

**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 1: PROGRAM

Instructions: Complete the sections below. Email the form(s) packet to vmlrp.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 to prepare your application documents, visit the VMLRP website (<https://www.nifa.usda.gov/grants/programs/veterinary-medicine-loan-repayment-program/vmlrp-general-information>).

Section 1. Identifying Information

1. Application Type: ☐ NEW (individuals who is not a current or previous VMLRP awardee)
☐ RENEWAL (individuals applying to continue serving the original awarded shortage area)
2. Applicant's Name: _____
First Middle Last Suffix
3. Other Names Used:
(e.g. maiden name) _____

Check the VMLRP website for the code of the shortage area to which you are applying. The Shortage Identification Code entered on this form MUST match the code entered on the Intent of Employment form section 9. An applicant may apply to only ONE shortage situation.

4. Enter the five-character Shortage Identification Code: _____
5. Shortage Type (Mark one box): ☐ Type I: Private Practice (minimum 80% time)
☐ Type II: Private Practice – Rural Area (minimum 30% time)
☐ Type III: Public Practice (minimum 49% time)

Section 2. Residential Contact Information

1. Residential Address: _____
Street

City State Zip Code+4
2. Contact Number: _____
(Area code required)

3. Personal Email
Address: _____

Section 3. Employment Contact Information

1. Position Title: _____ 2. Organization/Practice: _____
3. Division/School: _____ 4. Department/Section: _____
5. Address: _____
Street

City State Zip Code+4
6. Telephone
Number: _____ Ext: _____
(Area code required)
7. Work Email
Address: _____
8. Please contact
me at: _____ Personal Phone _____ Work/School Phone

Section 4. Education, Training, and Licensure

Note: Include a maximum of a two-page Resumé. An additional page may be submitted to highlight publications, patents, conference presentations, book chapters, etc. If Ph.D., attach a synopsis of your dissertation abstract limited to approximately two double-spaced pages.

Pre-veterinary Medical Education:

1. Undergraduate
Degree (1): _____
Year Degree
- Major/Field of
Specialization: _____
- Conferring
Institution: _____



2. Undergraduate
Degree (2) or
Graduate Degree:

	Year	Degree
Major/Field of Specialization:		
Conferring Institution:		

3. Doctor of
Veterinary
Medicine:
(or Equivalent Degree)

Accredited by
AVMA*? ☐ Yes
☐ No

Year: _____

Degree: _____

Conferring Institution: _____

The Veterinary College where you obtained your DVM (or equivalent) must be accredited by the AVMA. Visit the AVMA website for a full list of accredited schools: <https://www.avma.org/education/center-for-veterinary-accreditation/accredited-veterinary-colleges>.

Post Veterinary Medical Graduate or Specialty Training (Internship, Residency, Post-Doctoral Appointments, etc.): Provide the area(s) in which you have post-DVM graduate or specialty training and indicate whether you are board-eligible or -certified in that area.

4. Primary
Specialty:

Board Eligible: ☐ Yes ☐ No
Board Certified: ☐ Yes ☐ No

Date Certified

Certifying Board or College (If applicable)

5. Secondary
Specialty:

Board Eligible: ☐ Yes ☐ No
Board Certified: ☐ Yes ☐ No

Date Certified

Certifying Board or College (If applicable)



6. Graduate

Degree (1):

Year

Degree

Major/Field of
Specialization:

Conferring
Institution:

7. Graduate

Degree (2):

Year

Degree

Major/Field of
Specialization:

Conferring
Institution:

8. Internship:

☐ Yes

☐ No

Program Name Start Date Completion Date

Institution/Location

9. Residency:

☐ Yes

☐ No

Program Name Start Date Completion Date

Institution/Location

10. Current

Veterinary

License(s):

☐ Yes*

☐ No

☐ Pending

☐ N/A

State

Expiration Date

State

Expiration Date

State

Expiration Date

State

Expiration Date



11. USDA APHIS

Accreditation:

- ☐ Yes*
☐ No
☐ Pending
☐ N/A

Accreditation Expiration Date

***If you answered "Yes" attach a PDF copy of current veterinary license(s) and/or USDA APHIS Accreditation.**

Other Relevant Training

12. In the space below, list any other relevant training programs, courses of study, licensures, or professional certifications (requiring greater than 8 hours of direct applicant participation). Be sure to include the name of program and a brief description/synopsis, including date completed, date of expiration (if applicable), and credential earned (if applicable) (600-character limit):

Section 5. Service Obligation

Note: If you have a service obligation, you may still be eligible for VMLRP consideration if your service obligation has been or can be deferred for the entire period of your VMLRP contract. For assistance, please contact VMLRP staff at vmllrp.applications@usda.gov.

1. Do you owe a service payback obligation? ☐ Yes (Continue with questions below)
☐ No (Skip to Section 6)

2. Program Name: _____

3. When do you expect to fulfill your obligations?

Month Day Year

Section 6. Voluntary Disclosures

Completion of items in this section is VOLUNTARY. The information provided will be used to measure the extent to which members of these groups are applying for and/or receiving VMLRP contracts and/or for program evaluation. Declining to answer these questions will not affect your application.

1. How did you learn about the VMLRP? _____
2. Birth Year: _____
3. Sex: ☐ Female ☐ Male
(Select one)

4. What is your race and/or ethnicity?

Select all that apply and enter additional details in the spaces below.

American Indian or Alaska Native - Enter, for example, Navajo Nation, Blackfeet Tribe of the Black Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.

