



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.

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\*Signature of Nominee

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\*Signature of Nominator (Leave blank if self-nominated)

Nominations must be received by April 4, 2025

**Please include a short two-page résumé or CV** of the applicant's qualifications.  
Email application to [vgoddard@icva.net](mailto:vgoddard@icva.net) with ADC Nomination in the subject line.

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