

CPIA® Examination Work Experience Verification Supplemental Form

This form is to be completed by the applicant, and included with their CPIA Exam Application and CV/resumé.

Candidate Name _____

Job Title _____

Organization _____

Start Date _____ End Date _____

Percentage of work time dedicated to IACUC administration duties _____

Please check the IACUC administration-related duties for which you are responsible, and include the corresponding information in the spaces below, or on a separate sheet of paper.

Describe how you manage the workflow for the IACUC protocol review process, from submission to approval, or communicate the IACUC's review of the protocol

Describe how you manage the facility inspection and program review processes

Describe your responsibility in the development, management, and implementation of IACUC policies, procedures, and guidelines

Describe your responsibilities with regard to the regulatory/accreditation processes (e.g., AAALAC, DOD, OLAW/PHS, USDA, VA)

Describe your role in the management of continuing IACUC oversight of animal activities and the investigation of animal welfare concerns and/or noncompliance

If your eligible experience is from more than one position, please fill out separate forms for each job.

Describe your responsibilities in providing administrative support for IACUC committee functions

Describe your role in the development and management of training programs regarding IACUC functions and animal care and use regulations/guidelines

I certify that I meet the eligibility requirements to take the examination for certification as a Certified Professional in IACUC Administration. My IACUC experience does not primarily consist of participation as an IACUC member, as an attending veterinarian, or as an institutional official. I also certify that I have read the CPIA Handbook for Candidates and that the information I have given in this application is in accordance with the Handbook instructions, and is accurate, correct and complete.

Candidate Name (Print): _____

Candidate Signature: _____

Date: _____

Approval of Work Experience

By signing, I certify that I have reviewed the application, and to the best of my knowledge, the listed experience is correct and complete.

Please select one:

I am a direct supervisor

I am a human resources employee

I am a CPIA sponsor

Name (Print): _____

Signature: _____

Organization: _____

Date: _____