



**REQUEST FOR PARTIAL CANCELLATION
NURSE FACULTY LOAN PROGRAM**

INSTRUCTIONS: A borrower under the Nurse Faculty Loan Program must file this form with the school of nursing which made the loan in order to claim entitlement to loan cancellation for full-time nurse faculty employment pursuant to Section 846A of the Public Health Service Act, as amended by Public Law 107-205. The form must be submitted for each complete year of full-time nurse faculty employment in a school of nursing. It is the responsibility of the borrower seeking cancellation to (a) complete Part 1, (b) obtain certification by the employing agency, Part 2 and (c) forward the original and one copy to the lending school for cancellation of the loan at the appropriate rate in lieu of payment. The lending school will complete Part 3, indicating the amount of cancellation earned (principal and interest), and return the copy to the borrower making such request.

NAME & ADDRESS OF SCHOOL FROM WHICH LOAN WAS MADE: OREGON HEALTH & SCIENCE UNIVERSITY STUDENT LOANS AD208 3181 SW SAM JACKSON PARK ROAD PORTLAND, OR 97239-3098		NAME & ADDRESS OF THE APPLICANT	
PART I – COMPLETED BY BORROWER			
I hereby apply for a partial cancellation of my Nurse Faculty Loan in the appropriate amount of principal and interest, in accordance with Sections 846A of the Public Health Service Act, as amended by Public Law 107-205, for one year of employment as a full-time nurse faculty.			
NAME AND ADDRESS OF EMPLOYING AGENCY		PERIOD OF EMPLOYMENT:	
		BEGINNING (Month, Day, Year)	END (Month, Day, Year)
		SIGNATURE OF APPLICANT	DATE
PART II – CERTIFICATION BY EMPLOYING AGENCY			
I hereby certify that the above statements concerning full-time nurse faculty employment and the period of service are true and correct.			
NAME OF APPLICANT		POSITION TITLE OF APPLICANT	
NAME & ADDRESS OF EMPLOYING AGENCY		SIGNATURE OF AUTHORIZED OFFICIAL	
		TITLE	DATE
CHECK: () PUBLIC () Private for Profit () Private not for Profit			
PART III – PARTIAL LOAN CANCELLATION (To be completed by Lending School)			
The above named individual's loan account has been credited for partial cancellation for full-time employment as nurse faculty in accordance with the Section 846A of the Public Health Service Act, as amended, in the following amounts:			
CANCELLATION RATE BY YEAR FOR EMPLOYMENT AS NURSE FACULTY: <input type="checkbox"/> 1st Year – 20% <input type="checkbox"/> 2nd Year – 20% <input type="checkbox"/> 3rd Year – 20% <input type="checkbox"/> 4th Year – 25%		CANCELLED:	
		PRINCIPAL AMOUNT	INTEREST AMOUNT
SIGNATURE OF AUTHORIZING OFFICIAL – LENDING SCHOOL		TITLE	DATE

EMPLOYMENT CERTIFICATION FORM

(Applicant's Name) _____ entered into a contractual agreement with the (Name of Lending School) Oregon Health & Science University 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 the Employment Certification Form at the bottom and return to the following:



Mail to: Educational Computer Systems Inc. C/O Oregon Health & Science University 181 Montour Run Road Coraopolis, PA 15108-9408 1-888-549-3274 Keep a copy for your records

PART I: TO BE COMPLETED BY LOAN RECIPIENT

Name: _____ Permanent Address: _____ Phone # _____ 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 the information is true and correct to the best of my knowledge. If I change employment status, I will notify Oregon Health & Science University immediately.

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 PENAL TIES WHICH MAY INCLUDE FINES AND IMPRISONMENT UNDER FEDERAL STATUTE.