

## Nursing Education Loan Repayment Program For Nurse Faculty

### 2010 Application Checklist and Supplemental Forms

To apply to the Nursing Education Loan Repayment Program for Nurse Faculty (NELRP-NF), you need to submit your online application at NELRP-NF Online Application (<https://nis.hrsa.gov>) AND to complete, print, and mail or fax the required supplemental forms and supporting documentation listed in the Application Checklist.

**Mail Completed Checklist and Forms/Documentation to:**

**Nursing Education Loan Repayment Program  
c/o HRSA Document Center  
12530 Parklawn Drive Suite 350  
Rockville, MD 20852**

**OR Fax to Nursing Education Loan Repayment Program  
301-998-7377**

**Have Questions?** Call 1-800-221-9393 (TTY: 1-877-897-9910)  
Monday through Friday (except Federal holidays) 9:00 a.m. to 5:30 p.m. ET  
Email address: [Callcenter@hrsa.gov](mailto:Callcenter@hrsa.gov)

**NELRP-NF APPLICATION CHECKLIST and INSTRUCTIONS**

**Applicants must initial each item and sign and date the Checklist. An application that is incomplete or inaccurate will not be processed. You will not be contacted for additional information if your application is incomplete. Please make sure all forms are accurate and complete with signatures prior to submission of your application.**

**Documentation required from all applicants:**

- \_\_\_\_\_ 1. **I certify that I have read the NELRP-NF Application and Program Guidance.**
- \_\_\_\_\_ 2. **Download Supplemental Forms and Obtain Supporting Documents** -These documents are to be completed prior to attempting to complete the online application cited below. Please note the information on your online application **must** match the supplemental forms and supporting documentation information submitted.
- \_\_\_\_\_ 3. **Loan Documentation-** *Completed Loan Information and Verification Form (Loan Form): A Loan Form for each lender or holder for the nursing education loan(s) for which you are seeking repayment assistance under the NELRP-NF.*

Loan Documentation Required	Loan Types			
	<i>Federal Loans</i>	<i>Federal Consolidated Loans</i>	<i>Other Loans</i>	<i>Other Consolidated Loans</i>
<b>Loan Information and Verification Form (PDF)</b> <i>Instructions for Completing (PDF)</i> This form authorizes your lender to release information about your loan to the NELRP-NF for purposes of assessing and verifying the amount and eligibility of your educational loans.	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Aid Summary Report (<a href="http://www.nslids.ed.gov">http://www.nslids.ed.gov</a>)</b> This report shows a complete list of the Federal loans you have. You will need a PIN to log in to your secured area on the website. If you do not have a PIN, go to <a href="http://www.pin.ed.gov">http://www.pin.ed.gov</a> .	<b>X</b>	<b>X</b>		
<b>Disbursement Report or Promissory Note</b> This report, which you can request from your commercial lender, must include the following information: (a) type of loan (b) loan amount (c) date of loan (d) original disbursement dates (e) interest rate (f) terms and conditions of repayment			<b>X</b>	<b>X</b>
<b>Account Statement</b> This statement must include the following information: (a) interest rate (b) current balance	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>

- \_\_\_\_\_ 4. **Employment Verification Form (PDF)** - To be completed by the authorized personnel official of the eligible school of nursing where the applicant is currently working to meet the service requirement under the NELRP-NF.
- \_\_\_\_\_ 5. **Authorization for Release of Employment Information Form (PDF)** - To be completed by the applicant. *I understand that if I become a NELRP-NF participant, my employment status will be verified semiannually.*
- \_\_\_\_\_ 6. **NELRP-NF Online Application (<https://his.hrsa.gov>)** - To be completed and submitted online by the applicant.
- \_\_\_\_\_ 7. **Transcripts** - An applicant must submit a transcript (unofficial transcripts are acceptable) from each College or University or School of Nursing attended for nursing education coursework directly related to the attainment of the nursing degree(s), if the applicant is seeking repayment for loans received while attending that institution. Applicants should be able to

acquire a transcript from the university Registry department. If it is the final transcript, it needs to state what degree was granted, the month and year it was awarded.

