

INSTRUCTIONS FOR COMPLETING APHIS FORM 2007

An APHIS Form 2007 (Form 2007) must be submitted for each employee who has final responsibility for USDA regulatory issues, research and product development, product manufacturing, quality control testing, USDA sample selection, animal acquisition and use, animal disposal and preparation of APHIS Forms 2008. Please refer to Veterinary Services Memorandum 800.63 for a complete listing of positions requiring Form 2007.

1. **NAME OF EMPLOYEE:** Self explanatory
2. **EDUCATION:** Please list educational programs chronologically with the most recent first. High school education does not need to be listed if at least one year in an accredited college or university requiring a high school diploma for admission was completed.
 - A. **NAME OF HIGH SCHOOL, COLLEGE OR UNIVERSITY:** Self explanatory
 - B. **NUMBER OF YEARS COMPLETED:** Complete this block whether the educational program was completed or not.
 - C. **DATES ATTENDED:** Complete this block whether the educational program was completed or not.
 - D. **MAJOR SUBJECTS:** Complete only for post high school education
 - E. **DEGREE:** Please indicate the type of degree program (associates, bachelor's, master's, DVM, Ph.D.).
 - F. **DATE CONFERRED:** If the degree program was not completed, please write "not completed."
3. **BIOLOGICS WORK EXPERIENCE:** Please list only experience that involved working with biological products including viruses, serums, toxins, vaccines, allergens, antibodies, antitoxins, toxoids, immunostimulants, diagnostic components or analogous products. Please list the most recent work experience first.
 - A. **NAME AND ADDRESS OF ESTABLISHMENT:** If the company has multiple sites, list the company name and address of the employee's primary work site.
 - B. **ESTAB. LIC. NUMBER (if known):** List the USDA establishment license number.
 - C. **PERIOD-FROM:** List the starting month and year of employment.
 - D. **PERIOD-TO:** List the ending month and year of employment.
 - E. **TITLE OF POSITION HELD:** Provide the job title. If the job title is not descriptive, add a descriptive title and identify it with the initials "DT".
 - F. **RELATED WORK PERFORMED:** Briefly summarize work experience with biological products.
4. **SIGNATURE OF EMPLOYEE:** Only one Form 2007 with an original signature needs to be submitted. Copies of Form 2007 are not acceptable.
5. **DATE PREPARED:** Self explanatory