

PLEASE RETURN THIS FORM WITHIN 10 DAYS OF RECEIPT

**The North Carolina Student Loan Program for Health, Science and Mathematics (HSM)
N.C. STATE EDUCATION ASSISTANCE AUTHORITY
10 Alexander Drive
P.O. Box 14223
Research Triangle Park, N.C. 27709-4223
(919) 549-8614 or (800) 700-1775**

APPLICATION FOR PROPOSED PRACTICE LOCATION FOR VETERINARY

Name: _____	Home Telephone: (____) _____
Home Address: _____	Social Security Number: _____

PROPOSED PRACTICE:

Address: _____	County: _____
_____	Telephone: (____) _____

County Food Animal and Equine Animal Population: _____

Type of Practice: (1) Solo: _____ (2) Partnership: _____ (3) Group: _____
[See Rules and Regulations .0705(4)]

Name of Partner or Corporation: _____

	<u>County</u>	<u>Town/Area</u>
Number of Veterinarians Currently in Practice:	_____	_____
Number Practicing Full Time:	_____	_____
Number Practicing Part Time:	_____	_____
Number Near Retirement or Over Age 65:	_____	_____
Number Not Treating Food or Equine Animals:	_____	_____

DOCUMENTATION REQUIRED:

Written evidence of need in support of your application for your proposed practice must be submitted to the North Carolina Student Loan Program for Health, Science and Mathematics by:

- (1) County health department;
- (2) County agricultural extension service agency; and
- (3) Prominent citizen living in the community verifying the beginning date of your full-time practice. This letter must be submitted within thirty (30) days of the beginning date of your practice.

CERTIFICATION:

I certify that the above information is correct and accurate to the best of my knowledge and that the proposed practice is at least forty (40) hours per week.

Signature: _____ Date: _____

For Office Use Only:

Practice: _____	Approved: _____	Date: _____
_____	Disapproved: _____	Signed: _____