

**NURSE FACULTY LOAN PROGRAM (NFLP)  
PROMISSORY NOTE**

I, \_\_\_\_\_ (Borrower Name) (hereinafter "the Borrower"), promise to pay to \_\_\_\_\_ (Name of School) (hereinafter "the school") located at \_\_\_\_\_, the sum of such loan amount(s) as may be advanced to me and endorsed in the Schedule of Advances below, with interest at the rate of three (3) percent per annum or the prevailing market rate, together with all attorney's fees, collection agent costs, and other related costs and charges for the collection of any amount not paid when in default according to the terms of this Promissory Note, (hereinafter "the Note").

**SCHEDULE OF ADVANCES**

**This Note represents the total of combined NFLP loans, as identified below.**

Number	Amount of Loan Advanced to Borrower	Total of Loan(s) Advanced to Date	Date	Signature of Borrower
1				
2				
3				
4				
5				

**The Borrower and the school further understand and agree that:**

The school must determine that an NFLP loan applicant is eligible before making the loan. To be eligible to receive an NFLP loan, a borrower must: (1) be a U.S. citizen or national of the U.S. or a lawful permanent resident of the U.S. and its territories, (2) be enrolled full-time or part-time in an eligible program at the time the NFLP loan is established and must complete the education component(s) to prepare qualified nurse faculty, (3) be in good academic standing in an advanced nurse education program at the school, and (4) have no judgment liens entered against him/her based on the default on a federal debt, 28 U.S.C. 3201(e). The borrower should maintain full time or part-time enrollment status for a minimum of 2 terms/semesters during an academic year while receiving the NFLP loan.

**Loan Support:** The school will make NFLP loans to eligible students for the cost of tuition, fees, books, lab expenses, and other reasonable education expenses. An NFLP loan may not exceed \$35,500 per student for any academic period (and such amounts shall be adjusted to provide for a cost-of-attendance increase for the yearly loan rate and the aggregate loan) and not to exceed 5 years per student.

**Cancellation Provision:** The NFLP is a loan cancellation program with a service obligation for recipients of the loans. To be eligible for the maximum 85 percent cancellation, the Borrower must agree to serve as full-time nurse faculty at an accredited school of nursing for a consecutive four-year period following graduation from the program. Following graduation, the Borrower must submit certification of employment within a reasonable timeframe to be determined by the school. NFLP borrowers are limited to a 12-month timeframe to establish employment as full time nurse faculty at an accredited school of nursing following graduation from the program. If employment verification is not submitted within the 12-month period, the borrower will **NOT** be eligible for the loan cancellation provision.

1. **Cancellation:** To receive loan cancellation, the Borrower must be employed full-time as nurse faculty at an accredited school of nursing for a complete year, as is defined by the employing school of nursing or 12 consecutive months. The school will cancel an amount up to 85 percent of the loan (plus interest) as follows:
  - A. Upon completion by the Borrower of each of the first, second and third year of full-time employment as a faculty member in an accredited school of nursing, the school will cancel **20 percent** of the principal of, and the interest on, the amount of the unpaid loan on the first day of employment.
  - B. Upon completion by the individual of the fourth year of full-time employment as a faculty member in an accredited school of nursing, the school will cancel **25 percent** of the principal of, and the interest on, the amount of the unpaid loan on the first day of employment.

To receive loan cancellation, the Borrower must submit the **Request for Partial Cancellation of Loan** form to the lending school at the end of each complete year of full-time employment as faculty at a school of nursing.

2. **Postponement:** The beginning of the Borrower's repayment period may be postponed only if the Borrower is employed full-time as nurse faculty at an accredited school of nursing and will request loan cancellation at the end of each complete year of this employment. To receive postponement of the repayment period, the Borrower must submit a **Request for Postponement of Installment Payment** form to the lending school 30 days before the end of the 9-month grace period, and annually thereafter. Subsequent requests for postponement must be filed 30 days before the expiration date of the initial request for postponement for each year of employment. If the Borrower ceases to be employed full-time as nurse faculty prior to completion of a year, the postponement ends and the repayment period begins immediately.

