

EXHIBIT E

NFLP REQUEST FOR PARTIAL CANCELLATION

US DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
HEALTH RESOURCES AND SERVICES ADMINISTRATION
BUREAU OF HEALTH WORKFORCE
5600 FISHERS LANE, PARKLAWN BUILDING, ROCKVILLE, MARYLAND 20857

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 or part-time nurse faculty employment pursuant to Section 846A of the Public Health Service Act, as amended by Public Law 111-148, Section 5311.

The form must be submitted for each complete year of full-time nurse faculty employment in an accredited school (9s) of nursing. If full-time status is obtained through more than one part-time position, each employing agency must complete this form. It is the responsibility of the borrower seeking cancellation to (a) complete Part I, (b) obtain certification by the employing agency(ies), 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 (Include Zip Code)	NAME AND ADDRESS OF THE APPLICANT (Include Zip Code)
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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, as amended by Public Law 111-148, Section 5311 for one year of employment as full-time or part-time nurse faculty.

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 or part-time nurse faculty 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	
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TITLE	DATE	

CHECK: Public Private for Profit Private not for Profit

PART III – Partial Loan Cancellation (To be completed by Lending School)

The above named individual's loan account has been credited for partial cancellation for full-time or part-time employment as nurse faculty in accordance with the Section 846A of the Public Health Service Act, as amended, in the following amounts:

CANCELLATION RATE BY YEAR FOR EMPLOYMENT AS NURSE FACULTY: <input type="checkbox"/> 1st Year - 20 percent <input type="checkbox"/> 2nd Year - 20 percent <input type="checkbox"/> 3rd Year - 20 percent <input type="checkbox"/> 4th Year - 25 percent	<table style="width: 100%; border: none;"> <tr> <td colspan="2" style="text-align: center; padding: 5px;">CANCELLED</td> </tr> <tr> <td style="width: 50%; padding: 5px;">PRINCIPAL AMOUNT</td> <td style="width: 50%; padding: 5px;">INTEREST AMOUNT</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	CANCELLED		PRINCIPAL AMOUNT	INTEREST AMOUNT		
CANCELLED							
PRINCIPAL AMOUNT	INTEREST AMOUNT						
SIGNATURE OF AUTHORIZING OFFICIAL – LENDING SCHOOL	<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">TITLE</td> <td style="width: 30%; border: none;">DATE</td> </tr> </table>	TITLE	DATE				
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