



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 April 1, 2024
Please include a short two-page résumé or CV of the applicant's qualifications
Email application to jblasewitz@icva.net with ADC Nomination in the subject line.

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