## EXHIBIT A continued

3. **Grace Period:** The grace period begins immediately following completion of the program or voluntary termination as a student for a period of nine (9) consecutive months. During the grace period repayment of the loan is NOT required.
4. **Repayment Period:** The NFLP loan is repayable in equal or graduated periodic installments (with the right of the Borrower to accelerate repayment) over a 10-year period that begins 9 months after the Borrower completes the program, ceases to be enrolled as a student in the advanced nurse education program, or ceases to be employed as full-time nurse faculty.
5. **Interest:** The NFLP loan will bear interest on the unpaid balance of the loan at: **(a) the rate of 3 percent per annum** beginning 3 months after the Borrower graduates from the program, or **(b) bear interest on the unpaid balance of the loan at the prevailing market rate** if the Borrower fails to complete the advanced nurse education program or when the Borrower fails to establish employment as full-time nurse faculty at an accredited school of nursing. Borrowers employed as full-time nurse faculty at a school of nursing for a consecutive four-year period will bear interest at the rate of 3 percent for the four year period and the remaining six years of the "repayment period". If the borrower ceases full-time employment as nurse faculty at a school of nursing, the NFLP loan will bear interest at the prevailing market rate.
6. **Prepayment:** The Borrower may, at his or her option and without penalty, prepay all or any part of the principal and accrued interest on the loan at anytime.
7. **Acceleration:** If the Borrower fails to make a scheduled repayment or fails to comply with any other term of this Promissory Note, the entire unpaid balance of the loan, including interest due and accrued and any applicable penalty charges, will, at the option of the school, become immediately due and payable.
8. **Deferment:** NFLP borrowers are eligible for deferment for up to 3 years, (1) when the borrower is ordered to active duty as a member of a uniformed service of the United States (Army, Navy, Marine Corps, Air Force, Coast Guard, the National Oceanic and Atmospheric Administration Corps, or the U.S. Public Health Service Commissioned Corps); a borrower who voluntarily joins a uniformed service is NOT eligible for deferment, nor is a borrower who is employed by one of the uniformed services in a civilian capacity, or (2) when the borrower that graduates and is employed, and decides to return to a graduate nursing education program to pursue a doctoral degree to further their preparation as nurse faculty. During periods of deferment, interest on the loan continues to accrue at the prevailing market rate but is not required to be paid during this period. During the period of deferment, the borrower may repay the interest if they wish but is not required to do so.
9. **Death and Disability:** In the event of the Borrower's total and permanent disability or death, the school will cancel any remaining payments on the Note.
10. **Forbearance:** The school may, in its discretion, place the Borrower's NFLP loan in forbearance whenever extraordinary circumstances such as poor health or hardship temporarily affect the Borrower's ability to make scheduled loan repayments. During periods of forbearance, interest continues to accrue on the unpaid principal balance of the loan.
11. **Default:** If an NFLP borrower defaults on the loan, the school must immediately stop the disbursement of the NFLP loan and begin collection on the loan. Default will occur in the following situations: failure to complete the advanced nurse education program; loss of the status as a student in good standing, as used by the School for the advanced nurse training program; failure to become or maintain employment as a full-time faculty member at an accredited school of nursing ("full-time" has the meaning used by the employing school of nursing for its faculty); failure to provide certification of employment; failure to make payments as required by the NFLP borrower's Promissory Note and repayment agreement; or if the Borrower fails to make an installment payment when due or fails to comply with any other term of this Promissory Note.
12. **Exit Interview:** The Borrower agrees to attend an exit interview prior to completing or terminating student status at the school.
13. **Credit Bureaus:** The school may disclose any delinquency or default on the Borrower's loan to credit bureaus.
14. **Collection Agents, Litigation, and Withholding of Services:** If the Borrower fails to make a scheduled repayment, or fails to comply with any other term of the Note, the school may:
  - a) refer the Borrower's loan to a collection agent; b) initiate legal proceedings against the Borrower; c) withhold school services from the Borrower, such as transcripts and letters of recommendation; d) refer the Borrower's loan to the Secretary for collection assistance, including offset of federal salaries; and e) pursue judicial remedies.
15. **General:** The Borrower will promptly inform the school of any change in name or address.
16. **Disclosure:** The school will provide to the Borrower a disclosure statement regarding the financial charges on the NFLP loans (i.e., State of Rights and Responsibilities, Truth-in-Lending). Schools that do not require signature of disclosure statements are urged to consult with institutional legal counsel to determine what is appropriate to the school's particular situation.

