



## RURAL VETERINARIAN INCENTIVE PROGRAM 2024 APPLICATION

### APPLICANT INFORMATION

Name (First - Middle - Last - Suffix)				
Date of Birth	Driver's License Number / State	Other Names Used (if applicable)		
Current Address		City	State	ZIP Code
Office Address (if applicable)		City	State	ZIP Code
Primary Phone Number	Email Address	Office Phone Number (if applicable)	Office Email Address (if applicable)	

Are you a citizen of the United States or a Legal Permanent Resident?	Yes	No
Have you ever been arrested, cited, or charged with a crime other than a traffic violation? If yes, explain:	Yes	No

### EDUCATION AND TRAINING

High School	City / State	Graduation Date
Undergraduate institution	City / State	Graduation Date
Veterinary college/university	City / State	Graduation Date
Residency program (if applicable)	City / State	Completion Date
Internship, externship, or other special training	City / State	Completion Date



## LICENSE AND CERTIFICATION

Texas Veterinary License Number	Date Issued	Current Status	If not licensed, anticipated exam date
North American Veterinary Licensing Examination (NAVLE) Passed?			Date taken or anticipated date:
		Yes No	
National Board Exam (NBE) Passed?			Date taken or anticipated date:
		Yes No	
Clinical Competency Test Passed?			Date taken or anticipated date:
		Yes No	

Do you hold a license to practice veterinary medicine in any state or country other than Texas? If yes, specify location & license. Location: _____ License Number: _____	Yes	No
Has your license been suspended, revoked, or surrendered? If yes, explain:	Yes	No

## Any Additional Licenses or Certification

License/Certification	Date Received
License/Certification	Date Received
License/Certification	Date Received

## RELEVANT EXPERIENCE AND EMPLOYMENT

Licensed veterinarians, please complete Sections A-B. Currently enrolled students may complete Section B, if known, by designating the response as "Anticipated." Otherwise, currently enrolled students must complete Sections A and C only.

### Section A – Previous Employment

Employer	Position	Address	Dates Employed	Weekly Hours
Employer	Position	Address	Dates Employed	Weekly Hours
Employer	Position	Address	Dates Employed	Weekly Hours
Employer	Position	Address	Dates Employed	Weekly Hours



### Section B – Current Employment

Clinic Name	County	Start Date
Practice Type Large Animal Equine Small Animal Mixed – Predominantly Large Animal Mixed – Predominantly Small Animal Other – Specify:		
Number of veterinarians in the county or wider area in which you practice:		

### Section C – Relevant Experience

Detail any involvement in professional, educational, or personal activities relating to rural veterinary medicine.
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### OUTSTANDING EDUCATION LOANS FOR VETERINARY SCHOOL

Loan Provider	Loan Number	Date Issued	Loan Amount	Balance

Did the total loan amount cover at least 50 percent of tuition and fees for one or more academic years?	Yes	No
Have you applied for loan repayment from other sources? If yes, identify:	Yes	No
Are you currently receiving loan repayment from other sources? If yes, identify:	Yes	No
Are you currently providing veterinary medical services as part of a scholarship agreement, an educational loan agreement, or another educational loan repayment agreement? If yes, explain:	Yes	No



## ADDITIONAL REQUIRED ATTACHMENTS

Please attach the following to this application form:

1. Verification from your lender of your outstanding educational loan(s) balance.
2. A personal statement regarding your interest and commitment to serving rural communities in Texas through veterinary medicine.
3. Your curriculum vitae.
4. A business plan identifying a community need and detailing your plan to meet that opportunity through your veterinary practice.
5. Two letters of recommendation regarding your professional training and competence. The letters should encompass your potential success in the program, how your experience relates to rural veterinary medicine, and any other information that would be helpful to the Committee in evaluating your application.
6. Optional: List of three references.

## AFFIRMATION

In addition to the foregoing;

- a) I understand and agree that this application and all supporting information, documents, and instruments submitted herewith become the property of the State of Texas and will not be returned in whole or in part.
- b) I hereby give my permission to the Texas Animal Health Commission to secure additional information concerning me or any of the statements in this application from any person or any source the Commission may desire, and I hereby authorize any person, firm, company or organization to furnish any information requested by the Commission.
- c) Further, I give the Texas Animal Health Commission permission to obtain any information from my lender(s) that may be needed to verify the contents of this application.

I herein state that all facts, statements, and answers contained in this application are true and correct. I hereby submit this application and required attachments for a veterinary loan repayment award subject to the provisions of the Texas Education Code Sections 56.101-56.106 and 61.9965, and to the rules and standards adopted by the Rural Veterinarian Incentive Program Committee.

Applicant Printed Name

Applicant Signature / Date



## RURAL VETERINARIAN INCENTIVE PROGRAM 2024 APPLICATION INSTRUCTIONS

The 2024 application deadline is **September 1, 2024 at 6:00 pm CDT.**

Applicants should submit the completed Rural Veterinarian Incentive Program 2024 Application Form and all required attachments by email to [rvip@tahc.texas.gov](mailto:rvip@tahc.texas.gov) or by mail to Rural Veterinarian Incentive Program; Texas Animal Health Commission; P.O. Box 12966; Austin, Texas 78711.

To be considered, applications must include:

- Verification from your lender of your outstanding educational loan(s) balance.
- A personal statement regarding your interest and commitment to serving rural communities in Texas through veterinary medicine.
- Your curriculum vitae.
- A business plan identifying a community need and detailing your plan to meet that opportunity through your veterinary practice.
- Two letters of recommendation regarding your professional training and competence. The letters should encompass your potential success in the program, how your experience relates to rural veterinary medicine, and any other information that would be helpful to the Committee in evaluating your application.

Optional additional attachment:

- A list of three references. Applications without a list of references will still be considered.

### Scoring Rubric

The RVIP application scoring rubric is available on the [TAHC RVIP web page](#).

### Note regarding electronic submissions

If submitting electronically, completed applications and all attachments should be submitted in PDF format. All file names must include your first and last name. Examples:

- lastname\_firstname\_application.pdf
- lastname\_firstname\_attachments.pdf

A single PDF combining all files is preferred, but documents may be submitted separately.