- \_\_\_\_\_ 8. **Authorization to Release Information Form (PDF)** - To be completed by the applicant to authorize release of certain information.
- \_\_\_\_\_ 9. **Certification Regarding Debarment, Suspension, Disqualification and Related Matters** -To be completed by the applicant.
- \_\_\_\_\_ 10. **Certification of Accreditation Status for School of Nursing Education Programs.**
- \_\_\_\_\_ 11. **Completed NELRP-NF Application Checklist and Instructions.**

*Submit the following if applicable:*

- \_\_\_\_\_ 12. **Documentation of your status as a U.S. Citizen** -U.S. National, or Lawful Permanent Resident: This documentation is required only if you were born outside of the U.S. Examples include a copy of a certificate of citizenship or naturalization, U.S. Passport ID page, or Green Card.
- \_\_\_\_\_ 13. **Documentation that Perkins Loans Not Eligible for Cancellation** -Applicants who have Perkins loans that are not eligible for cancellation must provide documentation (a) from the school that the loans are not subject to cancellation under 34 CFR Part 674 or (b) the current lender indicating that the Perkins loans were consolidated and paid in full.

I certify that the information given in all the application documents is true, accurate and complete to the best of my knowledge and belief and does not omit any materials facts. I understand that the information given may be investigated and that any knowing and willful false representation, or concealment, of a material fact is sufficient cause for rejection of this application, or, if awarded loan repayment, that I am liable for the return of all awarded funds and, further, that any such false statement or concealment may be punished as a felony under U.S. Code, Title 18, Section 1001, and subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986.

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<b>Name (Please Print)</b>	<b>Signature</b>	<b>Date</b>
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**Have Questions?**  
Call 1-800-221-9393 (TTY: 1-877-897-9910)  
Monday through Friday (except Federal holidays)  
9:00 a.m. to 5:30 p.m. ET

**Fax Completed Application Packages To**  
**301-998-7377**

OMB No. 0915-0140

Expiration Date: 01/31/2011

**Public Burden Statement**

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current OMB control number. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Office, 5600 Fishers Lane, Room 11A-33, Rockville, Maryland 20857.

BUREAU OF CLINICIAN RECRUITMENT AND SERVICE (BCRS)  
 NURSING EDUCATION LOAN REPAYMENT PROGRAM FOR NURSE FACULTY  
**LOAN INFORMATION AND VERIFICATION FORM**

APPLICANT: Complete one copy of this form for each lender or holder with which you have loans you wish to be considered for repayment under the NELRP-NF. Your original loan date(s) must coincide with your school attendance dates for loans to be eligible for repayment. Please print clearly and complete all items to facilitate verification. If this form is incomplete or if any information is incorrect, the loan will be deemed ineligible.

1. Applicant's Name (Last, First, Middle) \_\_\_\_\_ 2. Applicant's Social Security No. \_\_\_\_\_ 3. Date of Birth \_\_\_\_\_

4. Applicant's Complete Address \_\_\_\_\_ 5. Applicant's Telephone No. \_\_\_\_\_

6a. Name of Current Lending Institution \_\_\_\_\_ 6b. Lender's Automated Access System Telephone No. \_\_\_\_\_ 7. Loan Account No. \_\_\_\_\_

8a. Full Address of Lending Institution \_\_\_\_\_ 8b. Address Where Payments are sent (If different from Item 8a) \_\_\_\_\_

9a. Was the loan sold? Yes  No  (If you are not sure, check with your lender) If "yes," give the original loan holder's name and full address. \_\_\_\_\_

9b. Was the loan consolidated? Yes  No  If "yes", provide date(s) \_\_\_\_\_

10. Original Date of the Loan \_\_\_\_\_ 11. Original Amount of the Loan \_\_\_\_\_

12a. Current Balance (Principal & Interest) \$ \_\_\_\_\_ as of (date) \_\_\_\_\_ 12b. Interest Rate \_\_\_\_\_

13. Type of Loan, e.g., NSL, Stafford, etc., (Please spell out type): \_\_\_\_\_

14. Loan in Default? Yes  No  Date of Default: \_\_\_\_\_

15. Federal Judgment Lien for defaulted loan(s)? Yes  No  Date of Judgment: \_\_\_\_\_

FOR CONSOLIDATED UNDERGRADUATE AND GRADUATE EDUCATION LOANS - If you have consolidated your loans for undergraduate and graduate nursing education costs, you must attach a copy of the promissory notes for the original loan(s) or a copy of the consolidated promissory note from the current lender(s) indicating the amount, date of original disbursement and type of loan(s).

