



Applicant Information

Section 1. Identifying Information

The Loan Repayment Program is a competitive process and the submission of an application does not assure the award of benefits. Only designated agents of the US Department of Agriculture (USDA) or acting on behalf of USDA can make commitments for VMLRP awards.

Applicant's Name:

First

Middle

Last

Suffix

Other Names

Used:

(e.g. Maiden)

First

Middle

Last

Suffix

Social Security

Number:

____ - ____ - _____

Note: We collect your Social Security Number (SSN) to verify your identity, to determine your eligibility for loan repayment assistance and to keep track of the federal funds you receive. We also use your SSN for loan repayment and servicing purposes under NIFA Veterinary Medicine Loan Repayment Program. We also use this information to determine your eligibility for loan repayment and the amount of that assistance. See Privacy Act information for additional information.

Section 2. Permanent (Home) Contact Information

Permanent (Home)

Address:

City

State

Zip Code+4

Telephone Number:

____ - ____ - _____

(Area code required)

Cell/Mobile Number:

(optional)

____ - ____ - _____

(Area code required)

Fax Number:

(optional)

____ - ____ - _____

(Area code required)

Email Address:

(optional)

Section 3. Current Employment Contact Information

Position Title: _____

Organization/Practice: _____

Division/School: _____

Department/Section: _____

Address: _____

City State Zip Code+4

Telephone Number: _____ - _____ - _____ Ext: _____
(Area code required)

Fax Number: _____ - _____ - _____
(Area code required)

Email Address: _____

Please contact me at: _____ Permanent (Home) _____ Work/School Address

Section 4. Education, Training, and Licensure

Important: Please attach your Curriculum Vitae and be sure to list significant honors in your CV.

Undergraduate Degree (1): _____
Year Degree

Major/Field of Specialization: _____

Conferring Institution: _____

Undergraduate Degree (2): _____
Year Degree

Major/Field of Specialization: _____

Conferring Institution: _____

Doctor of Veterinary Medicine
or Equivalent Degree: _____
Year Degree

Major/Field of Specialization: _____

Conferring Institution: _____

Instructions for Doctor of Veterinary Medicine or Equivalent Specialty and Subspecialty Training: Select the area(s) in which you have specialty or subspecialty training and indicate whether you are board eligible or certified in that area.

Specialty (optional): _____

Board Eligible:

Yes

No

Board Certified:

Yes

No

Date certified

Subspecialty (optional): _____

Board Eligible:

Yes

No

Board Certified:

Yes

No

Date certified

Graduate Degree (1): _____

Year

Degree

Major/Field of Specialization: _____

Conferring Institution: _____

If Ph.D., please attach a synopsis of your dissertation abstract:
(Please limit to 5,000 characters, approximately two double-spaced pages)

Graduate Degree (2): _____

Year

Degree

Major/Field of Specialization: _____

Conferring Institution: _____

Graduate Degree (3): _____

Year

Degree

Major/Field of Specialization: _____

Conferring Institution: _____

Internship:

Yes _____ No _____ Start Date _____ Completion Date _____
Program Name _____ Institution/Location _____

Residency:

Yes _____ No _____ Start Date _____ Completion Date _____
Program Name _____ Institution/Location _____

USDA APHIS
Accreditation:

Yes _____ No _____ Accreditation Date _____

Current Veterinary
license(s):

State _____ Expiration Date _____

In the space below, list any other relevant training program, courses of study, licensures, or professional certifications (requiring greater than 8 hours of direct applicant participation). Be sure to include the name of program and a brief description/synopsis, including date completed, date of expiration (if applicable), and credential earned (if applicable):

Section 5. Service Obligation

Note: If you have a service obligation, you may still be eligible for VMLRP consideration if your service obligation has been or can be deferred for the entire period of your VMLRP contract. For assistance, please call the VMLRP Helpline at (XXX) XXX-XXXX.

Do you owe a service pay-back obligation? Yes (Continue with questions below) No (Skip to Section 6)

Program Name: _____

When do you expect to fulfill your obligations?

Month _____ Day _____ Year _____

Section 6. Voluntary Disclosures

Completion of items in this section is VOLUNTARY. The information provided will be used to measure the extent to which members of these groups are applying for the receiving VMLRP contracts and/or for program evaluation. Failure to answer these questions will have no effect on your consideration for these programs.

How did you learn about the VMLRP? _____

Gender/Ethnicity/Race/National Origin/Disability Status

Gender: Female Male

Are you Hispanic or Latino? Yes No

A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino"

What is your racial background:

(Check one or more)

Name of Category	Definition of Category
<input type="checkbox"/> American Indian or Alaska Native	A person having origins in any of the original peoples of North American and South America (including Central America), and who maintain cultural identification through community recognition or tribal affiliation.
<input type="checkbox"/> Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> Black or African American	A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
<input type="checkbox"/> White	A person having origins in any of the original peoples of Europe, the Middle East, or North African.
<input type="checkbox"/> Do Not Wish to Provide	

Disability: _____ [Select Disability Code](#)

HANDICAP Definition: The physical or mental impairment which substantially limits one or more major life activities; the record of such impairment; or the perception of such impairment by others.

Note: In the case of multiple impairments, the code should indicate the impairment that results in the most substantial limitation.

Date of Birth: _____
 Month Day Year

Section 7. Certifications

Certification of Non-delinquent Status

The Federal Debt Collection Procedures Act of 1999 precludes a debtor who has a Federal judgment lien against his/her property arising from a Federal debt from receiving Federal funds until the judgment is paid in full or otherwise satisfied. Applicants for the NIFA Veterinary Medicine Loan Repayment Program must certify that they do not have a judgment lien against their property arising from a debt to the United States.

I hereby certify that I do do not have a judgment lien against my property arising from a debt to the United States

I hereby certify that I do do not Delinquent on any debt to the United States

Certification of Accuracy of Information Provided

I certify that the information given in this application is true, complete, and accurate to the best of my knowledge and does not omit any material fact that would render the statement false, fictitious, or fraudulent as a result of the omission. I understand that the information given may be investigated and that any false representation is sufficient cause for rejection of the application, or, if awarded loan repayment, that I am liable for return of all awarded funds and, further, that any false statement may be punished as a felony under U.S. Code, Title 18, Section 1001. I am aware that any false, fraudulent, or fictitious statement may, in addition to other remedies available to the Government, subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986.

I authorize any program to which I owe a service obligation to release information about that obligation to administrators of the NIFA VMLRP and to other authorized Government officials.

Public reporting for collection of information is estimated to average XX minutes, 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 9th St. SW, Washington, DC 20024, Attention Policy Section. Do not return the completed form to this address.

NIFA Form 01-10
Privacy Act XX-XX-XXXX