

VMLRP Close-Out Report

OMB No. 0524-NEW
Form Approved For Use Through TBD

The purpose of this close-out report is to assess whether the intended outcomes of the Veterinary Medicine Loan Repayment Program (VMLRP) are being achieved. This information will facilitate continuous improvement and evaluation of the program and enable us to describe the impacts of VMLRP service awards to Congress and stakeholders. The information provided in this survey will be reported in aggregate, so your individual responses will remain anonymous. NIFA staff may contact you if any responses require clarification. There are 7 questions which should take approximately 20 minutes to complete.

*** 1. Please provide your name and shortage ID. If you don't know your shortage ID contact us at vmlrp@nifa.usda.gov**

Name

Shortage

ID

2. Did the opportunity to apply for VMLRP influence you decision to seek employment in this shortage area?

3. What types of services did you provide?

Ambulatory

Haul-in

Emergency



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- Health Certificates
- Ultra-sound (diagnostic)
- Pregnancy check (ultra-sound assisted)
- Pregnancy check (palpation)
- Breeding soundness exams
- Embryo transfer
- Farm management consultation
- Nutrition consultation
- Biosecurity protocols
- Extension
- 4-H or FFA support
- Emergency preparedness activities
- Other community service e.g., school lectures
- None of the above

Please describe any additional services not listed above and provide any additional comments regarding services offered.

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4. What impact did you have on this shortage situation? (Select all that apply)

- Provided needed public service for my employer/community/region
- Enabled employer/program to maintain existing public health services
- Enabled employer/program to maintain existing diagnostic services
- Enabled clients in the service to expand their production and increase profits
- Enabled clients in the service area to reduce herd morbidity and mortality
- Increased disease surveillance in the area
- Enabled practice/employer/program to maintain existing services to agricultural community
- Enabled practice/employer/program to expand existing services, please list services below

Please list services expanding, provide any additional impacts not listed above or provide any additional comments regarding impact.

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*** 5. Do you plan to continue serving the shortage area upon completion of the VMLRP service award period?**

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6. How long do you plan to continue serving the shortage area upon completion of the VMLRP service award period?

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6. Why do you plan to leave or why are you considering to leave?

- Health
- Financial considerations such as salary or benefits
- Animal industry changed
- Change in practice ownership or management
- Lack of resources to do my job well
- Better job offer outside the shortage area
- Family considerations to include spouse employment opportunities
- Didn't like the community and/or lifestyle
- Long work hours/no "life/work" balance
- Little to no peer-to-peer relationships
- Location no longer aligned with my personal goals
- Ability to keep practice financially stable
- Opportunities for advancement or practice ownership/partnership
- Problems with employer
- Other (please specify)

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7. Please use the space below to provide any additional comments or feedback to the VMLRP. Feedback regarding problems encountered and possible solutions are always welcome.

Public reporting for collection of information is estimated to average 15 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.

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