



Eric J. Holcomb, Governor  
Bret D. Marsh, DVM, State Veterinarian

**INDIANA STATE BOARD OF ANIMAL HEALTH**

Office of the State Veterinarian  
Discovery Hall, Suite 100  
1202 East 38<sup>th</sup> Street  
Indianapolis, IN 46205-2898  
Phone: 317/544-2400

**Certified CWD Collector Application**

Name of Applicant: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_  
(city) (state) (zip code)

Phone number(s): \_\_\_\_\_  
(include area code) (home) (cell) (work)

E-mail address: \_\_\_\_\_

Date of training: \_\_\_\_\_

**Certification statement:** I have received hands-on training in how to collect samples for CWD testing from captive cervidae. I have been provided with contact information for the Indiana State Board of Animal Health as well as information about safe handling, submission, and signs of neurologic disease such as rabies. I will not collect samples from any animal showing signs of neurologic disease. Instead, I will report suspicious animals to BOAH. I understand I must follow the protocol provided for sampling collection and submission or risk losing certification.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of trainer: \_\_\_\_\_

Signature of trainer: \_\_\_\_\_ Date: \_\_\_\_\_