



# VETERINARIAN EDUCATION LOAN REPAYMENT APPLICATION

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF HEALTH FACILITIES

SFN 60531 (5-2014)

For Office Use Only

File Number
Date Received
Contract Number

Name of Veterinarian			
Home Address	City	State	ZIP Code
Office Address	City	State	ZIP Code
Other North Dakota Address where I can be contacted:	City	State	ZIP Code
Home Telephone Number	Office Telephone Number		
Other Telephone Number where I can be contacted: (Cell)			
Personal E-mail Address:			
Office E-mail Address:	Other E-mail Address:		
I prefer to be contacted at <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Other <input type="checkbox"/> Any of the three			
<b>Practice Type</b> <input type="checkbox"/> Large Animal/Food Animal <input type="checkbox"/> Small Animal <input type="checkbox"/> Large Animal/Equine <input type="checkbox"/> Mixed (predominantly large) <input type="checkbox"/> Government /Research/Teaching <input type="checkbox"/> Mixed (predominantly small)			
Other, please specify:			
<b>TRAINING</b>			
Veterinary School		Year of Graduation	
Internship or Externship or Special Training		Year of Completion	
Residency		Year of Completion	
<b>Certification Status</b> <input type="checkbox"/> North American Veterinary Licensing Examination (NAVLE) <input type="checkbox"/> Qualifying Examination (QE ) <input type="checkbox"/> Veterinary Clinical Skills Assessment (VCSA)		North Dakota License Number or date Exam will be taken:	
<b>Current Status</b> <input type="checkbox"/> Practicing <input type="checkbox"/> Government <input type="checkbox"/> Student <input type="checkbox"/> Administration <input type="checkbox"/> Internship <input type="checkbox"/> Teaching / Research <input type="checkbox"/> Externship <input type="checkbox"/> Other <input type="checkbox"/> Residency			

<b>PRACTICE EXPERIENCE</b>					
Location		Type		Years	
<b>OUTSTANDING EDUCATIONAL LOANS</b>					
Name of Loan	Lender/ Address	Loan Number	Amount	Balance	Date Loan Must Be Paid
<p><b>Please provide verification from your lender of your <u>outstanding educational</u> loans.</b></p> <p>Are you in default on any loans?      <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, identify loan and amount.</p> <p>How much money are you requesting? (You may request up to \$30,000 for two years of service, \$55,000 for three years of service, or \$80,000 for four years of service.)</p>					
Name of North Dakota clinic and community where you will practice:				Date you will be able to begin	
<p>Do you have a license to practice veterinary medicine in any state or country other than North Dakota?</p> <p><input type="checkbox"/> No    <input type="checkbox"/> Yes – specify (Location and License Number)</p>					
<p>Has your license been suspended, revoked or surrendered?    No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, explain.</p>					
<p>Are you currently in litigation?    No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, explain.</p>					
<p>Have you applied for loan repayment from other sources:    <input type="checkbox"/> Yes    <input type="checkbox"/> No    If yes, please identify.</p> <p>Are you currently receiving loan repayment from other sources:    <input type="checkbox"/> Yes    <input type="checkbox"/> No    If yes, please identify.</p>					
<b>EMPLOYMENT HISTORY (List most recent employer first)</b>					
Employer	Address			Dates Employed	
<p>Were any state-funded student support fees paid on your behalf?    <input type="checkbox"/> No    <input type="checkbox"/> Yes</p> <p>    If Yes, who paid them?</p>					

1. Attach three letters of recommendation regarding your professional training and competence.
2. Attach a copy of your North Dakota Veterinary license or send copy when received.
3. Attach letters of support from the community you would like to serve.
4. Attach a statement of your commitment to service the community.
5. Attach your curriculum vitae.

**SIGNATURES AND AFFIDAVIT**

I hereby make application for a veterinary loan repayment award subject to the provisions of North Dakota Century Code 43-29.1 and to the rules and standards adopted by the State Health Council of the North Dakota Department of Health. I also give the North Dakota Department of Health permission to obtain any information from my lender(s) that may be needed to verify the contents of this application; for the North Dakota Department of Health to make payments to my lending institution(s) and for the North Dakota Department of Health to obtain information from the North Dakota University System to determine if any state support payments have been paid on my behalf.

Signature of Applicant
------------------------

State	County
-------	--------

Signed and sworn to (or affirmed) before me on	Date
--	------

Name(s) of Individual(s) Making Statement	Affix Notary Stamp
Signature of Notary Public or Other Authorized Officer	
Commission Expiration Date (if not listed on stamp)	

Return the completed form to:

Bobbie Will  
Manager of North Dakota Primary Care Office  
Office of Public Health Systems and Performance  
600 E Boulevard Ave. Dept. 301  
Bismarck, ND 58505  
Fax 701.328.4727  
Office 701.328.4908  
[blwill@nd.gov](mailto:blwill@nd.gov)