



FAAVA Examination - Applicant Evaluation Form

To the Applicant:

This form must be completed by the individual you specify as "References" on your initial Application; letters of reference are not acceptable. Remember, the completed Applicant Evaluation Forms are confidential. You are to submit them to AAVA along with your other application requirements.

Prior to sending this form to the Evaluator, please complete your Name, Social Security Number and requested Return Date below.

Applicant's Name: _____

Applicant's Social Security Number: _____

Requested Return Date: _____

Name of Evaluator: _____

Evaluator's Address: _____

Evaluator's Telephone: _____ Fax: _____

Evaluator's Email Address: _____

To the Evaluator:

The above named veterinarian is applying for FAAVA certification, and requests that you evaluate her or him as a candidate. The information you provide will be used only in the credentialing process. You may be contacted by a member of the Credentials/Exam Committee seeking additional information or verification.

To serve as a reference, this form must be completed; letters of reference are not acceptable. Please complete this form and return it to the applicant in a sealed envelope marked "CONFIDENTIAL". The applicant has been given a deadline by which to submit all required materials; missing the deadline will result in her or his forfeiture of eligibility for one year. Please make every attempt to complete and return this form to the applicant by the "Requested Return Date" that she or he has specified above.

The below form is confidential and should not be shown to the applicant.

1. How long have you known or observed the applicant?

2. In what capacity have you known the applicant?

3. How frequently are you in professional contact with this applicant?

4. Describe your practice type:

| Please indicate your estimation of the applicant in each category, by checking one appropriate box. | Below average | Average | Above average | Excellent | Have not observed |
|--|----------------------|----------------|----------------------|------------------|--------------------------|
| Initiative | | | | | |
| Motivation for becoming FAAVA Certified | | | | | |
| Intellectual capability | | | | | |
| Dependability, reliability | | | | | |
| Leadership ability | | | | | |
| Involvement in organized veterinary medicine | | | | | |
| Character and integrity | | | | | |
| Professional communication: verbal and written skills | | | | | |
| Client communication | | | | | |
| Acceptance of constructive criticism | | | | | |
| Medical and surgical knowledge | | | | | |
| Knowledge of species industry | | | | | |
| Standing of applicant in local community | | | | | |
| Standing of applicant in veterinary community | | | | | |

5. What do you consider major strengths of the applicant?

6. What do you consider major weaknesses of the applicant?

7. Please add any additional observations about the applicant's character and/or abilities that you feel may assist the Credentials/Exam Committee in considering this applicant.

If needed, please attach a separate sheet with an explanation.

(Signature)

(Print name and title)

(Relationship to applicant, family members are not acceptable)

Mission Statement: To improve animal health care by the advancement of veterinary acupuncture, Traditional Chinese Veterinary Medicine and Traditional Asian Veterinary Medicine through education, research and leadership.