



National Institute of Food and Agriculture
US Department of Agriculture
Form NIFA 2009-0001
OMB Control No. 0524-0050
Expiration Date: 12/31/2022

Veterinarian Shortage Situation Nomination Form

To be submitted under the authority of the chief State or Insular Area Animal Health Official

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)

Note: Please submit one separate nomination form for each shortage situation. See the VMLRP Shortage Allocations section of the VMLRP web site (<https://nifa.usda.gov/resource/vmlrp-shortage-allocations>) for the number of nominations permitted for your state or insular area.

Location of Veterinary Shortage Area for this Nomination

Location of Veterinary Shortage: _____
(e.g., County, State/Insular Area; must be a logistically feasible veterinary practice service area)

Approximate Center of Shortage Area
(or Location of Position if Type III): _____
(e.g., Address or Cross Street, Town/City, and Zip Code)

Overall Priority of Shortage: _____

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

For Type I or II Private Practice:

- | | |
|---|---|
| Must cover (check at least one) | May cover |
| <input type="checkbox"/> Beef Cattle | <input type="checkbox"/> Beef Cattle |
| <input type="checkbox"/> Dairy Cattle | <input type="checkbox"/> Dairy Cattle |
| <input type="checkbox"/> Swine | <input type="checkbox"/> Swine |
| <input type="checkbox"/> Poultry | <input type="checkbox"/> Poultry |
| <input type="checkbox"/> Small Ruminant | <input type="checkbox"/> Small Ruminant |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

For Type III Public Practice:

Employer: _____ Position Title: _____
Please select **one or more** specialty/disciplinary areas:
 Food Safety
 Public Health
 Epidemiology
 Other: _____

(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.

%

Please describe the **importance and objectives** of a veterinarian filling this shortage situation as well as being located in the community, area, state/insular area, or position requested above (limit your response to 1500 characters).

Please describe the **activities** of a veterinarian meeting this shortage situation in the community, area, state/insular area, or position requested above (limit your response to 1500 characters or less).

Please describe any past efforts to recruit and retain a veterinarian in the shortage situation identified above (limit your response to 750 characters or less).

Please describe the risk of this veterinarian position not being secured or retained. Include the risk(s) to the production of a safe and wholesome food supply and to animal, human, and environmental health not only in the community but in the region, state/insular area, nation, and/or international community (limit your response to 2000 characters or less).

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

- By checking this box, I affirm that this form represents a nomination and is subject to NIFA review and approval.

- 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).

Authorized State or Insular Area Animal Health Official or designee:

Name: _____

Title: _____

Organization: _____

Email: _____

Telephone Number: _____
(Area code required)

Public reporting for OMB control number 0524-0050 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.

Form NIFA 2009-0001
OMB Information Collection Approval No. 0524-050
Expiration Date:12/31/2022