

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

## APPLICATION PART 3: RECOMMENDATION

### NIFA Veterinary Medicine Loan Repayment Program

**Instructions:** Complete the sections below. Email this form to [vmrlp.applications@usda.gov](mailto:vmrlp.applications@usda.gov) or fax to (833) 208-8205 according to the instructions detailed in the Request for Application prior to the deadline. For additional information, visit the VMLRP website (<https://www.nifa.usda.gov/grants/programs/veterinary-medicine-loan-repayment-program/vmlrp-general-information>).

**Handwritten responses will not be accepted. Retain a copy in the event delivery failure requires resubmission of this form.**

#### Section 1. Recommender Information

Recommender's Name:

\_\_\_\_\_  
First Name Middle Name Last Name Suffix

Relationship to Applicant:

\_\_\_\_\_

Position/Title:

\_\_\_\_\_

Organization/Business:

\_\_\_\_\_

Work Address:

\_\_\_\_\_  
Street

\_\_\_\_\_

\_\_\_\_\_  
City State Zip Code+4

Telephone Number:

\_\_\_\_\_  
(Area code required)

Email Address:

\_\_\_\_\_

#### Section 2. Applicant Information

Applicant's Name:

\_\_\_\_\_  
First Name Middle Name Last Name Suffix

How long have you known  
the applicant?  
(include approximate dates)

\_\_\_\_\_  
(Please limit your response to 50 characters)

**Section 3. Recommendation**

**Instructions:** All fields on this form are required. You may elect to cut and paste text from another document into the text fields. If you have no further information to add to a question, please indicate “No Comment” or “N/A”.

Select the rating that best indicates your assessment of the applicant in relation to his/her peers.

Rating of Applicant	Outstanding		Average		Poor	Don't Know
	1	2	3	4	5	
Previous training and experience to serve in the veterinary shortage situation applied for						
Career goals and plans to achieve these goals						
Commitment to providing veterinary services similar to those needed to fill this shortage						
If applicable, potential for success operating a single-practitioner veterinary practice						
Civic mindedness						
Interpersonal skills						
Critical thinking/Problem solving skills						
Overall assessment of applicant						

**Short Answers:** Please limit your response to 700 words for each question. Utilize this form to complete each response. Attachments will not be accepted.

1. Describe your assessment from the ratings indicated of the applicant above?

2. What are the main strengths and weaknesses that the applicant brings to his/her work environment?

3. What is your assessment of the applicant’s practice plans and logistics relative to the specific shortage situation he/she is applying for?

4. What is your overall recommendation for the applicant?

**Section 4. Certification of Recommendation**

I certify that the statements herein are true, accurate, and complete.

\_\_\_\_\_  
Signature of Recommender (certified electronic or scanned ink)

\_\_\_\_\_  
Date

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 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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