



## *Euthanasia Certification Instructor Application*

### **GENERAL REQUIREMENTS**

1. Must already be certified in Euthanasia by FACA or must be a Florida State Licensed Veterinarian.
2. Must be employed by a FACA Member Agency or Associate Organization, *unless applicant is a Florida State Licensed Veterinarian who is contracted with a FACA Member Agency or Organization.*
3. Must demonstrate extensive Euthanasia experience and adequate teaching abilities.
4. Must agree to adhere to the methods and philosophies of Euthanasia outlined in Florida State Statute 828.058, the Euthanasia Certification curriculum provided by FACA, the FACA Policy Statements pertaining to Euthanasia, and the Instructor Guidelines.
5. Must stay current with information pertaining to Euthanasia as it becomes available by reading published articles, panel reports, attending seminars or additional training opportunities, etc.
6. Will be required to physically attend at least one "Annual Instructor Meeting" every two years. These meetings are typically held in conjunction with our annual training conference.
7. Will be required to provide a minimum of two classes every two years, with at least one including outside agency students.
8. Must complete and submit the below Applicant Questionnaire, signed by both the applicant and the head of the FACA Member Agency or Organization.
9. May be required to attend a meeting with the FACA Board of Directors and participate in a brief interview, prior to being formally approved by the FACA Board of Directors.
10. May be required to attend another Instructor's class, prior to being formally approved by the FACA Board of Directors.

**APPLICANT INFORMATION**

**NAME:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**COUNTY:** \_\_\_\_\_

**AGENCY:** \_\_\_\_\_

**AGENCY HEAD:** \_\_\_\_\_

**Applicant Questionnaire**

*[\\* Use additional paper if necessary](#)*

1) Are you a Florida State Licensed Veterinarian?                      YES                      NO

• If yes, License Number: \_\_\_\_\_

2) Are you Certified by FACA to perform Euthanasia?                      YES                      NO

• *Not required for licensed veterinarians*

• If yes, date of FACA certification: \_\_\_\_\_

3) Are you a Certified Veterinary Technician?                      YES                      NO

• If yes, by what authority: \_\_\_\_\_

4) On average, how many euthanasia's do you perform per month? \_\_\_\_\_

5) Over the past 2 years, approximately how many euthanasia's have you performed in total? \_\_\_\_\_

6) Please list the species that you have experience in euthanizing: \_\_\_\_\_

\_\_\_\_\_  
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7) Please describe your experience in administering **sedation**, to include all methods, and when and why you would use sedation during the euthanasia process, when teaching the course:

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8) Please describe your experience in administering **euthanasia**, to include all methods and routes of administration recognized in Florida State Statute 828.058, as well as when they would be used, that you would teach students during the course:

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9) Please describe the types of animal restraint equipment you use during euthanasia. How would you teach students, during the course, to use properly, safely, and humanely, while performing humane euthanasia:

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10) Please detail your experience in teaching and/or presenting other courses or classes:

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11) Please describe any additional professional qualifications and/or work experience that you have, that will benefit your ability to be a quality Euthanasia Instructor:

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12) Please explain why you would like to be a FACA Euthanasia Instructor:

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**APPLICANT:** I hereby apply to be a FACA Certified Euthanasia Instructor in accordance with the above criteria. In doing so, I agree to adhere to the methods and philosophies of Euthanasia outlined in Florida State Statute 828.058, the Euthanasia Certification curriculum provided by FACA, the FACA Policy Statements pertaining to Euthanasia and the FACA Instructor Guidelines.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CURRENT JOB TITLE:** \_\_\_\_\_

**AGENCY HEAD (or designee):** I hereby attest to the accuracy of the information documented above and feel that this applicant has the expertise, as well as the teaching ability, required to be a quality extension of the Florida Animal Control Association.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_ **PH#:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

Please submit completed application to FACA, via email or regular mail.

[Info@FloridaAnimalControl.org](mailto:Info@FloridaAnimalControl.org)

Florida Animal Control Association  
15275 Collier Blvd #201-114  
Naples, FL 34119

Please note, new applications are reviewed at the quarterly meetings of the FACA Board of Directors.