



NFLP Employment Certification Form

CHAMBERLAIN UNIVERSITY

_____ entered into a contractual agreement with Adtalem Global Education Inc. d/b/a
(Borrower's Name)

Chamberlain University as a participant in the Nurse Faculty Loan Program (NFLP). This program requires the participant to be employed full-time as nurse faculty in an accredited 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 upload into the Tuition Options Portal 30 days prior to the 1 year anniversary of graduation and after 1 year of employment.

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 [Adtalem Global Education Inc. d/b/a Chamberlain University] immediately. Keep a copy for your records.

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. Keep a copy for your records.

Name of Certifying Official: _____

Title: _____ Phone 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 PENALTIES WHICH MAY INCLUDE FINES AND IMPRISONMENT UNDER FEDERAL STATUTE.



NFLP Employment Certification Form

CHAMBERLAIN UNIVERSITY

PART III: TO BE COMPLETED BY LENDING SCHOOL

Reviewed and confirmed Employer is an Accredited School of Nursing

- ☐ Accredited
☐ Not Accredited

Explanation or comments if not accredited _____

SIGNATURE OF REVIEWER

DATE