The terms of this Note shall be construed according to Section 846A of the Public Health Service Act, authorizing the Nurse Faculty Loan Program.

I **CERTIFY** and **ACKNOWLEDGE** that the above information is true and correct, and I have read and understand the provisions of the Note and my rights and responsibilities regarding the NFLP loan made under the Note.

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(Printed Name of Borrower)

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(Signature of Borrower)

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(Date)

**WARNING:** Any person who knowingly makes a false statement or misrepresentation to obtain funds from the Federal Government is subject to penalties that include fines and imprisonment under federal statute.

**Nurse Faculty Loan Program  
Statement of Borrower's Rights and Responsibilities**

1. **I understand that I must, without exception, report any of the following changes to lending school if:**
  - a. I withdraw as full-time nurse faculty from the school of nursing
  - b. I transfer my employment as full-time nurse faculty to another accredited school of nursing
  - c. I should be called to ACTIVE military service
  - d. I change my address
  - e. I change my name (for example, because of marriage)
2. I understand that when I graduate or withdraw from the lending school, I must be available for the school to conduct an exit interview.
3. I understand that the NFLP service obligation requires me to be employed as full-time nurse faculty in an accredited school of nursing. In return, I will receive partial loan cancellation of up to 85% of my unpaid loan balance (including interest) and postponement of installment payments of my NFLP loan while serving as full-time nurse faculty.
4. I understand that my first installment payment will be due following the 9 months after I, 1) graduate and do not establish full-time employment as nurse faculty; or 2) cease to be enrolled as a student.
5. I understand that if I terminate my employment as full-time nurse faculty at a school of nursing, repayment of the NFLP loan must begin after the 9-month grace period.
6. I understand that:
  - a. an annual percentage rate of 3 percent will be charged on the unpaid loan balance that will begin to accrue 3 months after I graduate from the advanced education nursing program
  - b. during the period of time that I am employed as full-time nurse faculty at a school of nursing, the unpaid loan balance will bear interest at 3 percent per annum
  - c. following graduation from the program and after the 9-month grace period, if I fail to establish full-time employment as nurse faculty the unpaid loan balance will bear interest at the prevailing market rate
  - d. if I cease to be employed full-time or terminate employment as nurse faculty at an accredited school of nursing, the unpaid loan balance will bear interest at the prevailing market rate
  - e. the cancellation provision is **NOT** available if I do not establish employment within 12 months following graduation from the program
7. I understand that cancellation of any remaining payment of the NFLP loan may be granted for death or permanent and total disability. I also understand that I must inform the lending school of my disability and provide documentation.
8. I understand that I am eligible for deferment for up to 3 years, (1) if I am ordered to active duty as a member of a uniformed service of the United States (Army, Navy, Marine Corps, Air Force, Coast Guard, the National Oceanic and Atmospheric Administration Corps, or the U.S. Public Health Service Commissioned Corps); if I voluntarily join a uniformed service, I am NOT eligible for deferment, nor if I am employed by one of the uniformed services in a civilian capacity, or (2) if I graduate and am employed, and decide to return to a graduate nursing education program to pursue a doctoral degree to further my preparation as nurse faculty. During periods of deferment, interest on the loan continues to accrue at the prevailing market rate but is not required to be paid during this period. During the period of deferment, the borrower may repay the interest if they wish but is not required to do so.

