Awardee Feedback 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 purposes of this survey are to A) obtain your assessment of the Veterinary Medicine Loan Repayment Program (VMLRP) shortage area you are currently serving and B) gather feedback on VMLRP administrative processes. Your responses will facilitate continuous improvement and evaluation of the VMLRP and help inform State Animal Health Officials (SAHOs) as they develop shortage nominations. All your individual responses will be **confidential** to the program. Information provided from these surveys regarding your specific shortage area will be aggregated with other responses. The survey contains 13 questions and should take approximately 20 minutes to complete. Participation in this survey is voluntary. You may opt to skip any question you prefer not to answer. The following questions refer to the shortage situation you are working in, the services provided by VMLRP staff, communications with program staff, and the information provided on the VMLRP website. 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.

*	Required	
*	Required	

Shortage Situation

1.	Shortage Situation Identification Code * The shortage nomination was included in your award package.
2.	Thinking about your shortage area, and including yourself, does the area need fewer, the same or more food animal veterinarians to meet the current needs?
	Fewer
	Same
	○ More
3.	Describe specifics to your shortage area.

4.	Thinking about your shortage area, do you anticipate any changes in the needs within the shortage area in the next 3-5 years? Examples may be changes in number of farms, species served, etc.
	Yes
	○ No
5.	Describe specifics to your shortage area.
6.	Thinking about the nomination form that you referenced to develop your application to the VMLRP, did the nomination form clearly outline the locations and types of services you are providing to mitigate the shortage?
	Yes
	O No
7.	Describe how it may have been improved.

Administrative Processes

8. Using a scale from 1 to 5, where 1 is "Poor" and 5 is "Excellent", please rate the service and payment verification processes on the following criteria. If this question does not apply to you, please put "N/A."

	5	4	3	2	1	N/A
Promptness of receiving the service verification form by email						\circ
Promptness of receiving loan payments	\bigcirc	\bigcirc	\bigcirc			\bigcirc
Responsivene ss of VMLRP support for payment issues	\bigcirc					\bigcirc
Promptness of receiving tax payment	\circ	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Amount of Information required by the Program	\bigcirc	\circ	\circ	\circ	\bigcirc	\bigcirc

9.	Hav	e you contacted the VMLRP during the past 12 months?
	\bigcirc	Yes
	\bigcirc	No
10.		ise select all the reasons that you contacted the VMLRP in the past 12 nths.
		General information
		Program requirements
		Renewal application question
		Maternity/paternity/adoption leave
		Quarterly service verification
		Service log
		Payment issues
		Payment verification
		Update contact information
		Update loan information
		Request tax information
		Other

11.		wwould you rate the quality of the information you received from the RLP in the communications that occurred over the past 12 months?
	\bigcirc	Excellent – were able to resolve all my questions or concerns
	\bigcirc	Good – were able to resolve many of my questions or concerns
	\bigcirc	Fair – were able to resolve some of my questions or concerns
	\bigcirc	Poor – Did not address them
	\bigcirc	Did not require communications with VMLRP in the last 12 months
12.		Ill the reasons you selected for contacting VMLRP in the past 12 nths, what was the reason for <u>your most recent contact?</u>
		General information
		Program requirements
		Renewal application question
		Maternity/paternity/adoption leave
		Quarterly service verification
		Service log
		Payment issues
		Payment verification
		Update contact information
		Update loan information
		Request tax information
		Other

	your most recer e VMLRP to resp	-	•	how long d	id it	
\bigcirc	Responded in less	than 24 hours				
\bigcirc	Responded between 24-48 hours					
\bigcirc	Responded betwe	en 48 hours –	1 week from my	y initial inquiry		
\bigcirc	Took longer than	a week to respo	ond			
\bigcirc	I did not receive a	response to m	y inquiry			
visi	nking about the ting the website ere 1 means "Poo	in the past 1 or" and 5 is	12 months. l "Excellent", p	Jsing a scale please rate:	from 1 to 5,	
		5	4	3	2	1
	Ease of navigation	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
t i	Jsefulness of he nformation provided	\bigcirc				\bigcirc
	Relevance of earch results	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
t i	Ability to find he nformation needed	\circ	\circ	\circ	\bigcirc	\bigcirc

-	ou could change one thing about any of the processes managed by
VM	LRP, what would it be? Please describe.
	•••
	1LRP appreciates any comments on impacts of the program,
woı	cesses, and improvements. Please provide any other comments you uld like VMLRP to consider regarding impacts, processes, or
rec	ommendations for improvement.