## NIFA Veterinary Medicine Loan Repayment Program (VMLRP)

National Institute of Food and Agriculture
US Department of Agriculture
OMB Information Collection
Approval No.: 0524-XXXX

## Veterinarian Shortage Situation Nomination Form

To be completed by the State or Insular Area Animal Health Official

## **Veterinary Medicine Loan Repayment Program (VMLRP)**

Nomination of Veterinarian Shortage Situations for the Veterinary Medicine Loan Repayment Program (VMLRP) Authorized Under the National Veterinary Medical Service Act (NVMSA)

Note: Please submit one separate nomination form for each position. See solicitation for number of nominations permitted for your state or insular area.

ocation of Veteri	rinary Shortage:	
beation of veter	(e.g., County, State/Insular Area)	
enter of Service ocation of Position	e Area or	
	(e.g., Address or Cross Street, Town/City, and Zip Code)	
vne of Veterin	nary Practice Area/Discipline/Specialty	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	nally Tradition, and Dissiplinio, openially	
Type I Shortag	age: Private Practice	
_	mal Medicine (at least 80 percent time)	
Piease	e select <b>one or more</b> specialties requested for this position:	
	Beef Cattle	
	Dairy Cattle Swine	
	Poultry	
	Small Ruminant	
	Other	
	Other	
7		
_	age: Private Practice - Rural Area	
	mal Medicine (at least 30 percent time)	
Please	e select <b>one or more</b> specialties requested for this position:	
	Beef Cattle	
	Dairy Cattle Swine	
	Poultry	
	Small Ruminant	
	Other:	
	Guidi i	
1 .	age: Public Practice (at least 49 percent time*)	
<b>-</b> '		
Employer	r: Position Title:	
Employer	r: Position Title: se select <b>one or more</b> specialty/disciplinary areas.	
Employer	r: Position Title:	

Please describe the objectives of a veterinarian meeting this shortage situation as well as being located in the community, area, state/insular area, or position requested above (limit your response to 200 words or less).

Please describe the activities of a veterinarian meeting this shortage situation and being located in the community, area, state/insular area, or position requested above (limit your response to 200 words or less).

Please describe any past efforts to recruit and retain a veterinarian in the shortage situation identified above (limit your response to 100 words or less).

Please describe the risk of this veterinarian position not being secured or retained. Include the risk(s) to the production of a safe and wholesome food supply and to animal, human, and environmental health not only in the community but in the region, state/insular area, nation, and/or international community (limit your response to 250 words or less).

Please indicate whether you consider this situation/position a candidate for a "service in emergency" agreement (limit your response to 100 words or less). Please see solicitations for additional information regarding the obligation of participants who enter into the "Service in Emergency" agreement.

Authorized State or In	sular Area Animal Healt	h Official or de	signee:		
Name:					
Title:					
Organization:					
Email:					
Telephone Number:					
	(Area code required)				
	Signature			Date	

Public reporting for OMB control number 0524-XXXX is estimated to average two hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless it displays a current valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to NIFA, OEP, 800 9<sup>th</sup> St. SW, Washington, DC 20024, Attention Policy Section. Do not return the completed form to this address.

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