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 an accredited 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: _____

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. Keep a copy for your records.

Signature: _____ Date: _____

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. Keep a copy for your records.

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: _____

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.

Once properly completed, you may return this form to your lending institution (if you send payments to your school) or to: **Campus Partners,** P.O. Box 2901**,** Winston-Salem, NC 27102 (if you send your payments to Campus Partners).

NFLP Employment Certification Form (rev. 4-10)