

**NIFA Veterinary Medicine
Loan Repayment Program (VMLRP)**

National Institute of Food and Agriculture
US Department of Agriculture
OMB No. 0524-0050
Form Approved For Use Through XX/XX/XXXX

SERVICE VERIFICATION

NIFA Veterinary Medicine Loan Repayment Program

Instructions: Complete below sections and return the completed form to NIFA via the Box account set up with your Grants Management Specialist (GMS), email to vmlrp@usda.gov, or fax to (844) 332-8008. With each quarterly service verification submittal you are required to include your Microsoft Excel service log demonstrating the actual service hours performed during the reporting service period. The requirements for the service log may be found here: <https://www.nifa.usda.gov/nifa-21-015-vmlrp-program-guidance-manual>. A current account statement for your servicer reflecting VMLRP loan payments to your account during a service year is required with every October service verification submittal. This account statement may be requested more frequently as needed. Failure to enclose required service log or account statement will delay payments to servicers on your behalf as well as reimbursement of tax payments.

Section 1. General Information

VMLRP Participant Name:	
Shortage Type:	<input type="checkbox"/> Type I: Private Practice (minimum 80% time) <input type="checkbox"/> Type II: Private Practice – Rural Area (minimum 30% time) <input type="checkbox"/> Type III: Public Practice (minimum 49% time)
Shortage Identification Code:	
Quarter of Service:	

Section 2. Veterinary Service

Instruction: Please review the shortage nomination form, included with your award package, before answering the following questions.

By checking “Yes”, you are certifying you worked under supervision or provided self-service during the service period reported in Section 1, did not incur leave-without-pay preventing attainment of the minimum required hours (based on full-time equivalent of 40 hours per week), and did not terminate employment during the service period reported in Section 1.

- Yes
- No

By checking “Yes”, you are certifying you have met your minimum % FTE time, working in the counties within your applicable shortage situation, and with the required must serve/may serve species outlined within your applicable shortage situation during the service period reported in Section 1.

- Yes
- No

Section 3. Certification of Services and Hours Provided

By signing this document, I certify the services I have provided under the VMLRP agreement I have signed comply with applicable Federal, state and local laws, and to the best of my knowledge none of the services provided were illegal veterinary services for which funding is prohibited by Federal law. I further certify the information provided herein regarding services or hours provided under my VMLRP agreement is accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties as identified in U.S. Code, Title 18, Section 1001.

Clinic Name

Clinic Address, City, State, & Zip Code

Print Name

Signature (certified electronic or scanned ink)

Date

Phone Number

Email Address

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

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