

EXHIBIT A

NURSE FACULTY LOAN PROGRAM (NFLP) *(Amended /2012)*

PROMISSORY NOTE

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NFLP EMPLOYMENT CERTIFICATION FORM

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*]: Wpkgtukj "qh"Y guvI gqti lc'Dwtuctai'QHeq"3823'O cr n'Utggv'Ecttqmqp.'I C'5233: _____; or

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

PART I: TO BE COMPLETED BY LOAN RECIPIENT

Name:

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

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)*

NFLP DISABILITY CHECKLIST

NAME:

AGE: _____

DATE OF BIRTH: _____ CONSENT FOR RELEASE OF INFORMATION (Y/N):

EMPLOYMENT PRIOR TO DISABILITY: _____

DIAGNOSIS:

DATE AND NATURE OF ONSET:

EXHIBIT G

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

NFLP REQUEST FOR POSTPONEMENT OF INSTALLMENT PAYMENT

EXHIBIT H

US DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
HEALTH RESOURCES AND SERVICES ADMINISTRATION

EXHIBIT I

NFLP EXIT INTERVIEW Questionnaire

Date:

NFLP Participant Name:

Social Security Number:

Driver's License Number:

State:

Permanent Mailing Address:

Telephone Number:

EmailAddress:

Additional contacts able to provide your address upon request:

Telephone Number:

Name and Address of Employer (If known):

EXHIBIT I continued

For All Student Borrowers:

1. Do you know the full amount of the loan?
Yes _____ No _____

2. Have you been informed of your rights and responsibilities?
Yes _____ No _____

3. Do you understand the grace period and know when the first payment is due?
Yes _____ No _____

4. Have you been informed of the repayment options, postponement and cancellation provisions of the Nurse Faculty Loan program?
Yes _____ No _____

5. Do you understand the accelerated payment option?
Yes _____ No _____

6. Do you understand that the collection officer must be informed of any change in your address?
Yes _____ No _____

7. Do you realize the importance of paying promptly or contacting the collection officer prior to the due date if payment cannot be made for any reason?
Yes _____ No _____

For Graduating Student Borrowers:

8. Do you understand the requirement to begin full-time employment as nurse faculty at a school of nursing to be eligible for postponement of loan?

NFLP FORBEARANCE REQUEST FORM

Borrower Name:	Social Security Number:
Street Address, City/State/Zip:	
Original Loan Balance:	Present Loan Balance:

If poor health or your present financial situation makes paying your Nurse Faculty Loan Program (NFLP) loan a financial hardship, we may be able to grant you a forbearance of your NFLP loan. Principal payments are delayed during forbearance; however, interest will continue to accrue. You may pay the interest as it accrues or allow it to be added to your outstanding principal balance (capitalized) when the forbearance period ends. You must complete this entire form and show due financial hardship before we can grant you a forbearance of your loan. Read this form carefully before signing and return it by

_____. When we receive your request, we will review it immediately and will notify you of our decision. You must continue making your regular monthly payments until your forbearance request is approved. **If you are past due on your payments, it is especially important that you return this form to us.** Collection activities will continue against you until we have received and approved this form: late notices will be sent, phone calls will be made, and, if your payments become seriously past due, the delinquency may be reported to a National credit bureaus.

If you are interested in requesting forbearance of your NFLP loan, please fill out this form completely and return it to us by _____. You must provide the reason for your financial hardship before we can grant a forbearance of your loan. You may contact us at _____ if you have any questions.

BORROWER FINANCIAL DATA

Employer Name Address City State Zip

Years Employed Net Monthly Salary Other Income Source of Other Income

Monthly Expenses:

RENT/MORTGAGE: UTILITIES: FOOD: _____ OTHER:

EXHIBIT J continued

AGREEMENT

I request a forbearance of my NFLP loan starting _____ and ending . Any outstanding accrued interest may be added to and become a part of the principal of the loan at the end of the forbearance period. The projected capitalized interest during the forbearance period is \$. I will resume monthly payments on _____. I will make payments of approximately \$ _____ per month with payments due on the same day of each month as the day the first regular payment is due until the full unpaid principal amount of the loan is paid off. I understand that periodi
