

Application for embryo transfer (ET) accreditation

Name of Applicant:			
Address:		City:	
Province:		Postal Code:	
Phone:			
Type of Organiz	ATION Individual Other	Vet Clinic	
Are you CETA cert	i <mark>fied?</mark> □ Yes	🛛 No	
Are you a DVM – Doctor of Veterinary Medicine?			
DESCRIPTION AND	 SCOPE OF ACTIVITIES Recovery of Embryos Transplant of Embryos Sexing of Embryos 	 Splitting (Dividing) Freezing of Embryos All of the above 	;
BREED ASSOCIATIO	DNS Ayrshire Holstein Canadienne	 Brown Swiss Jersey All of the above 	GuernseyMilking Shorthorn

The person whose name and signature appears below certifies that the Applicant operates an embryo transfer business, that such organization will, at all times, comply with and be bound by the rules in the 'Canadian Accreditation Program for Industry Service Organizations' (2015 edition) and that the Applicant has authorized the execution of this application.

In accordance with these rules and as an integral part of accreditation, all employees of said E.T. business who are engaged in the handling or use of embryos fall under this accreditation and the responsibility of compliance falls under the jurisdiction of said organization.

Automatic renewal of your accreditation will take place annually at a fee of \$34.50 per year + applicable taxes.

Canadian Dairy Breeds (CDB) extends equivalent recognition to all current Canadian Embryo Transfer Association (CETA) "certified" organizations/practitioners on an annual basis and without the traditional CDB Accreditation renewal fee.

Name:	Signature:	Date:

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