US DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE

HEALTH RESOURCES AND SERVICES ADMINISTRATION

BUREAU OF HEALTH WORKFORCE

5600 FISHERS LANE, PARKLAWN BUILDING, ROCKVILLE, MARYLAND 20857

NFLP CERTIFICATION OF DEFERMENT STATUS

INSTRUCTIONS: To request deferment of repayment on your Nurse Faculty Loan, two (2) copies of a Certification of Deferment Status form must be filed with the lending school at each of the following times: (1) when your first repayment installment is due, (2) annually thereafter as long as you are eligible for such deferment, and (3) when you cease to be in eligible deferment status. A copy of the form, properly executed, as submitted to the school, should be retained for your own records. NOTE: Provisions governing deferment of Nurse Faculty Loan vary according to the date such loans were made; therefore, you should read the most recent notice of funding opportunity and the Administrative Guidelines for repayment, deferment, and cancellation of Nursing Faculty Loan Program loans for the specific provisions applicable to your loans before completing this form. The Guidelines are available from the school from which the loan was made.

opportunity and the Administrative Guidelines for repayment, deferment, and cancellation of Nursing Faculty Loan Program loans for the specific provisions applicable to your loans before completing this form. The Guidelines are available from the school from which the loan was made.	
NAME AND ADDRESS OF SCHOOL FROM WHICH LOAN WAS MADE	NAME AND ADDRESS OF BORROWER
PART I: REQUEST FOR DEFERMENT OF REPAYMENT -To be completed Check one of the eligible deferment options below:	by borrower if ne/sne:
NFLP borrower performs active duty as a member of the uniformed service*. This is to certically considered and service (Name of Service), from NFLP borrower serves as a volunteer under the Peace Corps Act, from NFLP borrower graduated and decided to return to a graduate nursing education program to full NFLP borrower graduated and participates in post-doctoral advanced nursing program to full NFLP borrower graduated and participates in post-doctoral advanced nursing program to full NFLP borrower graduated and participates in post-doctoral advanced nursing program to full NFLP borrower graduated and participates in post-doctoral advanced nursing program to full NFLP borrower graduated and participates in post-doctoral advanced nursing program to full NFLP borrower graduated and participates in post-doctoral advanced nursing program to full NFLP borrower graduated and participates in post-doctoral advanced nursing program to full NFLP borrower graduated and participates in post-doctoral advanced nursing program to full NFLP borrower graduated and participates in post-doctoral advanced nursing program to full NFLP borrower graduated and participates in post-doctoral advanced nursing program to full NFLP borrower graduated and participates in post-doctoral advanced nursing program to full NFLP borrower graduated and participates in post-doctoral advanced nursing program to full NFLP borrower graduated and participates in post-doctoral advanced nursing program to full NFLP borrower graduated and participates in post-doctoral advanced nursing program to full NFLP borrower graduated and participates in post-doctoral advanced nursing program to full NFLP borrower graduated and participates in post-doctoral advanced nursing program to full NFLP borrower graduated and participates in post-doctoral advanced nursing program to full NFLP borrower graduated and participates in post-doctoral advanced nursing program to full NFLP borrower graduated and participates in post-doctoral advanced nursing program to full NFLP borr	to to o further their preparation as nurse faculty
I further agree to notify the school from which I receive assistance immediately upon termi	·
SIGNATURE OF BORROWER	DATE
PART II – CERTIFICATION OF DEFERMENT To be completed by Commanding Officer and mailed to school from which the loan was many	l ada
To be completed by Commanding Officer and maned to school from which the loan was me	aue.
NAME AND ADDRESS OF UNIFORMED SERVICE HEADQUARTERS NAME AND ADDRESS OF EXECUTIVE OFFICER	SIGNATURE OF COMMANDING OFFICER/ EXECUTUVE OFFICER
	DATE
INSTITUTIONAL ACTION (school from which the loan was made) Approved Δ Disapproved Δ	SIGNATURE
Reason for disapproval	DATE
* The uniformed services of the United States are the Army, Navy, Marine Corps, Air Force, C Administration Corps, and the U.S. Public Health Service Commissioned Corps.	oast Guard, the National Oceanic and Atmospheric

Please submit completed form to:

ECSI PO Box 1289 Moon Township, PA 15108 Indiana University 1024 E 3rd Street Room 122 Bloomington, IN 47405

