

DOUGLAS A. DUCEY  
GOVERNOR



VICTORIA WHITMORE  
EXECUTIVE DIRECTOR

## ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS STREET, SUITE 4600, PHOENIX, AZ 85007

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

[VETBOARD.AZ.GOV](http://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 1740 W. Adams Street in Phoenix. 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](mailto: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?

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) \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_