

**Texas Animal Health Commission**  
**Veterinary Authorized Personnel Application**

Veterinarian Name (Last, First, M, Suffix)	National Accreditation Number	Texas Veterinary Board License #	
Preferred Mailing Address (Street - City - State - ZIP)			
Veterinary Clinic/Business Name and Address (Street – City – State - ZIP)		Physical Business Address (Street - City - State - ZIP) If Different from Mailing Address	
Email	Business Phone	Mobile Phone	Home Phone

<b>Program Authorization</b>	
For each disease control or eradication program in which you perform or will perform program activities, you must have sufficient training as determined by the Texas Animal Health Commission (TAHC).	
<b>Disease Control/Eradication Program</b>	<b>Training Received (Y/N)</b>
<b>Authorized Personnel</b>	
<b>Bovine Trichomoniasis (Trich)</b>	
<b>Brucellosis Card Test</b>	
<b>Certified CWD Veterinarian (Antemortem Testing)</b>	
<b>Cervid TB — Single Cervical</b>	
<b>Cervid TB — Stat Pak/DPP</b>	
<b>Chronic Wasting Disease (CWD) Postmortem Sample Collection</b>	

For the disease control and eradication program(s) for which you have received training, do you authorize TAHC to post your veterinary practice contact information on a public facing website searchable by producers? <input type="checkbox"/> Yes <input type="checkbox"/> No
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By signing this application, I certify that the information provided in this form is true and correct and I am able to perform the tasks listed in Texas Administrative Code (TAC), Title 4, Chapter 47 for the disease control or eradication programs designated above. I agree to conduct all authorized personnel activities in accordance with 4 TAC §47.4, Standards for Authorized Personnel and I have reviewed 4 TAC §47.6, Grounds for Suspension or Revocation.

Mail the completed, signed application to **TAHC, PO Box 12966, Austin TX 78711-2966, Attn: Authorized Personnel.**

Veterinarian Signature	Date
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This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

## Instructions for Completing the TAHC Veterinary Authorized Personnel Application

- **Veterinarian Name (Last, First, M, Suffix):** Enter your legal last name, first name, middle initial and suffix.
- **National Accreditation Number:** Enter your Six-Digit National Accreditation Number assigned to you by USDA.
- **Texas Veterinary Board License #:** Enter your complete Texas veterinary license number.
- **Preferred Mailing Address (Street – City – State – ZIP):** Enter your preferred mailing address.
- **Veterinary Clinic/Business Name and Address (Street – City – State – ZIP):** Enter Veterinary Clinic and/or Business Name and address.
- **Physical Business Address (Street – City – State – ZIP) If Different from Mailing Address:** Enter your complete physical business address if it is different from your mailing address.
- **Email:** Enter your e-mail address (NOTE: If you enter a shared email address, that information may be viewed by others.)
- **Business Phone:** Enter your 10-digit business phone number.
- **Mobile Phone:** Enter your 10-digit cell phone number.
- **Home Phone:** Enter your 10-digit home phone number.

### **Program Authorization Training Received (Y/N)**

- **Authorized Personnel:** Enter “Y” if you have received TAHC Authorized Personnel training (1) while you were a student at Texas A&M College of Veterinary Medicine, (2) one on one with a TAHC Region Director, (3) by attending a four hour TAHC Authorized Personnel Program training seminar or (4) by reviewing the TAHC Authorized Personnel modules online. Enter “N” if you have not previously received TAHC Authorized Personnel Program training.
- **Bovine Trichomoniasis (Trich):** Enter “Y” if you have received Bovine Trichomoniasis (Trich) Certification training from a TAHC Veterinarian otherwise enter “N.”
- **Brucellosis Card Test:** Enter “Y” if you have previously received Brucellosis Card Test training at the State Federal Laboratory otherwise enter “N.”
- **Certified CWD Veterinarian:** Enter “Y” if you have previously received TAHC Certification for Antemortem CWD Sample Collection and Submission otherwise enter “N.”
- **Cervid TB Single Cervical:** Enter “Y” if you have received Cervid TB Single Cervical training from a TAHC or USDA Veterinarian otherwise enter “N.”
- **Cervid TB Stat Pak/DPP:** Enter “Y” if you have received Cervid TB Stat Pak/DPP training from a TAHC or USDA Veterinarian otherwise enter “N.”
- **Chronic Wasting Disease (CWD) Postmortem Sample Collection:** Enter “Y” if you have previously received Chronic Wasting Disease (CWD) Certification training from a USDA or TAHC Veterinarian. You may also enter “Y” for Chronic Wasting Disease (CWD) if you have sufficient program experience otherwise enter “N.”

### **Veterinarian Practice Information Release**

- Texas Animal Health Commission maintains on the public facing website lists of veterinarians certified in certain disease control and eradication programs. These lists are designed to be a searchable resource for producers. Veterinary information provided in these public lists may include veterinarian name, veterinary practice name, city and county of veterinary practice and practice phone number. Please accept or decline the request to post your practice information on the TAHC website. No reply will be treated as a release decline.