

Veterinarian Shortage Situation Nomination Form

To be submitted under the authority of the chief State or Insular Area Animal Health Official

Veterinary Medicine Loan Repayment Program (VMLRP)

This form must be used for Nomination of Veterinarian Shortage Situations to 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 shortage situation. See the State Animal Health Official (SAHO) section of the VMLRP web site (www.nifa.usda.gov/vmlrp) for the number of nominations permitted for your state or insular area.

Location of Veterinary Shortage Area for this Nomination

Location of Veterinary Shortage:

_____ (e.g., County, State/Insular Area; must be a logistically feasible veterinary practice service area)

Approximate Center of Shortage Area
(or Location of Position if Type III):

_____ (e.g., Address or Cross Street, Town/City, and Zip Code)

Overall Priority of Shortage:

Moderate Priority

High Priority

Critical Priority

Type of Veterinary Practice Area/Discipline/Specialty (Choose only one Type)



Type I Shortage: Private Practice

Food Animal Medicine (awardee obligation: at least 80 percent time or 32 hr/week)

Must cover (check at least one)

Beef Cattle

Dairy Cattle

Swine

Poultry

Small Ruminant

Other: _____

May cover

Beef Cattle

Dairy Cattle

Swine

Poultry

Small Ruminant

Other: _____



Type II Shortage: Private Practice - Rural Area

Food Animal Medicine (awardee obligation: at least 30 percent time or 12 hr/week)

Must cover (check at least one)

Beef Cattle

Dairy Cattle

Swine

Poultry

Small Ruminant

Other: _____

May cover

Beef Cattle

Dairy Cattle

Swine

Poultry

Small Ruminant

Other: _____



Type III Shortage: Public Practice (awardee obligation: at least 49 percent time or 19.6 hr/week)

Employer: _____ Position Title: _____

Please select one or more specialty/disciplinary areas:

Food Safety

Public Health

Epidemiology

Other: _____

Please describe the **importance and objectives** of a veterinarian filling 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 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).

(Optional) If the nominator wishes to specify a service time for this shortage situation that is higher than the minimum required for the shortage type checked on Page 1, please specify the percent time in the box below (based on a 40-hour work week). Leave the box blank if the service time for this shortage situation is for the minimum percent time of the shortage type indicated.

Minimum Service time required for each shortage type

Type I: 80 percent time or 32 hours/week

Type II: 30 percent time or 12 hours/week

Type III: 49 percent time or 19.6 hours/week

SAHO nominator must check both boxes below in order for NIFA to consider this nomination for official designation

- By checking this box, I affirm that this form represents a nomination and is subject to NIFA review and approval.

- By checking this box, I affirm that it is my professional opinion that this is a bona fide food supply or public health-related veterinary shortage situation. I affirm due diligence has been invested to identify this area as a shortage situation of at least moderate priority (severity).

Authorized State or Insular Area Animal Health Official or designee:

Name: _____

Title: _____

Organization: _____

Email: _____

Telephone Number: _____
(Area code required)

Public reporting for OMB control number 0524-0046 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, OGF, 800 9th St. SW, Washington, DC 20024, Attention Policy Section. Do not return the completed form to this address.