

APPLICATION FOR RECERTIFICATION AS A FISH PATHOLOGIST
AMERICAN FISHERIES SOCIETY/FISH HEALTH SECTION

For Professional Standards
Committee Use

Date Application Received
Application Number
Most Recent Certification Date

RECERTIFICATION FEE: Applicant must submit to the Executive Secretary, Professional Standards Committee, a personal or certified check in the amount of \$50.00 payable to AFS/Fish Health Section with this application. This fee is nonrefundable.

Name:
Last, first, middle initial

Agency:

Address:

Phone:
Fax:
Email:

Date of Application:

Employer:

Employer Address: (If different than to the left)

Employer Phone No.

1. Have you been engaged in aquatic animal health work at a minimum rate of 50% of your work time for at least three of the last five years?

YES _____ NO _____

2. Are you presently involved in aquatic animal health work at a minimum rate of 50% of your work time?

YES _____ NO _____

3. List and describe on the Continuing Education Form training received since last certification date which is applicable to applicant's duties as a Fish Pathologist.

4. In the last five years, have there been any ethics violations cited while conducting your professional duties? If yes, explain on separate sheet.

YES _____ NO _____

I certify that I am currently a member of AFS/FHS, and have been for the last 5 years. All information provided in this application for recertification and attachments thereto is complete and factual and that no information bearing on my qualifications as a Fish Pathologist has been omitted.

APPLICANT'S SIGNATURE: _____ Date: _____