Veterinary Medicine Loan Repayment Program Post-award Termination Survey

The purpose of this survey is to assess progress toward the intended long-term outcomes of the Veterinary Medicine Loan Repayment (VMLRP) program. Your responses will help us evaluate retention of VMLRP participants in shortage areas and enable us to provide information to Congress and stakeholders about the long-term impacts of VMLRP service awards. Any reporting of information provided in this survey will be in aggregate, so your individual responses will be **anonymous**. This survey contains 15 questions and should take approximately 15 minutes to complete. Participation in this survey is voluntary and you may opt to skip any question you prefer not to answer.

The VMLRP Staff thanks you for your time and feedback.

1. What state was your shortage area in? _____

2. If known, please provide the shortage situation ID you served_____

3. What was the year of your first award? _____

- 4. Did you receive a renewal award? Yes – number of years_____ No
- 5. What was the type of shortage area you filled?
- 6. Which species were you required to provide services for?

Beef Dairy Goat Pig Chicken Other(list)_____ Does not apply because a Type III shortage area was filled

7. Are you still providing veterinary medical services at the same percentage of time in the same location and for the same species you were required to serve during your service obligation?

NO TO QUESTION 7:

8. If NO to question 7, what changed? (Select all that apply)

Percentage of time Species served Location of practice (i.e., you left the area or changed the area in which you provide services)

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9. If NO to question 7, what is the primary reason services changed?

Other, please specify _____

10. If NO to question 7, do you still provide services to food animal species or, if a Type III awardee, are you still working in the public sector?

YES TO QUESTION 7:

11. If YES to question 7, what was the primary reason you continued serving the shortage situation?

Other, please specify_____

12. If YES to question 7, did you buy into or purchase the practice where you currently work?

13. If YES to question 7, have you increased services in the area since completing your service contract with VMLRP? (Select all that apply)

Yes, have increased the percent of time dedicated to the shortage situation
Yes, have expanded the service area
Yes, have offered additional types of medical services I was not offering before
No, service has remained relatively stable
Other; please explain

14. Is there a need for more veterinarians in this area or the public practice location if type III? No, access to veterinary care/services is stable Yes, we have more clients and/or service calls than we can adequately serve

Yes, we anticipate losing a vet to retirement in the next 5 years

Yes, for specific services (pleases list)

15. Please provide any additional comments

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 date 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.