

## EMPLOYMENT CERTIFICATION FORM

The Nurse Faculty Loan Program (NFLP) 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:

Office of Student Financial Services  
The University of Texas Health Science Center at Houston  
PO Box 20036  
Houston TX 77225  
**Fax to:** 713-500-0365

Keep a copy for your records.

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

Position Title: \_\_\_\_\_

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 The University of Texas Health Science Center immediately.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### 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: \_\_\_\_\_

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**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.**

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