

# Nurse Faculty Loan Program

## EMPLOYMENT CERTIFICATION FORM

This form is to certify that the Loan Recipient referenced below has entered into a contractual agreement as a participant in the Nurse Faculty Loan Program (NFLP). This program requires the participant to be employed full-time as nurse faculty in a school of nursing for a complete year in order to receive cancellation of his/her loan. Please complete **Part I**, have your employer complete **Part II**, and return this form to the institution which granted your loan.

Institution which granted this loan: \_\_\_\_\_

Account Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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### PART I: TO BE COMPLETED BY LOAN RECIPIENT

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Beginning Date of Employment as Nurse Faculty: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Position Title: \_\_\_\_\_

I **CERTIFY** that I am employed full-time as Nurse Faculty in the above named School of Nursing, and all of the information is true and correct to the best of my knowledge. If I change employment status, I will notify my lending institution immediately.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### PART II: TO BE COMPLETED BY EMPLOYER

I **CERTIFY** that the statements above concerning service of the above named NFLP loan recipient as a full-time nurse faculty are true and correct.

Do you expect this loan recipient to be employed in this position for the next 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Certifying Official: \_\_\_\_\_

Title: \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the above named participant has **not** maintained faculty status during this period, please provide the date(s) and explanation for the change.

Date(s): \_\_\_\_\_

Explanation: \_\_\_\_\_

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**WARNING: ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT OR MISREPRESENTATION OF THIS FORM IS SUBJECT TO PENALTIES WHICH MAY INCLUDE FINES AND IMPRISONMENT UNDER FEDERAL STATUTE.**

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