



AMERICAN COLLEGE OF  
VETERINARY ANESTHESIA  
AND ANALGESIA

**ACVAA Letter of Reference**  
Submit for applicant's Credentials Review

Please sign, scan, and email this form to the Executive Secretary at [execdir@acvaa.org](mailto:execdir@acvaa.org)

Applicant Name: \_\_\_\_\_

Applicant Institution: \_\_\_\_\_

- 1) The applicant has a moral and ethical standing that is appropriate for membership in the ACVAA.  
YES NO
  
- 2) The applicant has successfully completed or is on track to successfully complete an ACVAA-approved residency training program YES NO DON'T KNOW

Your relationship to applicant: PROGRAM LEADER, PROGRAM MENTOR, OTHER

Your Diplomate credentials: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (type or print): \_\_\_\_\_

If you answered NO to questions 1-2, please provide a written explanation of your response below: