



Name: _____

Date: _____

Practice: _____

AAHA Accreditation Effective Date: _____

*The date on which accreditation at your practice was initiated or date at which you became employed at an AAHA accredited practice.

I hereby certify that I have been an Accredited Practice Team Member for a continuous period of at least three years immediately preceding the date of election to a position on the AAHA Board of Directors.

License Number: _____

License State/Province: _____

I hereby certify that I am a licensed veterinarian in good standing/active.

Signature: _____

(digital signature is acceptable)