**EXHIBIT B continued**

- 9. I understand that the lending school may, based on its discretion, place my NFLP loan in forbearance when extraordinary circumstances such as poor health or hardships temporarily affect my ability to make scheduled loan repayments.
- 10. I understand that if I fail to repay my loan as agreed in the NFLP Promissory Note, the total loan may become due and payable immediately and legal action could be taken against me.
- 11. I understand that I must promptly answer any communication from the lending school regarding my NFLP loan.
- 12. I authorize the lending school to contact any school of nursing in which I may be employed, to obtain information concerning my employment status, my period of employment or termination, my transfer to another school of nursing, or my current address.
- 13. I authorize the lending school to report any delinquency or default on this loan to credit bureaus.

ANNUAL PERCENTAGE RATE	AMOUNT of LOAN	PREPAYMENT
The annual percentage rate on the NFLP loan:  <u>3 percent or the Prevailing Market Rate</u> – As determined by the borrower status.	The amount of NFLP loan(s) made to you.  \$ _____	If you pay off early, you will not have to pay a penalty. See the Promissory Note for any additional information about nonpayment, default, and any required repayment in full before the schedule date.

I understand I have a right to request an itemization of the loan amount(s) awarded. I do /do not \_\_\_\_ request an itemization.

I have received a copy of this statement.

\_\_\_\_\_  
 (Signature of Student)                      (Student I.D. Number)                      (Date)

## EXHIBIT C

<b>NURSE FACULTY LOAN PROGRAM (NFLP) LOAN APPLICATION</b> (To be completed by the Borrower) This form must be completed in its entirety and returned to the office of the Bursar before a NFLP loan is made.	
<b>WARNING: Any person who knowingly makes a false statement or misrepresentation in a NFLP transaction, bribes or attempts to bribe a federal official, fraudulently obtains a NFLP loan or commits any other illegal action in connection with a federal NFLP loan is subject to a fine or imprisonment under federal statute.</b>	
<b>SECTION I</b>	
<b>1a. APPLICANT NAME</b> (Last)                      (First)                      (M.I.)	<b>2. SOCIAL SECURITY NUMBER (SSN)</b>
<b>1b. OTHER NAMES USED</b> (Last)                      (First)                      (M.I.)	<b>3. DATE OF BIRTH (Month/Day/Year)</b>
<b>4. CURRENT ADDRESS (Number, Street, Apartment Number, City, State, Zip Code)</b>	<b>5a. DAYTIME PHONE (Area Code/Number)</b> (     )
	<b>5b. EVENING PHONE (Area Code/Number)</b> (     )
<b>6. EMAIL ADDRESS</b>	<b>7. DRIVER'S LICENSE NUMBER AND STATE</b>
<b>8. DEGREE PROGRAM:</b> _____ <b>EXPECTED GRADUATION DATE:</b> _____	<b>9. EDUCATION LEVEL:</b> <input type="checkbox"/> MASTER'S <input type="checkbox"/> DOCTORAL
<b>10. PERSONAL REFERENCES -- Friend(s) and Relative(s)</b>  ▪ NAME _____ ADDRESS: _____  ▪ NAME _____ ADDRESS: _____	
<b>SECTION II</b>	
<b>11. ACKNOWLEDGEMENT</b> I, the above named applicant, have been informed that I must agree to the service obligation associated with the Nurse Faculty Loan Program in order to be eligible to receive a loan under this program.	

