VETERINARY SERVICES CAREERS PROGRAM—VSCP
NOMINATION FORM

ELIGIBILITY: THIS IS AN ORIENTATION TO VETERINARY SERVICES FOR NEW AND RECENTLY HIRED EMPLOYEES. IT IS OPEN ONLY TO CAREERS WITHIN VETERINARY SERVICES WHO WERE HIRED AS OF OCTOBER 2005 or later.

1.   Participant Information:

Name_____

Mailing Address (street, city, state, zip code)

_____

_____

E-mail Address_____

Phone #_____   Fax #_____

Official Duty Station (address if different from mailing address)_____

_____

Job Title, Series, Grade_____

EOD Date for current position (mo, day, yr)_____

EOD Date in VS (mo, day, yr)_____

2.   Immediate Supervisor:

Name and Title_____

Mailing Address (street, city, state, zip code)

_____

_____

E-mail Address_____

Phone #_____   Fax #_____

Please select those courses from the VSCP curriculum below which you plan to attend in FY2008. Orientation Part A (DVD) and Orientation Part B (classroom course) are *mandatory pre-requisites* for all other instructor-led/classroom-based VSCP courses. (Part A DVD will be sent to you when your nomination is accepted.)

Course Title	Date	Selection (circle)	
Orientation Part B (I & II)	October 16-18, 2007	MANDATORY	
Communication & Managing Up (I)	February 20-22, 2008	Yes	No
Basic Epidemiology (AHT) (II)	March 4-7, 2008	Yes	No
Emerging Issues (I & II)	May 13-15, 2008	Yes	No
Basic Epidemiology (VMO) (II)	June 16-20, 2008	Yes	No

The above dates are actual class days and DO NOT include travel days.

_____   _____

Participant's Signature   Date

_____   _____

Supervisor's Signature   Date

_____   _____

Area Veterinarian in Charge Signature   Date

_____   _____

Regional Training Coordinator Approval   Date

Priority: Number _____ of _____

Participant Name_____