

Name: Alfred State College [A183]

FOR OFFICE USE ONLY

Recd
Code A183

NEW YORK STATE DEPARTMENT OF HEALTH
WADSWORTH CENTER
LABORATORY ANIMAL WELFARE PROGRAM
EMPIRE STATE PLAZA, P.O. BOX 509
ALBANY, NEW YORK 12201-0509

2019 RENEWAL APPLICATION
FOR APPROVAL FOR USE OF LIVING ANIMALS

SECTION I - GENERAL LABORATORY/INSTITUTION INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
Laboratory/Institution Name: Alfred State College	
Address 1: Veterinary Technology Center	
Address 2:	
City, State, Zipcode: Alfred, NY 14802	
County: Allegany	
Telephone Number: 607-587-3009	607-587-4198
Fax Number: 607-587-4721	
E-mail Address: chambm@alfredstate.edu	martintm@alfredstate.edu

SECTION I - GENERAL LABORATORY/INSTITUTION INFORMATION

Ownership:

- ☐ Corporation ☐ Government ☐ Individual ☐ Not For Profit ☐ Partnership
☒ Other: Teaching / Instructional

Facility Type:

- ☒ 2 Year College ☐ 4 Year College ☐ Clinical or Environmental Lab
☐ Hospital ☐ Medical School ☐ Product Testing Lab
☐ Public Health Lab ☐ Research & Development Lab ☐ Veterinary School
☐ Other: _____

SECTION II - PROGRAM INFORMATION

Animals (Check all that apply):

- | | | | |
|---|---|---|--------------------------------------|
| <input checked="" type="checkbox"/> Mice (genus mus) | <input checked="" type="checkbox"/> Hamsters | <input type="checkbox"/> Fish | <input type="checkbox"/> Sheep/Goats |
| <input type="checkbox"/> Mice (wild or other) | <input checked="" type="checkbox"/> Guinea Pigs | <input checked="" type="checkbox"/> Cats | <input type="checkbox"/> Cattle |
| <input checked="" type="checkbox"/> Rats (genus rattus) | <input checked="" type="checkbox"/> Rabbits | <input checked="" type="checkbox"/> Dogs | <input type="checkbox"/> Swine |
| <input type="checkbox"/> Rats (wild or other) | <input type="checkbox"/> Small Birds | <input type="checkbox"/> Non-Human Primates | <input type="checkbox"/> Poultry |
| <input type="checkbox"/> Other: _____ | | | |

Are you currently housing live animals at your institution? ☒ Yes ☐ No

If you are not currently housing live animals, do you anticipate having live animals in your facility during the next 12 months?* ☐ Yes ☐ No

*LAWP permits are issued to those institutions that maintain living animals for teaching and/or research and have the appropriate programs and facilities to properly and humanely care for those animals.

Does your laboratory/institution have an Animal Care Committee? ☒ Yes ☐ No
(If Yes, attach a copy of the Committee members)

Since your last application, have there been any changes in your animal care and use procedures (i.e. feeding programs, disease control, environmental management, humane care, euthanasia)? ☐ Yes ☒ No
(If Yes, please explain)

Note: Any procedures that require the withholding of feed and water or exposing the animals to adverse or unusual conditions should be documented in your animal use protocols and approved by your IACUC.

Living animals are used for (Check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Diagnostic Procedures | <input checked="" type="checkbox"/> Education/Teaching Demonstrations |
| <input type="checkbox"/> Experimentation | <input type="checkbox"/> Farm Production |
| <input type="checkbox"/> Public Display | <input type="checkbox"/> Public Health/Disease Surveillance |
| <input type="checkbox"/> Other: _____ | |

Are animals used in studies with human infectious agents? ☐ Yes ☒ No
(If Yes, attach a copy of your procedures for processing medical waste generated by the animals)

Registration/Accreditation Type:

- | | | |
|--|---|-------------------------------|
| <input type="checkbox"/> AAALAC Accredited | <input checked="" type="checkbox"/> USDA Registered | <input type="checkbox"/> None |
| <input type="checkbox"/> Other: _____ | | |

SECTION III - PERSONNEL INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
Laboratory/Institution Person In Charge (Name): Chambliss, Melvin C.	<i>Doug Pierson</i>
Title: Director, Veterinary Technology Program	<i>Director Veterinary Technology Program</i>
Telephone Number: 607-587-3009	<i>607- 587- 4736</i>
Work Hours: MON: 9:00 am to 6:00 pm TUE: 9:00 am to 6:00 pm WED: 9:00 am to 6:00 pm THU: 9:00 am to 6:00 pm FRI: 9:00 am to 6:00 pm to to	Work Hours: Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5 Fri: 8 to 5 Sat: to Sun: to

