NIFA Veterinary Medicine
Loan Repayment Program (VMLRP)

National Institute of Food and Agriculture
US Department of Agriculture
NIFA-01-10
OMB No. 0524-0047
Form Approved For Use Through 9/30/2017

Applicant Information

Section 1. Identifying Information

The Loan Repayment Program is a competitive process and the submission of an application does not assure the award of benefits. Only designated agents of the U.S. Department of Agriculture (USDA) or acting on behalf of USDA can make commitments for VMLRP awards.

Application Type:
- ☐ NEW (individuals who have never had a VMLRP award)
- ☐ RENEWAL (individuals who have had a VMLRP award)

Applicant's Name: _____
First Middle Last Suffix

Other Names Used:
(e.g. maiden name) _____

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 code entered on the Intent of Employment form (NIFA-07-10).

Please enter the five-character Shortage Identification Code: | | | | | |

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)

Important: An applicant may apply to fill only ONE shortage situation. Applications that list more than one shortage situation will be discarded.

Section 2. Residential Contact Information

Residential Address: _____

_____
City State Zip Code+4

Telephone Number: _____ - _____ - _____
(Area code required)

Fax Number:
(optional) _____ - _____ - _____
(Area code required)

Email Address: _____

Name:_____ Shortage ID:_____

❑ NEW ❑ RENEWAL

Section 3. Current Employment Contact Information

Position Title: _____ Organization/Practice: _____

Division/School: _____ Department/Section: _____

Address: _____

_____

_____

City State Zip Code+4

Telephone Number: _____ - _____ - _____ Ext: _____

(Area code required)

Email Address: _____

Please contact me at: ____ Residential Contact _____ Work/School Contact

Section 4. Education, Training, and Licensure

Important: Please attach your Curriculum Vitae and be sure to list significant honors in your CV. Limit the body of the Curriculum Vitae to two pages with an optional page to list publications, patents, etc., if applicable.

Undergraduate Degree (1): _____ _____

Year Degree

Major/Field of Specialization: _____

Conferring Institution: _____

Undergraduate Degree (2): _____ _____

Year Degree

Major/Field of Specialization: _____

Conferring Institution: _____

Doctor of Veterinary Medicine:
(or Equivalent Degree)

_____ _____

Year Degree

Accredited by AVMA*? ❑ Yes ❑ No

Major/Field of Specialization: _____

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: http://www.avma.org/education/cvea/colleges_accredited/allcolleges.asp

Name:_____ Shortage ID:_____

❑ NEW ❑ RENEWAL

Instructions for Doctor of Veterinary Medicine or Equivalent Specialty and Subspecialty Training: Select the area(s) in which you have specialty or subspecialty training and indicate whether you are board eligible or certified in that area.

Specialty (optional): _____

Board Eligible: ❑ Yes ❑ No Board Certified: ❑ Yes ❑ No _____ Date certified

Subspecialty (optional): _____

Board Eligible: ❑ Yes ❑ No Board Certified: ❑ Yes ❑ No _____ Date certified

Graduate Degree (1): _____ Year _____ Degree

Major/Field of Specialization: _____

Conferring Institution: _____

If Ph.D., please attach a synopsis of your dissertation abstract. Please limit to 5,000 characters, approximately two double-spaced pages.

Graduate Degree (2): _____ Year _____ Degree

Major/Field of Specialization: _____

Conferring Institution: _____

Graduate Degree (3): _____ Year _____ Degree

Major/Field of Specialization: _____

Conferring Institution: _____

Internship: ❑ Yes ❑ No _____ Program Name _____ Start Date _____ Completion Date

_____ Institution/Location

Name:_____ Shortage ID:_____

❑ NEW ❑ RENEWAL

Residency: ❑ Yes ❑ No

_____ _____ _____

Program Name Start Date Completion Date

_____

Institution/Location

Current Veterinary license(s):

_____ _____

State Expiration Date

USDA APHIS Accreditation: ❑ Yes ❑ No

_____

Accreditation Expiration Date

In the space below, list any other relevant training program, 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):

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 vmlrp@nifa.usda.gov.

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

Program Name: _____

When do you expect to fulfill your obligations?

_____ _____ _____

Month Day Year

Name:_____ Shortage ID:_____

❑ NEW ❑ RENEWAL

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. Failure to answer these questions will not have an effect on your application.

How did you learn about the VMLRP? _____ Age: _____

Gender: (Select one)

❑ Female ❑ Male

Ethnicity: (Select one)

❑ Hispanic or Latino

❑ Not Hispanic or Latino

A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish cultures or origins, regardless of race.

Race: (Select one or more)

❑ American Indian or Alaska Native — A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.

❑ Asian — A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

❑ Black or African American — A person having origins in any of the black racial groups of Africa.

❑ Native Hawaiian or Other Pacific Islander — A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

❑ White — A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

❑ I do not wish to provide this information

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: (Check all that apply)

❑ I do not have a disability

❑ Deaf

❑ Blind

❑ Missing extremities

❑ Partial paralysis

❑ Complete paralysis

❑ Convulsive disorder

❑ Mental retardation

❑ Mental or emotional illness

❑ Severe distortion of limbs and/or spine

❑ I have a disability, but it is not listed

Name:_____ Shortage ID:_____

❑ NEW ❑ RENEWAL

Section 7. Certifications

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. Applicants for the NIFA Veterinary Medicine Loan Repayment Program must certify that they do not have a judgment lien against their property arising from a debt to the United States.

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

Certification of Accuracy of Information Provided

❑ I certify that 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 that the information given may be investigated and that 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 that 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.

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 date 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, OEP, 800 9th St. SW, Washington, DC 20024, Attention Policy Section. Do not return the completed form to this address.

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