



International Council for
Veterinary Assessment

Communication Skills Assessment 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 CSAC? (150-word limit)

What attributes would you bring to the CSAC? (150-word limit)

Agreement to Serve: I agree to serve as a member of the CSAC 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 June 15, 2026

Please include a short two-page résumé or CV of the applicant's qualifications.

Email application to commskillsassess@icva.net with CSAC Nomination in the subject line.

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