



**THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL**

Office of Student Accounts
Loan Repayment Services
2215 SASB North, CB#2205
450 Ridge Road
Chapel Hill, NC 27599-2205

Telephone: (919) 962-6824
FAX: (919) 962-1568
E-mail: Loans@unc.edu
Web: loans.unc.edu

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: Office of Student Accounts and University Receivables
2215 SASB North; CB# 2205
Chapel Hill, NC 27599-2205
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 I change employment status, I will notify the Loan Repayment Section of the Office of Student Accounts and University Receivables 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 PENAL TIES WHICH MAY INCLUDE FINES AND IMPRISONMENT UNDER FEDERAL STATUTE.