORMATION

17. Home Mailing Address: _____			18. County of Home Mailing Address: _____
			19. Home Telephone: _____
			20. Email Address: _____
21. City: _____	22. State: _____	23. ZIP Code: _____	24. If your home contact information is the same as your business contact information, may it be released to the public by USDA? <input type="checkbox"/> Yes <input type="checkbox"/> No

PRIMARY BUSINESS CONTACT INFORMATION

25. Name of Business: _____			26. County of Business Mailing Address: _____
27. Business Mailing Address: _____			28. Business Telephone: _____
			29. Business Fax: _____
			30. Business Cell Telephone: _____
31. City: _____	32. State: _____	33. ZIP Code: _____	34. May your business contact information be released to the public by USDA? <input type="checkbox"/> Yes <input type="checkbox"/> No

35. LIST ALL STATE(S) AND VETERINARY LICENSE NUMBER(S) WHERE YOU ARE CURRENTLY AUTHORIZED TO PERFORM ACCREDITED DUTIES					
State: _____	Lic No: _____	State: _____	Lic No: _____	State: _____	Lic No: _____
State: _____	Lic No: _____	State: _____	Lic No: _____	State: _____	Lic No: _____
State: _____	Lic No: _____	State: _____	Lic No: _____	State: _____	Lic No: _____

36. Species Category: _____	37. Species Code(s): _____	38. Primary Medical Discipline: _____	39. Employment Type: _____
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ACCREDITATION RENEWAL – Complete only if Accreditation Renewal Block 5 is checked

40. Course Title (<i>Must be APHIS approved</i>)	41. Organization Administering Course	42. Course Type	43. Units	44. Date Completed

Signatures are NOT required for election to participate as a Category I or Category II accredited veterinarian as described in 9 CFR Part 161.3(d). If I am applying for initial accreditation or a change of Accreditation Category: 1) 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 and have been given a copy of the Standards of Accredited Veterinarian Duties contained in 9 CFR Part 161.4; 2) I agree to conduct all activities as an Accredited Veterinarian in accordance with the Standards of Accredited Veterinarian Duties and any amendments there to which may subsequently be issued and in accordance with instructions received from an APHIS representative; and 3) I have completed the courses listed on the application. If I am applying for accreditation renewal, I certify that I have completed the courses listed on the application.

45. Signature of Veterinarian: _____	46. Date: _____
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Signature of the Veterinarian-in-Charge and the State Animal Health Official appearing below denotes endorsement of the applicant for veterinary accreditation and/or authorization in a new State. Signatures are NOT required for Accreditation Renewal or Change in Accreditation Category.

47. Signature of State Animal Health Official: _____	48. Date: _____
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49. Signature of Veterinarian-in-Charge: _____	50. Date: _____
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Applicant instructions for completing VS form 1-36A, National Veterinary Accreditation Program Application Form. This form must be completed, signed, and dated by the applicant before submission. Original signature is required. (**NOTE:** *The applicant MUST be licensed or legally able to practice as a veterinarian.*)

(Please check all appropriate Blocks for which you are applying):

Block 1. Initial Accreditation: Check this Block if this is your first time applying for accreditation. Enter the 2 letter State abbreviation for which you are seeking authorization to perform accredited duties on the application State line and your complete veterinary license number for this specific State. (*Note: If you do not have a license number, but are legally able to practice please enter LAP in the veterinary license number field.*)

Block 2. Authorization in a new State: Check this Block if you are already accredited and are seeking authorization to perform accredited duties in an additional State. Enter the 2 letter abbreviation for the State which you are seeking authorization to perform accredited duties and your complete veterinary license number for this specific State. (*Note: If you do not have a license number, but are legally able to practice please enter LAP in the veterinary license number field.*)

Block 3. Choose Accreditation Category: Check this Block if you are choosing an Accreditation Category for the first time or changing your category.

Block 4. Contact Information Change: Check this Block if you are changing your contact information (*home or business*). Complete the appropriate CONTACT INFORMATION fields.

Block 5. Accreditation Renewal: Check this Block if you are renewing your accreditation. Renewal is required every 3 years in order to retain your authorization to perform accredited duties.

Block 6. Post - Revocation Reaccreditation: Check this Block if your accreditation was revoked and you are applying for reaccreditation.

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

Block 8. Six Digit National Accreditation No.: Enter the national accreditation number that you have been assigned. (If this is your initial accreditation or first time choosing an Accreditation Category, you will not have a number and you may leave this Block blank) Upon your initial accreditation (for first time applicants) or initial Accreditation Category selection (currently accredited veterinarians), you will be notified via mail +/- email of your National Accreditation No.

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 2 digit month, 2 digit day, and 4 digit year of your birth (mm/dd/yyyy).

Block 11. School of Veterinary Medicine: Enter the name of the school of veterinary medicine from which you graduated. Do not use the 3-letter school code abbreviation.

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

Block 13. State where Orientation Completed: Enter the State where core orientation was completed.

Block 14. Are you interested in participating in State or Federal agricultural emergency response efforts? Check yes, if you would like to be contacted if there is an agricultural emergency event for which accredited veterinarians are being sought, or no if you don't want to be contacted.

Category Selection

Block 15. Category I: Check this Block if performing accreditation duties on any or all animals **except:** food and fiber species, horses, birds, farm-raised aquatic animals, all other livestock species, and zoo animals that can transmit exotic animal diseases to livestock.

Block 16. Category II: Check this Block if performing accreditation duties on any or all animals **including:** food and fiber species, horses, birds, farm-raised aquatic animals, all other livestock species, and zoo animals that can transmit exotic animal disease to livestock.

