

Shortage ID: _____ **VMLRP USE ONLY**

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

National Institute of Food and Agriculture
US Department of Agriculture
Form NIFA 2009-0001
OMB No. 0524-0050
Form Approved For Use Through XX/XX/XXXX

VETERAN SHORTAGE SITUATION NOMINATION FORM

Veterinary Medicine Loan Repayment Program (VMLRP)

This form must be used for Nomination of Veterinarian Shortage Situations to the Veterinary Medicine Loan Repayment Program (VMLRP), Authorized Under the National Veterinary Medical Service Act (NVMSA). This form must be submitted under the authority of the Chief State or Insular Area Animal Health Official.

For Nominating Official: Submit one separate nomination form for each shortage situation. Visit the VMLRP Shortage Allocations section of the VMLRP web site (<http://www.nifa.usda.gov/resource/vmlrp-shortage-allocations>) for the number of nominations permitted for each state or insular area.

1. Location of Veterinary Shortage Area for this Nomination

a. Must Service Location(s):

(e.g., County, State/Insular Area; must be a logistically feasible veterinary practice service area)

b. May Service Location(s):

(e.g., County, State/Insular Area; must be a logistically feasible veterinary practice service area)

c. Approximate Center of Shortage
Area (or Location of Position if
Type III):

(e.g., Address or Cross Street, Town/City, and Zip Code)

2. Overall Priority of Shortage: _____

3. Type of Veterinary Practice Area/Discipline/Specialty (select one): _____

a. For Type I or II Private Practice, select species and/or production types to cover:

Must cover (must check at least one)

- ☐ Beef Cattle
- ☐ Dairy Cattle
- ☐ Swine
- ☐ Poultry
- ☐ Small Ruminant
- ☐ Other: _____

May cover

- ☐ Beef Cattle
- ☐ Dairy Cattle
- ☐ Swine
- ☐ Poultry
- ☐ Small Ruminant
- ☐ Other: _____

b. For Type III Public Practice:

Employer: _____

Position Title: _____

Please select **one or more** specialty/disciplinary areas:

- ☐ Food Safety
- ☐ Public Health
- ☐ Epidemiology
- ☐ Other: _____

- b.** (Optional) If the nominator wishes to specify a service time for this shortage situation that is higher than the minimum required for the shortage type checked above, please specify the percent time in the box below (based on a 40-hour work week). Leave the box blank if the service time for this shortage situation is for the minimum percent time of the shortage type indicated.

%

- 4.** Referring to the characteristics identified in response to question 3 above and the location to be served, describe in detail the need for a veterinarian in this shortage situation area. Include state, national, or local data to support the description of the need, such as numbers of animals, farms/ranches, markets, etc. (Limit your response to 2000 characters).
- 5.** Referring to the characteristics identified in response to question 3 above, describe the services that a veterinarian must be willing to provide to meet this shortage situation's needs in the community, area, state/insular area, or position requested above (limit your response to 2000 characters).

- 3

9. SAHO nominator must check both boxes below in order for NIFA to consider this nomination for official designation

- ☐ a. By checking this box, I affirm that this form represents a nomination and is subject to NIFA review and approval.
- ☐ b. By checking this box, I affirm that it is my professional opinion that this is a bona fide food supply or public health-related veterinary shortage situation. I affirm due diligence has been invested to identify this area as a shortage situation of at least moderate priority (severity).

c. Authorized State or Insular Area Animal Health Official or designee:

Name: _____

Title: _____

Organization: _____

Email: _____

Telephone Number: _____

(Area code required)

Public reporting for collection of information is estimated to average two hours, 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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