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.