Home Contact Information

Block 17. Home Mailing Address: Enter your complete home mailing address. This is the address that will be used by NVAP to communicate with you about the National Veterinary Accreditation Program (NVAP) through the U.S. Postal Service.

Block 18. County of Home Mailing Address: Enter the county in which your home address is located

Block 19. Home Telephone: Enter 10-digit home telephone number (xxx-xxx-xxxx).

Block 20. Email Address: Enter email address. This address will be used by NVAP to communicate with you via email. (*NOTE: If you enter a shared email address, note that information may be viewable to others.*)

Block 21. City: Enter city of your home address.

Block 22. State: Enter State of your home address.

Block 23. ZIP Code: Enter the 5 or 9 digit ZIP code of your home address—whichever is applicable.

Block 24. If your home contact information is the same as your business contact information, may it be released to the public? Enter either "yes" or "no" if you want your home/business contact information available through an APHIS Web site for the public to use when trying to locate an accredited veterinarian.

Business Contact Information

Block 25. Name of Business: Enter the name of the business where you work/practice. If you are self employed without a specific business name, enter your own name.

Block 26. County of Business Mailing Address: Enter the name of the county in which business address is located.

Block 27. Business Mailing Address: Enter complete business mailing address. If your home mailing address is your business mailing address, write "Same as home address."

Block 28. Business Telephone: Enter 10-digit business telephone number (xxx-xxx-xxxx)

Block 29. Business FAX: Enter 10 digit fax number (xxx-xxx-xxxx). This number will be the used by NVAP to communicate with you via FAX.

Block 30. Business Cell Number (optional): Enter your 10-digit cell phone number of your business (xxx-xxx-xxxx).

Block 31. City: Enter city of your business address.

Block 32. State: Enter State of your business address.

Block 33. ZIP Code: Enter the 5 or 9 digit ZIP code of your business address — whichever is applicable.

Block 34. May your business contact information be released to the public? Enter either "yes" or "no" if you want your business contact information available through an APHIS Web site for the public to use when trying to locate an accredited veterinarian.

Professional Information

Block 35. State Veterinary License Number: If this is your application for initial accreditation, leave blank-you have already provided related data in Block 1. Enter the 2 letter State abbreviation(s) for all States in which you are authorized to perform accredited duties, and the complete license number(s) for each State. (*Note: If you are not licensed, but are legally able to practice (LAP) please enter "LAP" in the veterinary license number field for that State, and submit written authorization from the State licensing board(s) for each State in which you are legally able to practice without a license.*)

Block 36. Species Category (may list up to 2): Using the list provided, determine your Species Category or up to 2 Species Categories, and enter the number(s) associated with that Species Category or Categories.

Block 37. Species Code(s) (may list up to 4): Using the list provided, enter the code(s) associated with all the species with which you expect to perform accredited duties

Block 38. Primary Medical Discipline: Using the list provided, enter the one or two digit number associated with discipline that best describes your primary medical discipline.

Block 39. Employment Type: Using the list provided, enter the one or two digit number associated with your employment type

Accreditation Renewal

Block 40. Course Title: Enter the title of the APHIS approved course you completed.

Block 41. Organization Administering the Course: For example: university name, state agriculture department name, etc.

Block 42. Course Type: Enter manner in which the course was administered (*e.g., online, hard-copy text, etc.*)

Block 43. Units: Enter the number of units completed.

Block 44. Date Completed: Enter 2 digit month, 2 digit day, and 4 digit year that you completed the course/unit (mm/dd/yyyy).

Certification/Approval

Block 45. Signature of Veterinarian: Sign in black or blue ink. Signatures are NOT required for election to participate as a Category I or Category II accredited veterinarian as described in 9 CFR Part 161.3(d). If you are applying for initial accreditation or a change of Accreditation Category, signature on this form certifies that you can perform the tasks for accredited veterinarians listed in 9 CFR Part 161, have completed the courses listed on the application, have received a copy of the Standards for Accredited Veterinarian Duties, and agree to conduct all accredited veterinarian activities in accordance with those "standards". If you are only applying for accreditation renewal your signature only certifies that you have completed the courses listed on the application.

Block 46. Date: Enter the complete date (mm/dd/yyyy) of when you signed in Block 45.

Blocks 47-50: Do not enter any information in these blocks.

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.

Explanation of Codes and Key Numbers

ID – SPECIES CATEGORY (Block 36)

(May indicate up to 2 categories)

- 1 - Food Animal Predominant – sum of Species Codes (4, 5, 6, 7, 8, 9) is at least 50% of contact
- 2 - Food Animal Exclusive – sum of Species Codes (4, 5, 6, 7, 8, 9) is at least 90% of contact
- 3 - Companion Animal Predominant – sum of Species Codes (1, 2, 10, 11) is at least 50% of contact
- 4 - Companion Animal Exclusive – sum of Species Codes (1, 2, 10, 11) is at least 90% of contact
- 5 - Mixed Animal – varied species with at least 25% from companion animal and 25% from either food animal and equine
- 6 - Equine Predominant – Species Code (3-Equine) is at least 50% contact
- 7 - Equine Exclusive – Species Code (3-Equine) is at least 90% contact
- 8 - Other
- 9 - No Species Contact

SPECIES CODES (Block 37)

(May choose up to 4)

- 1 - Canine
- 2 - Feline
- 3 - Equine
- 4 - Bovine
- 5 - Porcine
- 6 - Ovine/Caprice
- 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

ID – PRIMARY MEDICAL DISCIPLINE

(Block 38)

- 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

ID – EMPLOYMENT TYPE (Block 39)

(May choose up to 2)

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."