WARNING - Any person who knowingly makes a false statement or misrepresentation in this loan repayment transaction, bribes or attempts to bribe a Federal official, fraudulently obtains repayment for a loan under this statute, or commits any other illegal action in connection with this transaction is subject to a fine or imprisonment under Federal statute. I have read this statement and understand its contents.

CERTIFICATION OF APPLICANT - I hereby certify that the information I have provided is true, complete, and accurate and that the above identified loan was incurred solely for the costs of qualifying nursing education as defined by the NELRP-NF. I am aware that any false, fictitious, or fraudulent statement may, in addition to other remedies available to the Government, subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986.

AUTHORIZATION FOR DISCLOSURE OF INFORMATION – Pursuant to the Right to Financial Privacy Act of 1978 (RFP) (12 USC 3404), having read the attached statement of my RFP rights, I hereby authorize the government or financial institution named in item 6 or 9 above to release financial records relating to the educational loan identified above to the BCRS for the purpose of assessing and verifying the amount and eligibility of the educational loan for payment under the NELRP-NF. This authorization is valid for 3 months from the date of my signature, and may be revoked in writing at any time before my records are disclosed.

\_\_\_\_\_  
 SIGNATURE OF APPLICANT

\_\_\_\_\_  
 DATE

### ***Loan Information and Verification Form(s) Instructions***

Please review the types of Loans eligible for repayment under the NELRP-NF in the Program Overview Section of this Guidance under Eligibility Requirements.

Applicants must complete a Loan Information and Verification Form (Loan Form) for each lender (or holder) for the nursing education loan(s) they wish to be considered for repayment. This form authorizes your lender(s) or holder(s) to release information about your loan(s) to the NELRP-NF. (If additional forms are needed, please download/print them or photocopy the form).

Be sure to include the most current lender (or holder) of the loan and the lender's (or holder's) complete address and telephone number. Provide the lender's (or holder's) automated access telephone and loan account number that will permit the NELRP-NF to obtain loan information for verification purposes. The most current balance of each loan -- principal and interest -- must be determined as accurately as possible and reported on the Loan Form. Note: All 15 questions on this form **must** be answered or the loan will not be considered for repayment.

Applicants must include ALL loans for undergraduate and/or graduate nursing education with the application. Only those loans submitted with the application will be considered for repayment.

Applicants must provide copies of an Aid Summary and/or Disbursement Report for loans being submitted for repayment that show for each loan the original amount, date of disbursement, and type.

If undergraduate or graduate nursing educational loans have been consolidated or refinanced, the documentation noted below is required to establish that the loans coincide with the nursing education periods stated on the Application.

Applicants who have consolidated/refinanced their loans must provide either (1) an Aid Summary, Disbursement Report, or Promissory Note for the original loan(s) or (2) a copy of the consolidated/refinanced promissory note from the current lender(s) that shows, for each loan being consolidated, the amount, date of original disbursement, and type of loan.

Applicants who have Perkins loans that are not eligible for cancellation must also provide documentation (a) from the school that the loans are not subject to cancellation under 34 C.F.R. Part 674, or (b) from the current lender indicating that the Perkins loans were consolidated and paid off.

## **STATEMENT OF CUSTOMER RIGHTS UNDER THE RIGHT TO FINANCIAL PRIVACY ACT OF 1978**

Federal law protects the privacy of your financial records. Before banks, savings and loans associations, credit unions, credit card issuers, or other financial institutions may give financial information about you to a Federal Agency, certain procedures must be followed.

### **Consent to Disclosure**

You may be asked to consent to a financial institution making your financial records available to the Government. You may withhold your consent, and your consent is not required as a condition of doing business with any financial institution. If you give your consent, it can be revoked in writing at any time before your records are disclosed. Furthermore, any authorization you provide is effective for only three months, and your financial institution must keep a record of the instances in which it disclosed your financial information.

### **Disclosure without Your Consent**

Without your consent, a Federal Agency that wants to see your financial records may do so ordinarily only by means of a lawful subpoena, summons, search warrant, or formal written request for that purpose.

Generally the Federal Agency must give you advance notice of its request for your records explaining why the information is being sought and telling you how to object in court. The Federal Agency must also send you copies of court documents to be prepared by you with instructions for filling them out. While these procedures will be kept as simply as possible, you may want to consult an attorney before making a challenge to a Federal Agency request.

