

# Application for Program Status Evaluation

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



Name of Institution/Company:	
Parent Organization (if different from above):	
Address (physical location of Institution/Company):	
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

\*Mouseover checkboxes to view definitions

## Contact Information:

Full Name (degree/certification, if any):	
Title:	
Address:	
Telephone:	
Fax:	
Email:	

Please complete the additional information on the next page

**This section must be completed and signed by the Institutional Official/License Holder:**

I acknowledge and agree to the following provisions regarding participation in AAALAC International's Program Status Evaluation (PSE) service:

1. There is no guarantee that participation in the PSE service will result in accreditation by AAALAC International in the future.
2. Irrespective of the outcome of the PSE, organizations that complete a PSE will not publicly use the terms "accreditable" or "AAALAC-accreditable" in verbal or written form to describe their organization or elements of their organization. Public use of the AAALAC name, logo or any reference to meeting AAALAC standards is reserved for organizations that have achieved formal AAALAC accreditation.
3. The AAALAC Executive Office will not share copies of reports generated from PSEs with AAALAC's Council on Accreditation or any other individual or group (unless directed to do so by a court of law). Organizations that complete PSEs may, at their own discretion, provide the resulting report to Council or any third party individual or group.
4. I certify that the information in this application is accurate and release the officers and agents of AAALAC International from liability as a consequence of this application and/or PSE of our animal care and use program and facility.

**Responsible Institutional Official/License Holder:**

Full Name (degree/certification, if any):	
Title:	
Address:	
Telephone:	
Fax:	
Email:	
Original Signature & Date:	

If you have any questions about AAALAC's Program Status Evaluation service or completing your Program Description, please contact the AAALAC International office at 301.696.9626 or [accredit@aaalac.org](mailto:accredit@aaalac.org).

We look forward to working with you!