THE ABOVE INFORMATION IS CORRECT AND COMPLETE AND I HEREBY AUTHORIZE VERIFICATION AS REQUIRED BY THE SCHOOL.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

**NFLP EMPLOYMENT CERTIFICATION FORM**

[*Applicant's Name*] entered into a contractual agreement with the [*Name of Lending School*] as a participant in the 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 by (**mm-dd-yyyy**), to the following:

Mail to [*Lending School Address*]: \_\_\_\_\_; or

Fax to [*Lending School Fax#*]: \_\_\_\_\_

**PART I: TO BE COMPLETED BY LOAN RECIPIENT**

Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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 [*Name of 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. Keep a copy for your records.

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.**

# EXHIBIT E

## 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

**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, as amended by Public Law 111-148, Section 5311.

The form must be submitted for each complete year of full-time nurse faculty employment in an accredited school of nursing. 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, as amended by Public Law 111-148, Section 5311 for one year of employment as a full-time nurse faculty.

**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 nurse faculty employment and the period of service are true and correct.

**NAME OF APPLICANT**

**POSITION TITLE OF APPLICANT**

**NAME AND ADDRESS OF EMPLOYING AGENCY**

**SIGNATURE OF AUTHORIZED OFFICIAL**

CHECK:  Public     Private for Profit     Private not for Profit

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

**CANCELLED**

**PRINCIPAL AMOUNT**

**INTEREST AMOUNT**

**SIGNATURE OF AUTHORIZING OFFICIAL – LENDING SCHOOL**

**TITLE**

**DATE**

**NFLP DISABILITY CHECKLIST**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CONSENT FOR RELEASE OF INFORMATION (Y/N): \_\_\_\_\_

DATE ENTERED SCHOOL: \_\_\_\_\_ DATE TERMINATED: \_\_\_\_\_

TOTAL AMOUNT OF LOANS OBTAINED (Including interest): \_\_\_\_\_

NUMBER OF CANCELLATIONS: \_\_\_\_\_ AMOUNT OF UNPAID BALANCE: \$ \_\_\_\_\_

EMPLOYMENT PRIOR TO DISABILITY: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

DATE AND NATURE OF ONSET: \_\_\_\_\_

**MEDICAL EXAMINATION, TREATMENTS, HISTORY OF ILLNESS, HOSPITALIZATIONS, INPATIENT AND OUTPATIENT TREATMENTS, MEDICATIONS** (Include copies of all pertinent past medical records in addition to documentation of a CURRENT medical evaluation):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

PROGNOSIS: \_\_\_\_\_

REHABILITATION PLANS: \_\_\_\_\_

IS ANY TYPE OF GAINFUL EMPLOYMENT POSSIBLE? \_\_\_\_\_

NOTES:  
\_\_\_\_\_  
\_\_\_\_\_



**EXHIBIT G**

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 REQUEST FOR POSTPONEMENT OF INSTALLMENT PAYMENT**

**INSTRUCTIONS:** A Nurse Faculty Loan may be postponed, in lieu of payment in accordance with the repayment schedule established by the school from which the loan was made, only if the borrower is employed full-time as a faculty at an accredited school of nursing and expects to claim partial cancellation of his or her loan at the end of each complete year of such employment.

The borrower must submit two (2) copies of this form 30 days before the initial 9-month grace period. This form must be filed annually, in lieu of payment; subsequent requests for postponement of installment payment must be filed 30 days before the expiration date of the initial request for postponement each year of employment. It is the responsibility of the borrower seeking postponement of installment payment of loan to return this form properly executed to the school from which the loan was made.

**IMPORTANT NOTE:** Should you terminate full-time employment as nurse faculty the installment repayment(s) is immediately due and payable to the lending school.