Asian - Provide details below.

Chinese	Asian Indian	Filipino
Vietnamese	Korean	Japanese

Enter, for example, Pakistani, Hmong, Afghan, etc.

Black or African American - Provide details below.

African American	Jamaican	Haitian
Nigerian	Ethiopian	Somali

Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

Hispanic or Latino - Provide details below.

Mexican	Puerto Rican	Salvadoran
Cuban	Dominican	Guatemalan

Enter, for example, Colombian, Honduran, Spaniard, etc.

Middle Eastern or North African - Provide details below.

Lebanese	Iranian	Egyptian
Syrian	Iraqi	Israeli

Enter, for example, Moroccan, Yemeni, Kurdish, etc.

Native Hawaiian or Pacific Islander - Provide details below.

Native Hawaiian	Samoan	Chamorro
Tongan	Fijian	Marshallese

Enter, for example, Chuukese, Palauan, Tahitian, etc.

White - Provide details below.

English German Irish
Italian Polish Scottish

Enter, for example, French, Swedish, Norwegian, etc.

5. A person is disabled if he or she has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

Disability: ☐ Yes
(Select one) ☐ No
☐ I do not wish to disclose.

Section 7. Certifications

1. Certification of Non-delinquent Status

The Federal Debt Collection Procedures Act of 1999 precludes a debtor who has a federal judgment lien against his/her property arising from a federal debt from receiving federal funds until the judgment is paid in full or otherwise satisfied. As the applicant, I certify to the best of my knowledge and belief;

I hereby certify that I ☐ do ☐ do not I am not presently debarred, suspended, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

I hereby certify that I ☐ do ☐ do not I have not within a three year period preceding this application been convicted or had a civil judgment rendered against me for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, state, or local) transaction or contract under a public transition; or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statement, or receiving stolen property;

I hereby certify that I ☐ do ☐ do not have a judgment lien against my property arising from a debt to the United States

I hereby certify that I ☐ am ☐ am not delinquent on any debt to the United States

2. Certification of Accuracy of Information Provided

☐ I certify the information given in this application is true, complete, and accurate to the best of my knowledge and does not omit any material fact that would render the statement false, fictitious, or fraudulent as a result of the omission. I understand the information given may be investigated and any false representation is sufficient cause for rejection of the application, or, if awarded loan repayment, that I am liable for return of



all awarded funds and, further, that any false statement may be punished as a felony under U.S. Code, Title 18, Section 1001. I am aware any false, fraudulent, or fictitious statement may, in addition to other remedies available to the Government, subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986. I authorize any program to which I owe a service obligation to release information about that obligation to administrators of the NIFA VMLRP and to other authorized Government officials.

3. Release to Contact Recommenders

☐ I certify that I am requesting recommendation(s) from individual(s) of my choosing that will be included in my Veterinary Medicine Loan Repayment Program (VMLRP) application. My application, including the completed recommendation forms submitted by my recommenders, will be used by USDA officials to determine my eligibility for participation in the VMLRP. I understand that the recommendations I am requesting shall be held in confidence and protected from disclosure by officials of the VMLRP according to Privacy Act System of Records (see Confidentiality and Privacy Act Notice). I authorize administrators of the VMLRP and other authorized Government officials to contact the individual(s) I have identified to request any additional information that may be needed in determining my eligibility for participation in the VMLRP.

4. Voluntary Waiver of Future Rights to Access Confidential Recommendations

☐ I understand that I will not have access to the recommendations based on the statement of confidentiality contained in the "Release to Contact Recommenders" section above.

Signature of Applicant (certified electronic or scanned ink)

Date

Section 8: Intent of Employment

Instructions: Complete Section 9 with contact information for the hiring official who can provide verification of intent to offer you employment, including the time and resources for you to conduct your proposed service, in a veterinarian shortage situation. Section 10 must be completed by the hiring official identified in Section 9. This intent to offer is not legally binding but should represent a good faith expectation that the probability of employment is high. If you are self-employed or intending to start your own practice, you may list yourself as the hiring official in Section 9 and complete Section 10.

Section 9: Employment Contact Information

Note: The applicant must obtain information needed to complete this section from the appropriate authorized hiring official for the practice or organization. If you are, or expect to be, the owner of the practice you will be working at, then you will be the hiring official for the purposes of the contact information requested below.

1. Applicant

Name: _____

- ☐ I am currently the owner/hiring official of the practice.
- ☐ I intend to establish a new practice that I will own.
- ☐ I am employed by a public entity or a private practice.
- ☐ I intend to be employed by a public entity or a private practice.

Note: Check the VMLRP website for the code of the shortage area to which you are applying. The code entered on this form **MUST** match the Shortage Identification Code entered on page one of this application.

Enter the five-character Shortage Identification Code: _____

2. Contact Information for the Prospective Employer/Hiring Official

Practice/Organization: _____

Address: _____

Name of Hiring Official: _____

Email Address: _____

Telephone Number(s): _____

Section 10. Certification of Employment

Note: This section is to be completed by the hiring official identified in Section 9.

I certify that the applicant identified above will be provided the necessary time and resources to perform qualified veterinary services, in accordance with the terms and conditions of his/her agreement with the Secretary of Agriculture, for the practice/organization identified in Section 9 for a minimum of three years from the date a VMLRP contract is initiated, assuming satisfactory performance of duties by the applicant. I further certify that the information provided on this form is accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

Signature of Hiring Official (certified electronic or scanned ink)

Date

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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