### **Exceptions**

In some circumstances, a Federal Agency may obtain financial information about you without advance notice or your consent. In most of these cases, the Federal Agency will be required to go to court for permission to obtain your records without giving you notice beforehand. In these instances, the court will make the Government show that its investigation and request for your records are proper. When the reason for the delay of notice no longer exists, you will be notified that your records were obtained.

### **Transfer of Information**

Generally, a Federal Agency which obtains your financial records is prohibited from transferring them to another Federal Agency unless it certifies in writing that the transfer is proper and sends a notice to you that your records have been sent to another Agency.

### **Penalties**

If a Federal Agency or financial institution violates the Right to Financial Privacy Act, you may sue for damages or to seek compliance with the law. If you win, you may be repaid your attorney's fees and costs.

### **Additional Information**

If you have any questions, about your rights under this law or how to consent to the release of your financial records, you may contact: the Division of Applications and Awards, Bureau of Clinician Recruitment and Service at 1-800-221-9393.

**AUTHORIZATION for RELEASE of EMPLOYMENT INFORMATION**  
**for Participation in the**  
**NURSING EDUCATION LOAN REPAYMENT PROGRAM**  
**FOR NURSE FACULTY (NELRP-NF)**

1. I authorize my employer to disclose information pertaining to my employment status to the Bureau of Clinician Recruitment and Service, Health Resources and Services Administration, U.S. Department of Health and Human Services (HHS), and/or its contractors, for purposes of determining my eligibility to participate in the NELRP-NF and, if I am selected to participant in the NELRP-NF, to determine my compliance with the NELRP-NF service requirements. "Information pertaining to my employment status" includes, but is not limited to, my salary, dates of employment, number of hours worked, position held, leave hours/records, nurse licensure data, or the existence of a service obligation to my employer.

2. I hereby authorize the HHS, and/or its contractors, to release the following information to my current or former employer(s) to assess my eligibility to participate in the NELRP-NF, and if I am selected to participate in the NELRP-NF, to determine my compliance with the NELRP-NF service requirements: my name, social security number and other information necessary to identify me.

This authorization will take effect on the date that I sign this release form. If I become a participant in the NELRP-NF, this authorization shall remain in effect until the date my NELRP-NF obligation, including any extension of the obligation pursuant to contract extensions and amendments, has been fulfilled. If I do not become a participant in the NELRP-NF, this authorization shall remain in effect until September 30, 2010. This authorization may be revoked by me in writing at any time.

_____	_____
(Signature)	(Date)
	mm/dd/yyyy
_____	_____
(Print Name)	(Last Four of Social Security No.)

***Authorization for Release of Employment Information Form***

This form must be completed by the applicant to authorize the release of information regarding the applicant's employment status to NELRP. If the applicant is awarded a NELRP contract, his/her employment status will be verified semiannually.



Authorization to Release Information

As a Nursing Education Loan Repayment for Nurse Faculty (NELRP-NF) applicant, I \_\_\_\_\_,
hereby authorize: (print full name)

- 1. The U.S. Department of Health and Human Services (HHS), and/or its contractors, to release the following information to a consumer reporting agency (credit bureau) to obtain a credit report to assess my eligibility, creditworthiness and suitability to participate in the NELRP-NF and to verify my educational loans: my name, address(es), social security number, and other information necessary to identify me.
2. The HHS, and/or its contractors, to release the following information to the lenders/holders of my educational loans in order to obtain loan payoff balances, to determine my eligibility/qualifications to participate in the NELRP-NF, and to determine the eligibility of my educational loans for repayment under the NELRP-NF: my name, address(es), social security number, account number(s), account status, and other information necessary to identify me.
3. The HHS, and/or its contractors, to release my name, address(es) and social security number for the purpose of determining whether I appear on the Excluded Parties List System.
4. Any program or entity to which I owe a service obligation to release information relating to that obligation to HHS and/or its contractors.

