



VETERINARY LOAN REPAYMENT RECOMMENDATION FORM MUST BE TYPED OR PRINTED

Reference Information

Full Name: _____
Last *First* *M.I.*

Relationship to Applicant: _____

Name of Organization: _____

Position/Title: _____

Work Address: _____

Street Address *Suite/Unit #*

City *State* *ZIP Code*

Phone: _____ Email _____

Applicant's Name: _____

Approximately how long have you known the applicant?

Applicant Ratings

| Rating of Applicant (Please mark one) | Exceptional | | Average | | Poor |
|---|-------------|---|---------|---|------|
| | 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>