

NFLP REQUEST FOR PARTIAL CANCELLATION

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
PLEASE SUBMIT THIS FORM TO THE LENDING SCHOOL

INSTRUCTIONS: A borrower under the Nurse Faculty Loan Program must submit this form to **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. The form must be submitted for each complete year of full-time nurse faculty employment (as described in the most recent NFLP notice of funding opportunity in an accredited school of nursing. **Multiple forms may be used for multiple employment** as described in the NFLP notice of funding opportunity and administrative guidelines. It is the responsibility of the borrower seeking cancellation to (a) complete Part I, (b) obtain certification by the employing agency, Part II, 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 III, indicating the amount of cancellation earned (principal and interest), and return the copy to the borrower making such request.

NAME AND ADDRESS OF SCHOOL FROM WHICH LOAN WAS MADE
(Include Zip Code)

NAME AND ADDRESS OF THE APPLICANT *(Include Zip Code)*

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

NAME AND ADDRESS OF EMPLOYING AGENCY *(Include Zip Code)*

| 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/part-time nurse faculty or clinical educator/preceptor employment and the period of service are true and correct.

NAME OF APPLICANT

POSITION TITLE OF APPLICANT

NAME AND ADDRESS OF EMPLOYING AGENCY

CHECK: Public Private for Profit Private not for Profit

SIGNATURE OF AUTHORIZED OFFICIAL

| | |
|-------|------|
| TITLE | DATE |
|-------|------|

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 notice of funding opportunity and the Section 846A of the Public Health Service Act, as amended, in the following amounts:

CANCELLATION RATE BY YEAR FOR EMPLOYMENT AS NURSE FACULTY:

1st Year - 20 percent 2nd Year - 20percent

3rd Year - 20 percent 4th Year - 25 percent

| CANCELLED | |
|------------------|-----------------|
| PRINCIPAL AMOUNT | INTEREST AMOUNT |
| | |

| | | |
|--|-------|------|
| SIGNATURE OF AUTHORIZING OFFICIAL – LENDING SCHOOL | TITLE | DATE |
|--|-------|------|

Please submit completed form to:

ECSI
PO Box 1289
 PA 15108

OR

Indiana University
1024 E 3rd Street Room 122
Bloomington, IN 47405