

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. The form must be submitted for each complete year of full-time nurse faculty employment (as described in the most recent NFLP notice of funding opportunity) in an accredited school of nursing. **Multiple forms must be used for multiple employment** as described in the NFLP notice of funding opportunity and administrative guidelines. 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

Adtalem Global Education - Chamberlain University
500 West Monroe Street, Suite 13
Chicago, IL 60661

NAME AND ADDRESS OF THE APPLICANT *(Include Zip Code)*

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.

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/part-time nurse faculty or clinical educator/preceptor 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

CHECK: ☐ Public ☐ Private for Profit ☐ Private not for Profit

TITLE

DATE

EMPLOYMENT FACULTY TYPE

(i.e., Two-Year College, Undergraduate, Graduate)

EMPLOYMENT LOCATION SETTING

(i.e., Rural Area, Medically Underserved Community, Primary Care Setting, NHSC Site)

EMPLOYMENT LOCATION

(i.e., Academic Institution, Academic Medical Center, Nursing Home, Hospital, Federal or State Government, Veterans Affairs Healthcare)

PART III – Partial Loan Cancellation (To be completed by Adtalem Global Education Inc, d.b.a Chamberlain University)

The above-named individual's loan account has been credited for partial cancellation for full-time employment as nurse faculty in accordance with the notice of funding opportunity and 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 percent ☐ 2nd Year - 20 percent
☐ 3rd Year - 20 percent ☐ 4th Year - 25 percent

LOAN NOTE #

CANCELLED PRINCIPAL AMOUNT

CANCELLED INTEREST AMOUNT

SIGNATURE OF AUTHORIZING OFFICIAL – LENDING SCHOOL

TITLE

DATE