



AMERICAN COLLEGE OF
VETERINARY ANESTHESIA
AND ANALGESIA

ACVAA Letter of Reference (LOR)

Please sign and email this form to the Executive Secretary at execdir@acvaa.org

Applicant Name: _____

Applicant Institution: _____

Please answer each question below, and explain any “no” responses at the bottom of the page

- 1) The applicant has a moral and ethical standing that is appropriate for membership in the ACVAA.
(YES or 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). _____
- 3) 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:
