

NFLP EMPLOYMENT CERTIFICATION FORM

_____ entered into a contractual agreement with _____ as a participant in the
(Applicant's Name) (Name of Lending School)
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 the Employment Certification Form at the bottom and return to the following:

Mail to: _____ ; or

Fax to: _____

PART I: TO BE COMPLETED BY LOAN RECIPIENT

Applicant's Name: _____

Permanent Address: _____ Phone Number: _____

Place of Employment: _____

Employer Address: _____ Phone Number: _____

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 the information is true and correct to the best of my knowledge. If I change employment status, I will notify my lending school 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.

Name of Certifying Official: _____

Title: _____ Phone Number: _____ Fax Number: _____

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.