



## Affidavit of Practice as a Veterinarian in Rural Minnesota

You are required to complete and return this ORHPC Affidavit of Practice to provide necessary documentation of your service as a Veterinarian.

Participant Name: _____	Phone: (____) _____
Address: _____	Cell: (____) _____
City: _____	State: _____ Zip: _____
County: _____	E-Mail: _____
_____ MN License Number: _____	
<b>Signature of Participant</b>	

Practice Site: _____	Phone: (____) _____
Address: _____	
City: _____	State: _____ Zip: _____
County: _____	

### To Be Completed by an Authorized Individual at the Practice Site Named Above

I certify that the above named veterinarian has worked full time (at least 30 hours per week) for at least 45 weeks per year at the rural site named above and was involved at least 50 percent with the care of food animals from \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**  
to \_\_\_\_/\_\_\_\_/\_\_\_\_.  
**Date**

\_\_\_\_\_  
**Printed Name of Authorized Representative**

\_\_\_\_\_  
**Title of Authorized Representative**

\_\_\_\_\_  
**Signature of Authorized Representative**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Please return to:** Minnesota Department of Health, Office of Rural Health and Primary Care  
Attn: Loan Forgiveness Program Officer  
P.O. Box 64882 St. Paul, MN 55164-0882

**Or by Email:** [mohamed.samaha@state.mn.us](mailto:mohamed.samaha@state.mn.us) **Or by Fax** (651) 201-3830

For Questions, please contact Mohamed Samaha at (651) 201-3870 or (800) 366-5424.