

Application for Accreditation

(Please complete this form in English and return it with the Program Description)

ACCREDITATION APPLICATION

Institution/Company Applying: _____

Parent Organization (if different from above): _____

Address (physical location): _____

Address: _____

City: _____ Province/State: _____

Country: _____ Zip Code: _____

Type of Institution/Company applying for accreditation:

- | | |
|---|--|
| <input type="checkbox"/> Animal Producer | <input type="checkbox"/> Nonprofit Research Organization |
| <input type="checkbox"/> Contract Research Organization | <input type="checkbox"/> Pharmaceutical Organization |
| <input type="checkbox"/> Government Agency/Organization | <input type="checkbox"/> University |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Veterans Affairs Medical Center |

Contact Information: applicant certifies that this information is accurate and releases the officers and agents of AAALAC International from liability as a consequence of this accreditation application and/or site visit of the animal care and use program and facility except as expressly provided in the Bylaws.

AAALAC International Contact/Correspondent:

Full Name (degree/certification, if any): _____

Title: _____

Address: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Original Signature & Date: _____

Please complete the additional contact information on the next page. Also note that it is necessary to denote both the designated AAALAC International contact or correspondent and Institutional Official/License Holder, and to have the form signed appropriately.

Please send completed application and requested materials to: AAALAC International via mail, email, or fax:
5205 Chairman's Court, Suite 300, Frederick, MD USA 21703 USA | f:301.696.9627 | programdescription@aaalac.org

Responsible Institutional Official/License Holder:

Full Name (degree/certification, if any): _____

Title: _____

Address: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Original Signature & Date: _____

Attending/Named Veterinarian:

Full Name (degree/certification, if any): _____

Title: _____

Address: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

IACUC/EC/ACC Chair:

Full Name (degree/certification, if any): _____

Title: _____

Address: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____