CURRENT DATA	INDICATE CHANGES HERE
Veterinarian in Charge (Name): Chambliss, Melvin C.	<i>Doug Pierson</i>
Title: Director, Veterinary Technology Program	
Telephone Number: 607-587-3009	<i>607- 587- 4736</i>
Work Name/Address (if different from laboratory/institution): ,	
Work Hours: MON: 9:00 am to 6:00 pm TUE: 9:00 am to 6:00 pm WED: 9:00 am to 6:00 pm THU: 9:00 am to 6:00 pm FRI: 9:00 am to 6:00 pm to to	Work Hours: Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5 Fri: 8 to 5 Sat: to Sun: to

SECTION III - PERSONNEL INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
Contact Person (Name): Martin, Tracey	
Title: LVT	
Telephone Number: 607-587-4198	
Work Hours: MON: 9:00 am to 6:00 pm TUE: 9:00 am to 6:00 pm WED: 9:00 am to 6:00 pm THU: 9:00 am to 6:00 pm FRI: 9:00 am to 6:00 pm to to	Work Hours: Mon: 8 to 4 Tue: 8 to 4 Wed: 8 to 4 Thu: 8 to 4 Fri: 8 to 4 Sat: to Sun: to

☒ Attach a list of all full-time and part-time animal care staff which includes the following information:
Name, Full-Time or Part-Time, Title and Education Level (Highest).

☐ No additional staff.

SECTION IV - ATTESTATION

I have read the Administrative Rules and Regulations concerning the use of living animals and understand that I am fully responsible for all work involving the use of living animals. I understand that the Certificate of Approval is not transferable and the New York State Department of Health (the Department) shall be advised promptly if the individual, in whose name approval has been granted, ceases to be in charge. The facility(ies) will be operated according to all applicable laws, rules and regulations.

I understand that by signing this application form I agree to cooperate with any investigations conducted by the Department to verify or confirm information given or any other investigation conducted in connection with animal welfare in any facility identified in this application. If additional information is requested, I will provide it.

In signing this application, I hereby certify that the information I have given the Department as a basis for obtaining or retaining a certificate of approval is true and correct. As information changes, I will promptly notify the Department. Further, I understand that filing a false instrument constitutes a crime under the Penal Law of the State of New York.


Signature, Laboratory/Institutional Officer

DVM, Director of Program
Title

10/18/18
Date

SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

CURRENT DATA	INDICATE CHANGES HERE
Site [002] Name: Veterinary Technology Center	
Address 1: Alfred State College	
Address 2:	
City, State, Zipcode: Alfred, NY 14802	
Site Telephone Number: 607-587-4198	
Site Fax Number: 607-587-4721	
Site E-mail Address: martintm@alfredstate.edu	
Contact Person (Name): Martin, Tracey	

CURRENT DATA	INDICATE CHANGES HERE
Site [003] Name: Alfred State College	
Address 1: Farm Complex	
Address 2: Rte 244	
City, State, Zipcode: Alfred, NY 14802	
Site Telephone Number: 607-587-4510	
Site Fax Number:	
Site E-mail Address: chambevm@alfredstate.edu	
Contact Person (Name): Chamberlain, Virginia	

SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

FIELDS	NEW SITE DATA
Site Name:	
Address 1:	
Address 2:	
City, State, Zipcode:	
Site Telephone Number:	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name):	

FIELDS	NEW SITE DATA
Site Name:	
Address 1:	
Address 2:	
City, State, Zipcode:	
Site Telephone Number:	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name):	

FIELDS	NEW SITE DATA
Site Name:	
Address 1:	
Address 2:	
City, State, Zipcode:	
Site Telephone Number:	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name):	

FIELDS	NEW SITE DATA
Site Name:	
Address 1:	
Address 2:	
City, State, Zipcode:	
Site Telephone Number:	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name):	

**Alfred State College
IACUC Members
October 18, 2018**

Dr. Doug Pierson, Veterinarian, Instructor, director of Veterinary Technology program, Alfred State College

Mike Putnam, Professor, Microbiology, Alfred State College

Garth Grantier, Professor, Chemistry, Alfred State College

Jessica Hutchison, Instructor, Botany/biology, Alfred State College

Tracey Martin, Licensed Veterinary Technician, Instructional support, Alfred State College

Barb Willis, Hair designer/stylist – Outside member**

**Alfred State College
Veterinary Technology program
Instructional/care staff list
2018**

**Dr. Doug Pierson, DVM -- full time -- Instructor -- director Vet tech
program**

Sarah DeRosier, LVT, BS -- full time -- Instructor

Kathleen Bliss, LVT, MS -- full time -- instructor

Tracey Martin, LVT -- full time -- instructional support

Travis Armison, BS -- full time -- instructional support, large animal

Andrea Williamson, DVM -- full time - Instructor