

# 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](mailto: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: \_\_\_\_\_