US DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
HEALTH RESOURCES AND SERVICES ADMINISTRATION
BUREAU OF HEALTH PROFESSIONS
5600 FISHERS LANE, PARKLAWN BUILDING
ROCKVILLE, MARYLAND 20857

NFLP REQUEST FOR PARTIAL CANCELLATION

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 107-205.
The form must be submitted for each complete year of full-time nurse faculty employment in a 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	NAME AND ADDRESS OF THE APPLICANT *(Include Zip Code)*
Hardin•Simmons University Student Loan Collections Box 16015 Abilene TX 79698-6015	

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 107-205, 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	
	TITLE	DATE

CHECK: ☐ Public ☐ Private for Profit ☐ Private not for Profit

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:	CANCELLED	
	PRINCIPAL AMOUNT	INTEREST AMOUNT
☐ 1st Year - 20% ☐ 2nd Year - 20%		
☐ 3rd Year - 20% ☐ 4th Year - 25%		

SIGNATURE OF AUTHORIZING OFFICIAL – LENDING SCHOOL	TITLE	DATE

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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 a 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 prior to completion of a year, the installment repayment(s) is immediately due and payable to the lending school.

NAME AND ADDRESS OF SCHOOL FROM WHICH LOAN WAS MADE	NAME AND ADDRESS OF BORROWER *(Include Zip Code)*
Hardin•Simmons University Student Loan Collections Box 16015 Abilene TX 79698-6015	DATE GRADUATED

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

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

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 107-205. I therefore request postponement of payment of repayment installment on the date due above.

SIGNATURE OF BORROWER	DATE

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.

NAME AND ADDRESS OF EMPLOYER	SIGNATURE OF AUTHORIZED OFFICIAL
	TITLE
CHECK: ☐ Public ☐ Private for Profit ☐ Private not for Profit	DATE