This authorization will take effect on the date that I sign this release form. If I become a participant in the NELRP-NF, this authorization shall remain in effect until the date my NELRP-NF obligation, including any extension of the obligation pursuant to contract extensions and amendments has been fulfilled.. If I do not become a participant in the NELRP-NF, this authorization shall remain in effect until September 30, 2010. This authorization may be revoked by me in writing at any time.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

mm/dd/yyyy

Authorization to Release Information Form

This form authorized HHS, and/or its contractors, to release information that identifies the applicant for purposes of obtaining the applicant's credit report and educational loan information and checking whether the applicant appears on the Excluded Parties List System. It also authorizes any program to which the applicant owes a health profession service obligation to release information to HHS and/or its contractors.





Certification Regarding Debarment, Suspension, Disqualification and Related Matters

The receipt of funding under the Nursing Education Loan Repayment Program for Nurse Faculty (NELRP-NF) is a "covered transaction" pursuant to Title 2 of the Code of Federal Regulations (CFR) Part 180, as adopted by HHS pursuant to 2 CFR Part 376. Before entering into a NELRP-NF contract, the applicant is required, under Subpart C of Part 180, to report certain information, which is described below.

Individuals who are currently excluded (suspended or debarred) or disqualified by any Federal agency from participating in covered transactions are ineligible to receive an award under the NELRP-NF. (Individuals with reportable problems other than exclusion or disqualification may, or may not, be selected to participate in the NELRP-NF, based on the Program's consideration and evaluation of the applicant's circumstances.)

As a condition of participating in the NELRP-NF, a participant must agree to comply with the requirements of Subpart C of Part 180, which include providing immediate written notice to the NELRP-NF if the applicant learns that he/she failed to make a required disclosure or that a disclosure is now required due to changed circumstances.

\*\*CERTIFICATION\*\*

- Pursuant to 2 CFR 180.335 (2006) as implemented by 2 CFR 376.10 (2007), an applicant applying to enter into a covered transaction (which includes an application to participate in the NELRP-NF) is required to notify the Federal agency office if the applicant knows that he or she:
Is presently debarred, suspended, excluded, or disqualified from participation in covered transactions by any Federal agency or department;
Within the 3-year period preceding the application, has been convicted of, or had a civil judgment rendered against him or her for any of the following offenses:
- commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or a contract under a public transaction;
- violation of Federal or State antitrust statutes; or
- commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice;
Is presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, local) with the commission of any of the offenses set forth above; or
Within the 3-year period preceding the application, has had any public transaction (Federal, State, or local) terminated for cause or default.

The applicant must sign the certification below which is applicable to his or her situation.

I, \_\_\_\_\_, certify that none of the above statements apply to me.
(Print Name)
Signature \_\_\_\_\_ Date \_\_\_\_\_
mm/dd/yyyy

OR

I, \_\_\_\_\_, certify that one or more of the above statements apply to me.
(Print Name)
Signature \_\_\_\_\_ Date \_\_\_\_\_
mm/dd/yyyy

Completed Certification Regarding Debarment, Suspension, Disqualification and Related Matters Form
This form contains certifications related to "covered transactions" such as the receipt of funding under the NELRP-NF. Applicants should read the entire form and sign the Certification at the bottom of the form that is applicable to their situation.

**Public Burden Statement**

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current valid OMB control number. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Office, 5600 Fishers Lane, Room 11A-33, Rockville, Maryland 20857.

*EMPLOYMENT VERIFICATION FOR APPLICANTS TO THE  
 NURSING EDUCATION LOAN REPAYMENT PROGRAM FOR NURSE FACULTY (NELRP-NF)*

TO BE COMPLETED BY THE AUTHORIZED PERSONNEL OFFICIAL OF THE EDUCATIONAL INSTITUTION  
 (and returned to the applicant for submission with the other application materials)

**PLEASE NOTE: IF THIS FORM IS INCOMPLETE OR IF ANY INFORMATION IS INCORRECT, THE APPLICANT WILL BE DEEMED INELIGIBLE AND THE APPLICATION WILL NOT BE PROCESSED.** While the employer is responsible for completing the form in its entirety, the applicant is responsible for ensuring that all information is entered accurately, and the applicant is responsible for the timely submission of the completed form.

