



**SEND COMPLETED FORM TO:**  
**Oregon Health Science University (83)**  
**c/o Heartland ECSI**  
**P.O. Box 1289**  
**Moon Township, PA 15108**  
**1-888-549-3274**

**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.

<b>NAME &amp; ADDRESS OF SCHOOL FROM WHICH LOAN WAS MADE:</b> OREGON HEALTH & SCIENCE UNIVERSITY STUDENT LOANS, L332 3181 SW SAM JACKSON PARK ROAD PORTLAND, OR 97239-3098		<b>NAME &amp; ADDRESS OF THE APPLICANT</b>	
<b>PART I – COMPLETED BY BORROWER</b>			
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.			
<b>NAME AND ADDRESS OF EMPLOYING AGENCY</b>		<b>PERIOD OF EMPLOYMENT:</b>	
		<b>BEGINNING (Month, Day, Year)</b>	<b>END (Month, Day, Year)</b>
		<b>SIGNATURE OF APPLICANT</b>	<b>DATE</b>
<b>PART II – CERTIFICATION BY EMPLOYING AGENCY</b>			
I hereby certify that the above statements concerning full-time nurse faculty employment and the period of service are true and correct.			
<b>NAME OF APPLICANT</b>		<b>POSITION TITLE OF APPLICANT</b>	
<b>NAME &amp; ADDRESS OF EMPLOYING AGENCY</b>		<b>SIGNATURE OF AUTHORIZED OFFICIAL</b>	
		<b>TITLE</b>	<b>DATE</b>
<b>CHECK: ( ) PUBLIC ( ) Private for Profit ( ) Private not for Profit</b>			
<b>PART III – PARTIAL LOAN CANCELLATION (To be completed by Lending School)</b>			
The above named individual's loan account has been credit3d 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:			
<b>CANCELLATION RATE BY YEAR FOR EMPLOYMENT AS NURSE FACULTY:</b>		<b>CANCELLED:</b>	
( ) 1st Year – 20%	( ) 2nd Year – 20%	<b>PRINCIPAL AMOUNT</b>	<b>INTEREST AMOUNT</b>
( ) 3rd Year – 20%	( ) 4th Year – 25%		
<b>SIGNATURE OF AUTHORIZING OFFICIAL – LENDING SCHOOL</b>		<b>TITLE</b>	<b>DATE</b>

**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:** Oregon Health & Science University  
CFS/Students Loans, Mailcode L332  
3181 SW Sam Jackson Park Road  
Portland, OR 97239-3098

**Fax to:** 503-346-6837  
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.**