

Please read the directions in the Handbook for Candidates carefully before completing this Application.

MARKING INSTRUCTIONS: This form will be scanned by computer, so please make your marks heavy and dark, filling the circles completely. Please print uppercase letters and avoid contact with the edge of the box. See example provided. →

A	B	C	D	E	F	1	2	3	4	5	6
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Candidate Information

Mr. First Name _____ Middle Initial _____
 Mrs. _____
 Ms. _____
 Dr. _____

Last Name _____ Suffix (Jr., Sr., etc.) _____

Number and Street _____ Apartment Number _____

City _____ State/Province _____ Zip/Postal Code _____

Daytime Phone _____ - _____ - _____ Evening Phone _____ - _____ - _____

E-mail Address _____

Examination Dates: Spring Fall

Eligibility and Background Information

Darken only one choice for each question unless otherwise directed.

- A. PERCENT OF WORKING TIME CURRENTLY SPENT IN IACUC ACTIVITIES:**
- Less than half-time Full-time
 - More than half-time
- B. PRIMARY ROLE IN IACUC ACTIVITIES: (Darken only one response.)**
- IACUC Staff/Administrator/Manager
 - IACUC Chair with IACUC administrative responsibility
 - Organizational Official with direct IACUC admin. responsibility
 - Other (explain) _____
- C. EXPERIENCE IN IACUC ACTIVITIES:**
- 2 years 5 years More than 10 years
 - 3 to 4 years 6 to 10 years
- D. PRIMARY EMPLOYER: (Darken only one response.)**
- Academic (non-medical) Device Manufacturer
 - Academic (includes medical) Government (federal, state, local)
 - Agricultural Organization/ Institution Industrial/Corporate
 - Biotechnology Company Research Institute/Foundation
 - Clinic/Hospital VA or Military Medical
 - Contract Research Organization (CRO) or Site Management Organization (SMO) Other _____

- E. HIGHEST ACADEMIC LEVEL:**
- High School Graduate Master's Degree
 - Some College Doctoral Degree
 - Associate Degree Other (specify below) _____
 - Bachelor's Degree
- F. NUMBER OF FULL-TIME OR EQUIVALENT PEOPLE IN YOUR OFFICE SUPPORTING IACUC ACTIVITIES:**
- Less than 1.0 5.0 to 9.9
 - 1.0 to 2.9 More than 10
 - 3.0 to 4.9
- G. HAVE YOU TAKEN THIS EXAMINATION BEFORE?**
- No Yes
- If yes, indicate month, year, and name under which the examination was taken.
- Date (month/year): _____
- Name: _____

(Complete Page 2)

