



American College of Poultry Veterinarians  
12627 San Jose Blvd., Suite 202  
Jacksonville, FL 32223-8638  
support@acpv.org  
Phone: 904-425-5735  
Fax: 281-664-4744

**Nomination Supporting Application for Membership in the  
American College of Poultry Veterinarians**

Having reviewed the qualifications of the applicant in relation to the criteria for membership eligibility and with knowledge of his/her professional activities and personal qualities, I nominate

---

for membership to the American College of Poultry Veterinarians.

I have known the applicant for \_\_\_\_\_ years in the capacity of

---

I certify that the applicant has relevant experience related to the following:  
(Please check the level of the candidate's experience below.)

1. Field and laboratory diagnostic procedure

Extensive     Moderate     Little     I don't know

2. Is knowledgeable in aspects of the following in relation to the health and productivity of commercial poultry flocks and/or breeding stock.

a. Management

Extensive     Moderate     Little     I don't know

b. Nutrition

Extensive     Moderate     Little     I don't know

c. Environmental control

Extensive     Moderate     Little     I don't know

d. Applied economics

Extensive    Moderate    Little    I don't know

e. Genetics

Extensive    Moderate    Little    I don't know

f. Regulatory medicine

Extensive    Moderate    Little    I don't know

***\*\*\*If you answer "I don't know" to more than 4 of these questions, please suggest to the applicant to find another ACPV diplomate that may be more familiar with their experience level.***

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**This form is to be completed by the Nominator** and returned directly to the ACPV Business Office at the above address to be received no later than **November 1, 2013**.