

APPLICATION FOR CERTIFICATION  
FISH PATHOLOGIST  
AMERICAN FISHERIES SOCIETY/FISH HEALTH SECTION 11-09vers

Standards Committee Use

Date Application Received: \_\_\_\_\_ For Professional

Application Number: \_\_\_\_\_

I certify that I am a member of AFS/FHS and all information provided in this application and attachments thereto is complete and factual and that no information bearing on my qualifications as a Fish Pathologist has been omitted.

\_\_\_\_\_  
Signature of Applicant

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

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Employer Name: \_\_\_\_\_ (last, first, middle initial)

Address: \_\_\_\_\_ Employer Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
(Bus) \_\_\_\_\_ (Res) \_\_\_\_\_ Employer Phone No.: \_\_\_\_\_

A. Standards

1. Degree(s) earned (attach documentation)

DEGREE(S)	MAJOR	YEAR	UNIVERSITY OR TRAINING CENTER	DOCUMENTATION ATTACHED EXHIBIT NO.

2. Fisheries courses (describe course content on attached exhibits)

COURSE	QTR. HRS.	SEM. HRS.	LAB Y/N	UNIVERSITY OR TRAINING CENTER	DOCUMENTATION ATTACHED EXHIBIT NO.
Fish Anatomy & Physiology					
Ichthyology/Fish Biology					
Fish Culture					

Name:

Signature:

Date of Application:

3. Fish (fin and/or shell) health (describe course content on attached exhibits)

COURSE	QTR. HRS.	SEM. HRS.	LAB Y/N	UNIVERSITY OR TRAINING CENTER	DOCUMENTATION ATTACHED EXHIBIT NO.

4. Academic Science

COURSE	QTR. HRS.	SEM. HRS.	LAB	UNIVERSITY OR TRAINING CENTER	DOCUMENTATION ATTACHED EXHIBIT NO.
Pathogenic bacteriology					
Parasitology					
Virology					
Immunology					
Pathology/Histopathology					
Nutrition					
Biochemistry					
Vertebrate physiology					
Pharmacology					
Water Quality/Pollution Biology/Limnology					

B. Letters of Recommendation: to be forwarded directly to the [Executive Secretary](#) of the Professional Standards Committee, by the following individuals.

RECOMMENDER

ADDRESS/PHONE NUMBER

POSITION AND/OR TITLE

- 1.\*
- 2.
- 3.
- 4.

\*Immediate supervisor or employer. Self-employed applicants must submit recommendations from four AFS/FHS certified Fish Pathologists, Inspectors or recognized fish health authorities.

