



EMPLOYMENT CERTIFICATION FORM - NURSE FACULTY LOAN PROGRAM (NFLP)

I, \_\_\_\_\_, entered into a contractual agreement with The University of North Carolina at Chapel Hill, as 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: Loan Repayment Services 2215 SASB North; CB# 1400 Chapel Hill, NC 27599-1400 Fax to: 919-962-1568

Keep a copy for your records.

PART I: TO BE COMPLETED BY LOAN RECIPIENT

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

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 a Nurse Faculty in the above-named School of Nursing, and all the information is true and correct to the best of my knowledge. If my employment status changes, I will notify Loan Repayment Services at The University of North Carolina at Chapel Hill 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 PENALTIES WHICH MAY INCLUDE FINES AND IMPRISONMENT UNDER FEDERAL STATUTE.