

## **NFLP EMPLOYMENT CERTIFICATION FORM**

### **EXHIBIT D**

[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 borrower to be employed full-time/part-time as nurse faculty in an accredited school of nursing, or as a full-time/part-time clinical educator/preceptor at an accredited health facility, or as designation of nurse faculty in a joint nurse faculty appointment serving as full-time advanced practice registered nurse (APRN) preceptor for an accredited school of nursing, within an academic-practice partnership framework 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: Vanderbilt University Office of Student Loans, PMB 406217, Nashville, TN 37240-6217**

**Fax to: 615-343-8511      Email to: student.loans@vanderbilt.edu**

**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 Position Title:

\_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

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/clinical educator/preceptor status during this period, please provide the date(s) and explanation for the change.

Date(s): \_\_\_\_\_

Explanation: \_\_\_\_\_

**WARNING: ANY PERSON WHO KNOWLINGLY MAKES A FALSE STATEMENT OR MISREPRESENTATION OF THIS FORM IS SUBJECT TO PENALTIES, WHICH MAY INCLUDE FINES AND IMPRISONMENT UNDER FEDERAL STATUTE.**