

**MARYLAND STATE BOARD OF VETERINARY MEDICAL EXAMINERS**

50 Harry S Truman Parkway, Annapolis, Maryland 21401

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*REQUEST FOR APPOINTMENT CONSIDERATION AS MEMBER OF  
VETERINARY TECHNICIAN COMMITTEE  
BIOGRAPHICAL INFORMATION FORM*

Please indicate with an "X" which of the following vacancies you are interested in filling:

Chair

Non-chair member

Name: _____	
Date of Birth: _____	Gender: ( ) Male ( ) Female
Home Address: Street: _____	
City: _____	State: _____ Zip Code: _____
Resident County: _____	E-mail Address: _____
Home Phone Number: _____	Cell Number: _____
Occupation: _____	
Employer: _____	
Work Address: Street: _____	
City: _____	State: _____ Zip Code: _____
Work Phone Number: _____	Work Fax Number: _____
Sponsoring Organization (if any): _____	
Do you hold a Maryland license or registration to practice a profession or trade? ( ) Yes ( ) No	
Specify license(s)/ registration(s) held: _____	
Are you an officer, director, or member of any organization? ( ) Yes ( ) No	
Specify Organization or Activity: _____	

Please attach a resume that includes information concerning your academic background, work experience, and professional and civic organization affiliations. If a resume is not available, please supply requested information in spaces provided below:

Academic Background:

Work Experience:

Organizational Affiliations:

**Return completed forms to:  
Laura C. Downes, Executive Director, State Board of Veterinary Medical Examiners,  
50 Harry S Truman Parkway, Room 102, Annapolis, MD 21401**