

## Iowa Student Loan Nursing Education Loan Forgiveness Program Annual Confirmation of Full-Time Employment

## This is not an application for a loan.

The information and certifications you are asked to provide on this confirmation form are required in order to process the lowa Student Loan Nursing Education Loan Forgiveness Program benefit for which you were previously approved. Based on the confirmation of qualifying employment, your loan forgiveness benefit will be processed in accordance with the guidelines of the program. An employment confirmation form must be submitted each year for which you are requesting and are entitled to a forgiveness benefit from the program.

## Please return your completed form to:

Iowa Student Loan, Attn: Loan Forgiveness Program Administrator 6775 Vista Drive; West Des Moines, IA 50266-9305

Part I – To Be Co	npleted by the Nurse Educator c	or Practicing Registered Nu	rse (RN)	
Please Print.				
Last Name	First		MI	
Iowa Student Loan or As	bire Servicing Center Account Number			
College/University from V	/hich you Graduated			
If still enrolled in a nursin	g program (BSN, MSN, Ph.D.), list college atte	ending and expected completion date.		
Current Mailing Address:	Street			
	City		State ZIP	
Daytime Phone Number		Alternate Phone Number		
Please give the dates for the	on by the Nurse Educator or Pra		RN)	
I certify that for the immediate past 12-month period I have been employed at (name of employer):				
			and I have been (check one):	
🗌 Full time (	as defined by my employer) 🛛 🗌 Part time f	or hours worked per w	eek	
If you have been employed part time by more than one employer, your employment must total 32 hours and you must submit separate certification for each place of employment.				
During the immediate past	12-month period I have been employed as a (se	lect one of the following):		
🗌 A practic	ducator. ng registered nurse providing direct patient o ng registered nurse providing direct patient o ng registered nurse providing direct patient o	care in a RURAL COUNTY facility/setti	ng.*	
My signature also authoriz that I have provided on this	es Iowa Student Loan to contact my employer an confirmation.	d former college/university if necessary	to verify the accuracy of the information	
Signature		Date		
*Please refer to Part IV for	a listing of urban/rural counties.			

Part III – Certification by the Employer					
I certify that the employee named in this confirmation has, for the immediate past 12-month period identified above, been employed:					
Full time (as defined by employer)	Part time for	_ hours worked per week			
Printed Name of Employer	Signature of Employe	Signature of Employer			
Title	Name of Organization				
Town/City	Phone Number	Date			
Part IV – Definitions					
Part-Time Employment means any employment that is defined as less than full time by the employer. Employees employed less than full time at more than one employer must work a total of 32 hours in order to meet the full-time employment requirement. Individuals employed part time must submit a confirmation form from each employer. Part-time employment, rather than full-time employment, may qualify for partial benefits for nurse educators only.					
Full-Time Employment is any employment defined as full time by the employer. An average of 32 hours worked per week is a general guideline to follow.					
Urban Counties in Iowa: Black Hawk, Dallas, Dubuque, Johnson, Linn, Polk, Pottawattamie, Scott, Warren and Woodbury.					
Rural Counties in lowa: All other counties in lowa not named above are classified as rural counties.					
Part V – Taxes					
Approved applicante who receive lean family appear hangite from level Student Lean will be issued on IBS Form 1000 C or Form 1000 MISC - Applicante					

Approved applicants who receive loan forgiveness benefits from Iowa Student Loan will be issued an IRS Form 1099-C or Form 1099-MISC. Applicants should consult a tax professional to understand any tax implications associated with the loan forgiveness amounts that are received.