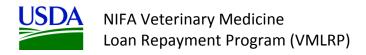
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National Institute of Food and Agriculture
US Department of Agriculture
NIFA-07-10
OMB No. 0524-0050
Form Approved For Use Through TBD

## Intent of Employment

**Email Address:** 

Telephone Number(s):

## **NIFA Veterinary Medicine Loan Repayment Program**

**Instructions:** This form is to be completed by **new applicants only**. New applicants are defined as individuals who have not received a VMLRP award before. Please complete Section 1 with contact information for an official who can provide verification of intent to offer you employment, including the time and resources to conduct your proposed service, in a veterinarian shortage situation. Section 2 must be completed by the hiring official identified in Section 1. This intent to offer is not legally binding but should represent a good faith expectation that the probability of employment is high.

## Section 1. Contact Information (to be completed by applicant)

Important: The applicant must obtain information needed to complete this section from the appropriate authorized hiring official for the practice or organization. If you are, or expect to be, owner of the practice you will be working at, then you will be the hiring official for the purposes of the contact information requested below.

Applicant Name:

I am currently owner/hirir	ng official of the practice I	will work in.				
I intend to establish a new	v practice I will own, serve	as hiring offici	al for, and	work in.		
I work or intend to work in	n a public position or a pri	vate practice o	wned by so	meone else	<b>!.</b>	
Check the VMLRP website for the content on this form MUST match t	•	•			0).	
Please enter the five-character Sho	rtage Identification Code:					
<b>Important</b> : An applicant may apply to fill only ONE shortage situation. Applications that list more than one shortage situation will be discarded.						
Contact Information for the Prospe	ective Employer/Hiring Of	ficial				
Practice/Organization:						
Address:						
Name of Hiring Official:						

Section 2. Certification of Employment (to be completed by hiring official)					
<b>Important:</b> This section is to be completed by the hiring official identified in Section 1.					
I certify that the applicant identified above will be provided the necessary time veterinary services, in accordance with the terms and conditions of his/her again Agriculture, for the practice/organization identified in Section 1 for a minimu VMLRP contract is executed (January 2016), assuming satisfactory performant further certify that the information provided on this form is accurate to the best that any false, fictitious, or fraudulent statements or claims may subject me to penalties.	greement with the Secretary of m of three years from the date a ice of duties by the applicant. I lest of my knowledge. I am aware				
Signature of Hiring Official (sign your full name in ink)	Date				

Name: \_\_\_\_

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 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 9<sup>th</sup> St. SW, Washington, DC 20024, Attention Policy Section. Do not return the completed form to this address.

NIFA Form 07-10 **OMB No. 0524-TBD**