

State Veterinary Education Board 19 Martin Luther King, Jr. Dr. SW Atlanta, GA 30334

VETERINARY LOAN REPAYMENT RECOMMENDATION FORM MUST BE TYPED OR PRINTED

Reference	Information				
Full Name:	Last	First		М.І.	
Relationship	to Applicant:				
Name of Org	ganization:				
Position/Title	9:				
Work Address:					
	Street Address			Suite/Unit #	
	City		State	ZIP Code	
Phone:		Email			
Applicant's N	Name:				
Approximate long have yo the applican	bu known				

Applicant Ratings					
Pating of Applicant (Place mark and)	Exceptional		Average		Poor
Rating of Applicant (Please mark one)	5	4	3	2	1
Previous training and experience to serve in the veterinary shortage situation applied for:					
Career goals and plans to achieve these goals:					
Commitment to providing veterinary services similar to those needed to fill this shortage:					
Capacity for self-direction; ability to work independently:					
Civic mindedness:					
Interpersonal skills:					
Critical thinking/problem solving skills:					
Overall assessment of applicant:					

Short Answer

In less than 300 words, please respond to the following questions concerning the applicant to the best of your ability. Attach your response to this document.

What are the significant skills and competencies that the applicant possesses?

What is your assessment of the applicant's practice plans and logistics relative to the specific shortage situation he/she is applying for?

What is your overall recommendation for the applicant?

I certify that the statements herein are true, accurate, and complete.

Signature of		
Recommender:	Date:	

Completed applications and inquiries about the program can be made via email to statevetedboard@agr.georgia.gov

If you need an accommodation or additional assistance, please contact the Georgia Department of Agriculture's Animal Health Office at 404-656-3667

Copies of this application are available at: https://agr.georgia.gov/vet-education-loan-repayment-program