

# Livestock Emergency Disease Response System (LEDRS)

Application Form  
Nebraska LEDRS Corps

Veterinarians, technicians, and cooperative extension educators are being selected for the LEDRS Corps from the applications submitted. Submit properly completed applications to the Nebraska Department of Agriculture APHP at P.O. Box 94787, Lincoln, NE 68509. Applicants are selected on the following criteria: practice type, geographic distribution, e-mail and Internet capability, and commitment as demonstrated by signing the commitment statement at the bottom of the application and the Memorandum of Understanding.

When funding is available, you may be compensated for attending seminars, training or exercises, etc.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
County: \_\_\_\_\_  
Veterinary clinic, or affiliation, name and address: \_\_\_\_\_  
Number of practitioners in practice: \_\_\_\_\_  
Phone: Work: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Mobile: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_  
Email address: \_\_\_\_\_

Internet at office/home? Yes  No   
Auction market experience? Yes  No   
Professional license? Yes  No  Type: \_\_\_\_\_

Principal type(s) of clinical or livestock experience (over 25%): check top three that apply:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> beef            | <input type="checkbox"/> cervidae       | <input type="checkbox"/> birds            |
| <input type="checkbox"/> dairy           | <input type="checkbox"/> small animal   | <input type="checkbox"/> FSIS             |
| <input type="checkbox"/> swine           | <input type="checkbox"/> poultry        | <input type="checkbox"/> other government |
| <input type="checkbox"/> sheep and goats | <input type="checkbox"/> zoo            | <input type="checkbox"/> other            |
| <input type="checkbox"/> equine          | <input type="checkbox"/> exotic animals | _____                                     |

----- Those interested in joining the LEDRS Corps, please sign below. -----

\_\_\_\_\_  
**X**  
\_\_\_\_\_  
Applicant Signature

Approved by:

\_\_\_\_\_  
State Veterinarian  
LEDRS Application

\_\_\_\_\_  
Date