Post-Award Survey %

National Institute of Food and Agriculture USDA

Survey of Animal Health Officials Completing VMLRP Veterinarian Shortage Nomination Form OMB No. 0524-0050

Form Approved For Use through XX/XX/XXXX

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 confidential. 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.

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, OGFM, 2312 East Bannister Road, Mail Stop 10,000, Kansas City, MO 64131, Attention Policy Section. Do not return the completed form to this address.

1.	What state was your shortage area in? *
2.	If known, please provide the shortage situation ID[1] you served. [1] The shortage nomination can be found in your award package.
	[1] The shortage nonlineation can be realled in your award package.
3.	What was the beginning date of your first award?
4.	Did you receive a renewal award?
	Yes
	○ No
5.	If yes, number of years in the program?

6.	Wha	at was the type of shortage area you filled?
	\bigcirc	Type I - At least 80% FTE Private Practice Food Supply Veterinary Medicine
	\bigcirc	Type II - At least 30% FTE Private Practice Food Supply Veterinary Medicine in a Rura Area
	\bigcirc	Type III - At least 49% FTE Public Practice
7.		ch species were you required to provide services for, i.e., what were "must serve" or "may serve" species?
		Beef
		Dairy
		Small Ruminants
		Swine
		Poultry
		Does not apply because a Type III shortage area was filled
		Other
8.	of ti	you still providing veterinary medical services at the same percentage me (or greater) in the same location and for the same species you e required to serve during your service obligation?
	\bigcirc	Yes
	\bigcirc	No

y did you stop providing food animal veterinary medical services for shortage area you were awarded? (Select up to 5)
Animal industry has changed
Better job offer/offers outside the shortage area
Change in practice ownership or management
Didn't like the community and/or lifestyle
Family considerations including spouse employment opportunities
Gender inequalities
Financial considerations such as salaray or benefits
Inability to keep practice financially stable
Insufficient peer-to-peer relationships
Lack of resources
Lack of mentorship
Location no longer aligned with my personal goals
Long work hours/no "work-life" balance/Burnout
Opportunities for advancement or practice ownership/partnership
Personal health considerations
Problems with employer
Other

10.	If NO to question 8, what is the primary reason services changed?
11.	If NO to question 8, do you still provide services to food animal species or, if a Type III awardee, are you still working in the public sector?
12.	If YES to question 8, what was the primary reason you continued serving the shortage situation?
13.	If YES to question 8, did you buy into or purchase the practice where you currently work?
	Yes
	○ No

14. If YES to question 8, have you increased services in the area since completing your service contract with VMLRP?
Yes
○ No
15. If YES, please provide a brief description of how your services have increased or expanded since the completion of your VMLRP service contract.
16. Are you a private practice Type I/II
Yes
O No
17. Thinking of your practice area and including yourself, is there a need for more or fewer veterinarians in this area?
Need more
Need is stable
Need fewer

18.	Describe need for any specific services.
19.	What changes, if any, have you experienced? For example, industry structure, number of farms, etc.?
20.	Thinking about the public practice position (Type III) that you held, have you seen a need for more or fewer veterinarians in this area?
	Need more
	Need is stable
	Need fewer
21.	Describe need for any specific services.

22. Please provide any additional comments.	
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