



National Salmonella Enteritidis Monitoring and Accreditation Program

Approved veterinarian application form

(Please print)

First name: Surname:

Registration number:

Company name:

Hospital/clinic:

Suburb(s) covered:

Postal address:

Phone: Mobile:

Fax: Email:

I..... (*please print*), a registered veterinarian in Australia, apply to become an approved veterinarian in the National *Salmonella* Enteritidis Monitoring & Accreditation Program (NSEMAP).

- I have poultry health knowledge and experience.
- I am involved in provision of services to the Australian poultry industry on a full-time/part-time basis (*delete as appropriate*).
- I have read and understood the NSEMAP guidelines.
- I am familiar with the technical aspects of the NSEMAP.

Signature: Date:

Please return this form to:
Jo Collins, Administrator NSEMAP: jo.collins@dpi.nsw.gov.au
PLEASE RETAIN A COPY OF THIS FORM FOR YOUR REFERENCE