

Name: _____



NIFA Veterinary Medicine
Loan Repayment Program (VMLRP)

National Institute of Food and Agriculture
US Department of Agriculture
NIFA-01-10
OMB No. 0524-0047
Form Approved For Use Through 9/30/2010

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 U.S. 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 name)

Check the VMLRP website for the code of the shortage area to which you are applying. The code entered on this form MUST match the code entered on the Intent of Employment form (NIFA-07-10).

Please enter the five-digit
Shortage Identification Code:

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Shortage Type (Mark one box):

- Type I: Private Practice (minimum 80% time)
 Type II: Private Practice – Rural Area (minimum 30% time)
 Type III: Public Practice (minimum 49% time)

Important: An applicant may apply to fill only ONE shortage situation. Applications that list more than one shortage situation will be discarded.

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:

Name: _____

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)

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. Limit the body of the Curriculum Vitae to two pages with an optional page to list publications, patents, etc., if applicable.

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: _____ Accredited Yes
(or Equivalent Degree) _____ by AVMA*? No
Year Degree

Major/Field of Specialization: _____

Conferring Institution: _____

* The Veterinary College where you obtained your DVM (or equivalent) must be accredited by the AVMA. Visit the AVMA website for a full list of accredited schools: http://www.avma.org/education/cvea/colleges_accredited/allcolleges.asp

Name: _____

Residency: Yes
 No

_____ Program Name _____ Start Date _____ Completion Date

_____ Institution/Location

Current Veterinary
license(s):

_____ State _____ Expiration Date

USDA APHIS Accreditation: Yes
 No

_____ Accreditation 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 contact VMLRP staff at ymlrp@nifa.usda.gov.

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

Program Name: _____

When do you expect to fulfill
your obligations?

_____ Month _____ Day _____ Year

Name: _____

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 and/or receiving VMLRP contracts and/or for program evaluation. Failure to answer these questions will not have an effect on your application.

How did you learn about the VMLRP? _____ Date of Birth (mm/dd/yyyy): _____

Gender: Female Male

Ethnicity: Hispanic or Latino Not Hispanic or Latino A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish cultures or origins, regardless of race.

Race: (Select one or more)

<input type="checkbox"/> American Indian or Alaska Native	A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.
<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"/> Black or African American	A person having origins in any of the black racial groups of Africa.
<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"/> White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
<input type="checkbox"/> I do not wish to provide this information	

A person is disabled if he or she has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

Disability: (Check all that apply)

<input type="checkbox"/> I do not have a disability	
<input type="checkbox"/> Deaf	<input type="checkbox"/> Convulsive disorder
<input type="checkbox"/> Blind	<input type="checkbox"/> Mental retardation
<input type="checkbox"/> Missing extremities	<input type="checkbox"/> Mental or emotional illness
<input type="checkbox"/> Partial paralysis	<input type="checkbox"/> Severe distortion of limbs and/or spine
<input type="checkbox"/> Complete paralysis	<input type="checkbox"/> I have a disability, but it is not listed

Name: _____

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 am am 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 60 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.