

**EXHIBIT D**

**NFLP EMPLOYMENT CERTIFICATION FORM**

(Applicant's name) \_\_\_\_\_ entered into a contractual agreement with the University of West Georgia 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(s) of nursing for a complete year in order to receive cancellation of his/her loan. If full-time status is obtained through more than one part-time position, each employer must complete this form. Please complete the Employment Certification Form at the bottom and return by (mm-dd-yyyy), to the following:

Mail to [Lending School Address]: University of West Georgia Bursar's Office 1601 Maple Street Carrollton, GA 30118 ; or

Fax to [Lending School Fax #]: 678-839-5649

**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: \_\_\_\_\_

This position is: Full-time Part-time (please circle one)

If part-time, # of hours employed per week: \_\_\_\_\_

I CERTIFY that I am employed full-time or part-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 the University of West Georgia 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: \_\_\_\_\_ Fax 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: \_\_\_\_\_  
\_\_\_\_\_