International Council for
Veterinary Assessment

Assessment Development Committee

NOMINATION FORM
PLEASE PRINT OR TYPE

Applicant Information

Name of Individual:

Address:

Preferred Phone: Email:

Current Professional Activity or Employment:

Species:

Board Certification (not required):

Other Relevant Degrees/Certification:

Why are you interested in serving on the ADC? (150-word limit)

What attributes would you bring to the ADC? (150-word limit)

Agreement to Serve: I agree to serve as a member of the ADC if selected. I certify that the information provided above is true and accurate to the best of my knowledge.

_____
*Signature of Nominee

_____
*Signature of Nominator (Leave blank if self-nominated)

Nominations must be received by September 15, 2022

Please include a *short 2 page* resume or CV of the applicant's qualifications.
Email application to jblasewitz@icva.net with ADC Nomination in the subject line or mail to ICVA PO Box 1356 Bismarck, ND 58502

*By typing your name you agree it is valid as your signature.