



NURSE FACULTY EMPLOYMENT CERTIFICATION FORM

PART I: To Be Completed By Borrower

Name of borrower: _____

Account Number: _____ Signature: _____

Mailing address: _____
(Street) (City) (State) (Zip)

Residence address: _____
(Street) (City) (State) (Zip)

Phone number: (____) _____ Email address: _____

Place of employment: _____

Employment address: _____

Beginning date of employment as nurse faculty: _____

Position title: _____

I certify that I am employed full-time as a nurse faculty member 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 the Vanderbilt University Office of Student Loans immediately.

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 _____ Email address: _____

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.

(OFFICIAL SEAL OR STAMP)

**Please return to:
Vanderbilt University
Office of Student Loans
VU Station B #356217
Nashville, TN 37235
Phone: (615) 343-7011
(888) 385-4550
Fax: (615) 343-1814**