<b>NAME AND ADDRESS OF SCHOOL FROM WHICH LOAN WAS MADE (Include Zip Code)</b>	<b>NAME AND ADDRESS OF BORROWER (Include Zip Code)</b>
	<b>DATE GRADUATED</b>

**PART I – CERTIFICATION OF EMPLOYMENT (To be completed by Borrower)**

<b>NAME AND ADDRESS OF EMPLOYER</b>	<b>TITLE OF POSITION</b>	
	<b>EMPLOYMENT START DATE (Month, Day, Year)</b>	
	<b>UNPAID LOAN BALANCE (PRINCIPAL/INTEREST)</b>	<b>DUE DATE</b>

I certify that I am employed full-time as nurse faculty as indicated above and expect to complete one year of such employment on \_\_\_\_\_ (month-day-year), at which time I shall secure cancellation of a portion of my loan in accordance with the Section 846A of the Public Health Service Act, as amended by Public Law 111-148. I therefore request postponement of payment of repayment installment on the date due above.

<b>SIGNATURE OF BORROWER</b>	<b>DATE</b>
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**PART II – CERTIFICATION OF EMPLOYMENT (To be completed by Employer)**

I hereby certify that the above statements concerning service of the above-named borrower as full-time nurse faculty are true and correct.

<b>NAME AND ADDRESS OF EMPLOYER</b>	<b>SIGNATURE OF AUTHORIZED OFFICIAL</b>
	<b>TITLE</b>
	<b>DATE</b>

CHECK:  Public     Private for Profit     Private not for Profit

# EXHIBIT H

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 *Guide for repayment, deferment, and cancellation of Health Professions or Nursing Loans* for the specific provisions applicable to your loans before completing this form. The Guides 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 by borrower if he/she:

Check one of the eligible deferment options below:

- NFLP borrower performs active duty as a member of the uniformed service\*. This is to certify that I was in the \_\_\_\_\_ (Name of Service), from \_\_\_\_\_ to \_\_\_\_\_.
- NFLP borrower graduated and is employed as nurse faculty, decided to return to a graduate nursing education program to further their preparation as nurse faculty
- NFLP borrower graduated and participates in post-doctoral program

I further agree to notify the school from which I receive assistance immediately upon termination of my status as indicated above.

SIGNATURE OF BORROWER

DATE

### PART II – CERTIFICATION OF DEFERMENT

To be completed by Commanding Officer and mailed to school from which the loan was made.

NAME AND ADDRESS OF UNIFORMED SERVICE HEADQUARTERS

SIGNATURE OF COMMANDING OFFICER

DATE

INSTITUTIONAL ACTION (school from which the loan was made)

Approved  Disapproved

SIGNATURE

Reason for disapproval \_\_\_\_\_  
\_\_\_\_\_

DATE

\* The uniformed services of the United States are the Army, Navy, Marine Corps, Air Force, Coast Guard, the National Oceanic and Atmospheric Administration Corps, and the U.S. Public Health Service Commissioned Corps.

**NFLP EXIT INTERVIEW – Questionnaire**

Date: \_\_\_\_\_

NFLP Participant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Permanent Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Additional contacts able to provide your address upon request:

\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name and Address of Employer (If known):

\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

What are your future career plans?

\_\_\_\_\_  
\_\_\_\_\_

## EXHIBIT I continued

### ***For All Student Borrowers:***

1. Do you know the full amount of the loan?  
Yes \_\_\_\_\_ No \_\_\_\_\_
2. Have you been informed of your rights and responsibilities?  
Yes \_\_\_\_\_ No \_\_\_\_\_
3. Do you understand the grace period and know when the first payment is due?  
Yes \_\_\_\_\_ No \_\_\_\_\_
4. Have you been informed of the repayment options, postponement and cancellation provisions of the Nurse Faculty Loan program?  
Yes \_\_\_\_\_ No \_\_\_\_\_
5. Do you understand the accelerated payment option?  
Yes \_\_\_\_\_ No \_\_\_\_\_
6. Do you understand that the collection officer must be informed of any change in your address?  
Yes \_\_\_\_\_ No \_\_\_\_\_
7. Do you realize the importance of paying promptly or contacting the collection officer prior to the due date if payment cannot be made for any reason?  
Yes \_\_\_\_\_ No \_\_\_\_\_

