

APPLICATION FOR RECERTIFICATION AS AN AQUATIC ANIMAL HEALTH INSPECTOR  
AMERICAN FISHERIES SOCIETY/FISH HEALTH SECTION

1. Have you been engaged in aquatic animal health inspection work at a minimum rate of 10% of your work time for at least three of the last five years?

YES \_\_\_\_\_ NO \_\_\_\_\_

2. Are you presently involved in aquatic animal health inspection work at a minimum rate of 10% of your work time?

YES \_\_\_\_\_ NO \_\_\_\_\_

3. Do you work in or have access to laboratories and equipment necessary for the conduct of inspection activities that are consistent with the procedures outlined in "Procedures for the Detection and Identification of Certain Fish Pathogens?"

YES \_\_\_\_\_ NO \_\_\_\_\_

List name, address, and phone number of lab(s) if different than current work address.

4. List and describe on the Continuing Education Form training received since last certification date which is applicable to applicant's duties as an Aquatic Animal Health Inspector.

5. 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 \_\_\_\_\_

6. Have you been a member of the AFS/FHS for each of the previous five years?

YES \_\_\_\_\_ NO \_\_\_\_\_

7. Please submit 2 letters of recommendation (one from your immediate supervisor) using the Recommendation for Recertification form.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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 \$15.00 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.