

NFLP EMPLOYMENT CERTIFICATION FORM

DIRECTIONS—By signing this document you are entering into a contractual agreement with the University of Minnesota as a participant in the Nurse Faculty Loan Program (NFLP). This program requires you to be employed full-time as nurse faculty in the School of Nursing for a complete year. **Section 3 must be completed by your employer.**

Keep a copy of this form for your records.

RETURN FORM:

In person on campus:
 Student Account Assistance
 211 Robert H. Bruininks Hall
By mail to:
 Student Account Assistance
 211 Robert H. Bruininks Hall
 222 Pleasant St. SE
 Minneapolis, MN 55455

By fax to:
 612-624-2873

Questions?
 Phone: 612-625-8007
 Email: stdtloan@umn.edu

To ensure privacy online, open in Adobe Reader (free at Adobe.com). Please add the required signature(s) in blue or black ink.

SECTION 1. Borrower information		
Name (last, first, middle initial)		University ID or last 4 digits of SSN
Email address	Home phone (include area code)	Cell phone (include area code)
Mailing address (street, apartment or P.O. Box number, city, state, ZIP code, country)		
Place of employment		
Work address (street, apartment or P.O. Box number, city, state, ZIP code, country)		
Beginning date of employment as nurse faculty (mm/dd/yyyy)	Position title	
SECTION 2. Borrower certification		
<i>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 University of Minnesota immediately.</i>		
Student signature		Date
SECTION 3. Employer certification		
This section must be completed by an authorized official from the borrower's place of employment. 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 (include area code)	Fax number (include area code)	
Signature of certifying official		Date
If the applicant has not maintained faculty status during this period, please provide the date(s) and explanation for the change.		



To request copies of this form in an alternative format, please call the Disabilities Services liaison at 612-625-9578. The University of Minnesota is an equal opportunity employer and educator. This form is printed on paper made from no less than 20 percent post-consumer waste.