### **For Graduating Student Borrowers:**

8. Do you understand the requirement to begin full-time employment as nurse faculty at a school of nursing to be eligible for postponement of loan?  
Yes \_\_\_\_\_ No \_\_\_\_\_
9. Do you understand that you must be employed full-time as a nurse faculty member for a complete year to be eligible for partial loan cancellation?  
Yes \_\_\_\_\_ No \_\_\_\_\_
10. Do you understand the REQUEST FOR POSTPONEMENT OF INSTALLMENT PAYMENT form?  
Yes \_\_\_\_\_ No \_\_\_\_\_
11. Do you understand the REQUEST FOR PARTIAL CANCELLATION form?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NFLP FORBEARANCE REQUEST FORM**

<b>Borrower Name:</b>	<b>Social Security Number:</b>
<b>Street Address, City/State/Zip:</b>	
<b>Original Loan Balance:</b>	<b>Present Loan Balance:</b>

If poor health or your present financial situation makes paying your Nurse Faculty Loan Program (NFLP) loan a financial hardship, we may be able to grant you a forbearance of your NFLP loan. Principal payments are delayed during forbearance; however, interest will continue to accrue. You may pay the interest as it accrues or allow it to be added to your outstanding principal balance (capitalized) when the forbearance period ends. You must complete this entire form and show due financial hardship before we can grant you a forbearance of your loan. Read this form carefully before signing and return it by \_\_\_\_\_.

When we receive your request, we will review it immediately and will notify you of our decision. You must continue making your regular monthly payments until your forbearance request is approved. **If you are past due on your payments, it is especially important that you return this form to us.** Collection activities will continue against you until we have received and approved this form: late notices will be sent, phone calls will be made, and, if your payments become seriously past due, the delinquency may be reported to a National credit bureaus.

If you are interested in requesting forbearance of your NFLP loan, please fill out this form completely and return it to us by \_\_\_\_\_. You must provide the reason for your financial hardship before we can grant a forbearance of your loan. You may contact us at \_\_\_\_\_ if you have any questions.

**BORROWER FINANCIAL DATA**

Employer Name	Address	City	State Zip
Years Employed	Net Monthly Salary	Other Income	Source of Other Income

**Monthly Expenses:**  
 RENT/MORTGAGE: \_\_\_\_\_ UTILITIES: \_\_\_\_\_ FOOD: \_\_\_\_\_ OTHER: \_\_\_\_\_

**Creditor's Information:**

Name of Creditor	City/State	Monthly Payment	Balance	Past Due Amount

**REASON**

Although I intend to repay my NFLP loan balance, I am temporarily unable to make payments because (state reason below):

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**AGREEMENT**

I request a forbearance of my NFLP loan starting \_\_\_\_\_ and ending \_\_\_\_\_. Any outstanding accrued interest may be added to and become a part of the principal of the loan at the end of the forbearance period. The projected capitalized interest during the forbearance period is \$ \_\_\_\_\_. I will resume monthly payments on \_\_\_\_\_. I will make payments of approximately \$ \_\_\_\_\_ per month with payments due on the same day of each month as the day the first regular payment is due until the full unpaid principal amount of the loan is paid off. I understand that periodically I will be provided with an account statement listing the activity on the loan and the outstanding unpaid principal amount at the end such period.

\_\_\_\_\_  
(Signature of Borrower) (Date)

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**FOR OFFICE USE ONLY:**

\_\_\_\_\_ (Lending School) believes, based upon the borrower's statement above and/or other communications regarding forbearance recorded in the account record, that the borrower intends to repay the NFLP loan but is currently unable to make loan payments.

Do you understand that you must be employed as a full-time nurse faculty member for a complete year to be eligible for partial loan cancellation? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
(Accepted by Authorized Official) (Date)

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