



## 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 and I am professionally active in the area specified. 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 May 15, 2017

Please include a resume or CV of the applicant's qualifications.

Email application to [jblasewitz@icva.net](mailto: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.