

RECOMMENDATION FOR RECERTIFICATION

AQUATIC ANIMAL HEALTH INSPECTOR
AMERICAN FISHERIES SOCIETY/FISH HEALTH SECTION

For Professional Standards Committee Use

Date Recommendation
Received _____

TO BE COMPLETED BY APPLICANT

Name: _____
(Last, first, middle initial)

Agency: _____

Address: _____

Phone No: _____ (Email) _____

TO BE COMPLETED BY RECOMMENDER

Applicant's Supervisor? Yes _____ No _____ Employer? Yes _____ No _____

Name: _____

Agency: _____

Address: _____

Phone No: (Bus) _____

1. Has applicant engaged in aquatic animal inspection and diagnostic examination activities at a minimum rate of 10% of his/her work time for at least 3 of the last 5 years? Yes _____ No _____

2. Is the applicant presently involved in aquatic animal inspection and diagnostic examination activities at a minimum rate of 10% of his/her work time? Yes _____ No _____

3. Can you cite any situation where the applicant acted unethically in conducting his/her professional duties? If yes, explain. Yes _____ No _____

Signature of Recommender _____ Date _____
(Please return to the Executive Secretary of the Professional Standards Committee)