

**American Association of Veterinary State Boards (AAVSB)  
Veterinary Information Verifying Agency (VIVA®)**

**RECOMMENDATION FORM**

**PART I. TO BE COMPLETED BY THE APPLICANT:** Complete the applicant portion and send one of these forms to each of the persons you have listed as a reference of your application. You may photocopy the form or request additional copies from AAVSB. For the convenience of the persons making the recommendations, include a stamped envelope addressed to AAVSB (the address is listed at the end of the form).

Applicant's Name \_\_\_\_\_ SSN \_\_\_\_\_

Date \_\_\_\_\_ Applicant's signature \_\_\_\_\_

**PART II. TO BE COMPLETED BY THE PERSON WRITING THE RECOMMENDATION:**

Name of reference (print) \_\_\_\_\_

Institution/Organization \_\_\_\_\_ Title/Position \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

1. I have known the applicant for \_\_\_\_\_ years and \_\_\_\_\_ months.
2. I know the applicant \_\_\_\_\_ slightly \_\_\_\_\_ fairly well \_\_\_\_\_ very well.
3. I have known the applicant in the following capacity:  
\_\_\_\_ Veterinary Student \_\_\_\_ Veterinary Intern or Resident \_\_\_\_ Advisee \_\_\_\_ Employee  
\_\_\_\_ Other (specify) \_\_\_\_\_
4. Please provide, in detail, your assessment of this applicant's character and the basis for your judgement. Use reverse side, if necessary.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Respondent should mail this form directly to: AAVSB, 4106 Central, Kansas City, MO 64111, USA**