

DOUGLAS A. DUCEY
GOVERNOR



VICTORIA WHITMORE
EXECUTIVE DIRECTOR

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

9535 E. DOUBLETREE RANCH ROAD, SUITE 100, SCOTTSDALE, AZ 85258

PHONE (602) 364-1PET (1738) FAX (602) 364-1039

VETBOARD.AZ.GOV

INVESTIGATIVE COMMITTEE CANDIDATE INFORMATION FORM

Dear Candidate:

Thank you for your interest in serving on the Arizona State Veterinary Medical Examining Board's ("Board") Investigative Committee (IC). Volunteers play a vital role in our mission to protect the public and the animals of our state. The IC's primary role is to conduct a review of a complaint case and make a recommendation to the Board regarding whether a violation of the statutes or administrative rules pertaining to the Veterinary Board has occurred. Prior to a meeting, the IC members review case file materials on their own, then typically interview the complainant, veterinarian, and any consulting veterinarians and witnesses they wish to hear from at the meeting.

The IC meets the first or second Tuesday of each month at the Board room at 9535 E. Doubletree Ranch Road in Scottsdale. It is divided into two groups: "A.M." and "P.M." The A.M. group meets from 9:00 a.m. to noon; the P.M. group meets from 1:00 p.m. to 4:00 p.m. These ending times are approximate, as meetings may run longer or shorter based on the day's agenda and complexity of cases reviewed. Each group consists of three veterinarians and two members of the general public.

The time commitment for these positions requires several hours of preparation time prior to a meeting to review case file materials, plus the meeting time itself. Because it is a small group, regular attendance by all is important to ensure quorum.

All Candidate Information Forms are reviewed with consideration of current volunteer opportunities and are retained for two years. The Board requests a 2-year commitment from those appointed to the Investigative Committee. Please note this is a volunteer position; no compensation is provided.

If you would like to be considered for an Investigative Committee position, please complete the attached Information Form and return it to the Board's office by fax, mail or email.

Fax: (602) 364-1039 Email: vetboardcomments@vetboard.az.gov

If you have any questions, please contact our Senior Medical Investigator, Tracy Riendeau, at (602) 542-8167.

Thank you,

Victoria Whitmore

Victoria Whitmore
Executive Director

Arizona State Veterinary Medical Examining Board
INVESTIGATIVE COMMITTEE CANDIDATE INFORMATION FORM

Please print or type information

PERSONAL INFORMATION

Dr./Mr./Mrs./Ms./ Last Name: _____ First: _____ MI: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail Address: _____

AVAILABILITY

Which Committee would you prefer to serve on? Please check one.

Morning (9:00 a.m. – 12:00 p.m.)

Afternoon (1:00 p.m. – 4:00 p.m.)

Either:

WORK EXPERIENCE

1. Employer: _____ Dates of Employment: _____

Position and Job Duties:

2. Employer: _____ Dates of Employment: _____

Position and Job Duties:

EDUCATIONAL BACKGROUND

High School (last grade completed): _____

Post-Secondary (please specify): _____

Special Training: _____

VOLUNTEER EXPERIENCE

1. Organization: _____

Dates of Service: _____

Assignments/Duties/Leadership Positions:

2. Organization: _____

Dates of Service: _____

Assignments/Duties/Leadership Positions:

INTERESTS/HOBBIES/ACTIVITIES

Please List:

GENERAL INFORMATION

Have you ever been charged with a crime? (You may omit minor traffic offenses)

Please check one: YES: NO:

If so, please explain:

How did you hear about this volunteer opportunity? _____

Why do you want to volunteer for the Arizona State Veterinary Medical Examining Board as an Investigative Committee member?

REFERENCES

1. Name: _____ Relationship: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: _____ Email: _____

2. Name: _____ Relationship: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: _____ Email: _____

PLEASE REVIEW THE STATEMENTS BELOW AND COMPLETE AS INDICATED:

I give my permission to contact the above individuals, any previous employers, and/or supervisors of my volunteer commitments. YES: NO:

I certify that all information submitted by me on this form is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my volunteer candidacy may be rejected and active volunteer status may be terminated at any time.

Signature: _____ Date: _____

ALTERNATE FORMAT

Persons with a disability who need this application in an alternate format may contact the Board's Americans with Disabilities Act coordinator at (602) 364-1739 (Voice) to make their needs known.