



**AMERICAN ACADEMY OF VETERINARY PHARMACOLOGY  
AND THERAPEUTICS (AAVPT)**

**RECOMMENDATION**

**Candidate's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Candidate for:** \_\_\_\_ Fellow

A. **How long and in what capacity have you known the candidate?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. **Does the candidate meet the criteria for membership set forth in Article V of the Constitution?** \_\_\_\_\_

C. **Describe what you feel to be the candidate's major contributions to the discipline of veterinary pharmacology and therapeutics.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. **Additional comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**NOTE:** Please send this application to the AAVPT.

AAVPT  
P.O. Box 103  
Timnath, CO 80547-0103

Or scan and send via email to: [aavptsec@gmail.com](mailto:aavptsec@gmail.com)