OMB No. 0524-0050 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.
Next

5

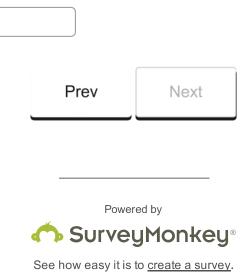
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4. What impact did you have on this shortage situation? (Select all that apply)
Provided needed public service for my employer/community/region
Enabled employer/program to maintain existing public health services
Enabled employer/program to maintain 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. Prev Next
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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. V	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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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.

OMB No. 0524-NEW





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