

# International Veterinary Forensic Sciences Association

## APPLICANT REFERENCE FORM

Mail To: IVFSA

4800 SW 35<sup>th</sup> Drive  
Gainesville, FL 32608

References must be received by April 1st

PLEASE TYPE OR NEATLY PRINT ALL INFORMATION

### PART 1: To be Completed by the Applicant

Applicant Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

### PART 2: To be Completed by Reference and Returned Directly to the IVFSA

#### A. Knowledge of Applicant

Please describe your knowledge of the applicant to include: working relationship; training in veterinary forensic sciences; percentage of time devoted to veterinary forensic sciences; years practicing veterinary forensic sciences.

#### B. Ethics

To the best of your knowledge, has the applicant ever been censured for unethical conduct or procedure?

Yes  No (If yes, please explain)

#### C. Recommendation

Do you recommend with qualification that the applicant be approved?  Yes  No (If no, please explain.) Does your recommendation require any qualifications?  Yes  No (If yes, please explain)

#### D. Comments

Please use the space below for additional comments regarding the the applicant.

Please complete the information requested below; sign and return this form directly to the IVFSA prior to April 1<sup>st</sup>.

Print Name \_\_\_\_\_ Telephone \_\_\_\_\_

Title/Position \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zipcode \_\_\_\_\_

IVFSA Member?  Yes  No Membership Level \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_