



S 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**

The University of North Carolina at Chapel Hill  
Office of Student Accounts & University Receivables  
2215 SASB North, CB# 2205  
Chapel Hill, NC 27599-2205

**NAME OF THE APPLICANT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**STUDENT ID/PID:** \_\_\_\_\_

**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:**

- 1st Year - 20%       2nd Year - 20%  
 3rd Year - 20%       4th Year - 25%

**CANCELLED:**

**PRINCIPAL AMOUNT**

**INTEREST AMOUNT**

**SIGNATURE OF AUTHORIZING OFFICIAL – LENDING SCHOOL**

**TITLE**

**DATE**