

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 Post - Revocation Reaccreditation:** Check this Block if your accreditation was revoked and you are applying for reaccreditation.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

## 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."