

**AAVMC-Sponsored Staff Scholarship Program Registration Form Online  
Certificate Program for Diversity and Inclusion in Veterinary Medicine**



Veterinary College/School \_\_\_\_\_

Program Fee: Buy One Get One Free - must register in groups of 2, 4, 6, 8, etc.

(Please note: All staff must register at the same time. To register more than four people, just copy the second page of this form.)

Payment Method

Please provide a phone number, so Purdue Online Learning may contact you to arrange payment.

Contact Name: \_\_\_\_\_

Best Phone Number to Contact: \_\_\_\_\_

**Please email completed form and Group Registrant List to the Purdue University College of Veterinary Medicine's Office for Diversity, Equity, and Inclusion at [hcvm@purdue.edu](mailto:hcvm@purdue.edu)**

Purdue University College of Veterinary Medicine  
Office for Diversity, Equity, and Inclusion  
Lynn Hall of Veterinary Medicine  
625 Harrison Street  
West Lafayette, IN 47907

**For more registration information or questions, contact: [hcvm@purdue.edu](mailto:hcvm@purdue.edu)**

By registering for the program with this form, all registrants must agree to allow post-certification follow-up by the AAVMC

**AAVMC-Sponsored Staff Scholarship Program Registration Form Online  
Certificate Program for Diversity and Inclusion in Veterinary Medicine**

1. Staff Member 1 Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

2. Staff Member 2 Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

By checking this box, I agree to allow post-certification follow-up by the AAVMC

3. Staff Member 3 Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

By checking this box, I agree to allow post-certification follow-up by the AAVMC

4. Staff Member 2 Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

By checking this box, I agree to allow post-certification follow-up by the AAVMC

Dean's Printed Name \_\_\_\_\_ Dean's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Purdue University is an equal access/equal opportunity/affirmative action university.  
If you have trouble accessing this document because of a disability, please contact  
hcvn@purdue.edu*