Applicant's Name (your employee): \_\_\_\_\_

Applicant's Social Security Number (last 4 digits only): xxx-xx-\_\_\_\_\_

Name of Accredited School of Nursing (where employee works): \_\_\_\_\_

Address of School of Nursing (where employee works): \_\_\_\_\_

Please note: Under the NELRP-NF, participants must be registered nurses who are employed full-time as nurse faculty at an accredited public or private nonprofit school of nursing. Individuals who have an existing service obligation are not eligible to participate in the NELRP-NF. An existing service obligation is defined as an obligation of the employee to work as nurse faculty for a certain period of time in exchange for receiving a financial recruitment or retention incentive from the school or institution (e.g., a sign-on bonus, payment of moving expenses, funds to repay student loans). A basic employment contract which outlines the salary and benefits an employee earns in exchange for the work he/she performs does not constitute a service obligation.

I hereby certify the following information concerning the individual identified above:

1. Began employment as full-time nurse faculty at the school of nursing identified above on \_\_\_\_\_ and is currently employed in: \_\_\_\_\_ mm/dd/yyyy  
 a full-time position (as defined by the school of nursing), or  
 less than a full-time position (as defined by the school of nursing)
2. Does the employee have an existing service obligation (as defined above) to the school of nursing or educational institution which will not be completely satisfied on or before June 15, 2010?  YES or  NO
3. Earns a current base annual salary (gross salary before deductions for taxes, insurance, etc.) of \$ \_\_\_\_\_  
 Please calculate full-time base annual salary if employee is paid on an hourly basis.  
 Base annual salary does not include Overtime or Shift Differential pay. If the employee has worked at the institution for less than one year, report his/her negotiated base salary for the first year of employment.
4. Is your nurse faculty appointment for 9 months , 12 months , or other  during an academic year? If other, indicate the number of months per year \_\_\_\_\_.
5. Is currently licensed to practice as a registered nurse without restrictions. Please provide the following information:  
 License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_; and  
 mm/dd/yyyy
6. Works at the following type of institution: (a) private nonprofit \_\_\_\_\_ (c) public / government owned \_\_\_\_\_  
 (b) private for profit \_\_\_\_\_

\_\_\_\_\_  
 Name of Authorized Personnel Official (Please Print)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Signature of Personnel Official

\_\_\_\_\_  
 Date mm/dd/yyyy

\_\_\_\_\_  
 Personnel Office Telephone Number

\_\_\_\_\_  
 Personnel Office Fax Number

*Employment Verification Form Instructions*

The applicant's employer must fill out this form completely and return it to the applicant for submission with the other application materials.

- a. Name and Address of the Accredited School of Nursing or Nursing Program is the name and location of the institution where the applicant is working.**
  - b. Employment Date is the date the applicant became employed as nurse faculty at the school of nursing or nursing program.**
  - c. The base annual salary of the applicant must be reported. Base salary does not include overtime or shift differential.**
- Applicants working at the facility for less than one year must report their negotiated base salary for the year.**

Please note that while the employer is responsible for completing the form in its entirety, the applicant is responsible for assuring that all information is entered accurately, and the applicant is responsible for the timely submission of the completed form.

## Certification of Accreditation Status for School of Nursing Education Programs

**TO BE COMPLETED BY THE SCHOOL OF NURSING DEAN'S OFFICE OR PROGRAM CHAIR**  
(and returned to the applicant for submission with the other application materials)

**PLEASE NOTE:** Collegiate and associate degree schools of nursing are a department, division, or other administrative unit in the educational institution which provides primarily or exclusively a program of education in professional nursing. A diploma school of nursing means a school affiliated with a hospital or university, or an independent school, which provides primarily or exclusively a program of education in professional nursing.

**Name of School of Nursing:** \_\_\_\_\_

**Address of School of Nursing:** \_\_\_\_\_

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**\*\*CERTIFICATION\*\***

**I hereby certify that all of the nursing education programs in the school of nursing identified above** are accredited by a nationally recognized nursing accrediting agency listed below, and/or by a state nursing accrediting agency.

**U.S. Secretary of Education nationally recognized nursing accrediting agencies are the:**

- Commission on Collegiate Nursing Education
- National League for Nursing Accrediting Commission
- American College of Nurse-Midwives, Division of Accreditation
- National Association of Nurse Practitioners in Women's Health, Council on Accreditation
- Council on Accreditation of Nurse Anesthesia Educational Programs

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<b>Name of Authorized Official (Please Print)</b>	<b>Title</b>
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<b>Signature of Authorized Official</b>	<b>Date</b>	<b>Telephone Number</b>
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