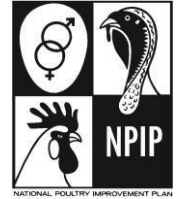




## Auditor Application for USDA-APHIS-VS-NPIP AI Clean Compartment Program



*Instructions: Applicants, please complete sections A, B, and C and sign and date application. Applicant must have a qualified sponsor complete Section D and attach a letter of recommendation. Completed application must be submitted to the NPIP. After NPIP review, each applicant will receive notice of approval or denial.*

### **A. Background Information.** *To be completed by candidate seeking auditor certification.*

#### *Personal Information*

Name of Applicant:	
Business Address (Physical Location with City, State, and Zip):	
Home Address (Physical Location with City, State, and Zip):	
Telephone Number:	
Alternate Phone Number:	
Fax Number:	
Email Address:	

#### *Qualifications*

Colleges/Institutions where degrees earned:	
Major (Minor):	
Degrees:	
Veterinary License Number:	
Are you a United States Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Federal VMO?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you accredited by the NVAP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a member in good standing with the American College of Poultry Veterinarians?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated years of poultry experience (not including school-related experiences)	<input type="checkbox"/> <1 <input type="checkbox"/> 1-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> >10

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**B. REASON FOR INTEREST.** *To be completed by candidate seeking auditor certification.*

*To be eligible for admission into the auditor training workshop course, you must briefly describe your interest in the program and the qualifications you possess that you feel will allow you to become a successful auditor.*

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**C. Affidavit.** *To be completed by candidate seeking auditor certification. Please place a check mark by the answer that applies.*

	YES	NO
I certify that I do not own birds of any avian species, whether for meat, eggs, sale, resale, pet, hobby, or otherwise.		
I certify that I have not been employed by, nor do I have spouse, relative, or household member employed by or in contractual relations with any of the companies that belong to the U.S. AI Clean Compartment Program.		
I certify that I will uphold the U.S. veterinarian's oath in all interactions, which states: Being admitted to the profession of veterinary medicine, I solemnly swear to use my scientific knowledge and skills for the benefit of society through the protection of animal health and welfare, the prevention and relief of animal suffering, the conservation of animal resources, the promotion of public health, and the advancement of medical knowledge. I will practice my profession conscientiously, with dignity, and in keeping with the principles of veterinary medical ethics. I accept as a lifelong obligation the continual improvement of my professional knowledge and competence.		
I certify that I have never been convicted of a felony.		
I certify that I have never had my veterinary license revoked by any State board of veterinary medicine.		

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**D. Verification.** *To be completed by sponsor.*

*To be considered as a certified auditor for the training course, a qualified sponsor must write a letter of recommendation to attach with this form, describing the candidate's interest in and dedication to the field of poultry medicine. Qualified sponsors must not be related to the candidate but may be a supervisor, colleague, former professor, or otherwise qualified individual within the field of poultry veterinary medicine.*

List relationship to candidate: \_\_\_\_\_

I have known the candidate for \_\_\_\_ years.

I certify that I have attached to this application a letter of recommendation. ☐ Yes ☐ No

Name of Sponsor: \_\_\_\_\_

Signature of Sponsor: \_\_\_\_\_

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

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**CERTIFICATION OF APPLICANT**

I DO HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF; FURTHER, I UNDERSTAND THAT IN THE EVENT I HAVE KNOWINGLY AND WILLFULLY MADE ANY FALSE STATEMENTS, I WILL BE LIABLE FOR PUNISHMENT IN ACCORDANCE WITH ALL APPLICABLE LAWS AND STATUTES. FURTHER, I PLEDGE TO ABIDE BY ALL THE CODES SET FORTH BY EACH COMPANY AND AGREE TO HONOR THE CODE OF CONFIDENTIALITY. I ALSO UNDERSTAND THAT APPROVAL OF THIS APPLICATION WILL ALLOW MY ENROLLMENT IN THE AUDITOR TRAINING COURSE; HOWEVER, I WILL STILL NEED TO SUCCESSFULLY ATTEND AND PASS THE COURSE EXAMINATION TO BECOME A CERTIFIED AUDITOR. ADDITIONALLY, I UNDERSTAND THAT, IF SUCCESSFUL, I WILL NEED TO ENROLL IN CONTINUING EDUCATION EVERY 4 YEARS THEREAFTER.

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

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

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**Application**

*A complete application must be sent to:*

National Poultry Improvement Plan  
USDA, APHIS, VS  
1506 Klondike Road,  
Suite 101  
Conyers, GA 30094  
Office: 770-922-3496

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***For Department Use Only***

Date

Received: \_\_\_\_\_ Reviewer: \_\_\_\_\_

Approval Granted for Candidate to Attend Workshop: ☐

Approval Denied for Candidate to Attend Workshop: ☐

Anticipated Date of Next Workshop: \_\_\_\_\_

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

If Denied, List Reasons:

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