

EMPLOYMENT CERTIFICATION FORM

[Applicant's Name] _____ entered into a contractual agreement with **Duke University** as a participant in the Nurse Faculty Loan Program (NFLP). This program requires the participant to be employed full-time as nurse faculty in a school of nursing for a complete year in order to receive cancellation of his/her loan. Please complete the Employment Certification Form at the bottom and return to the following:

Mail to: Duke University Office of Student Loans,
2127 Campus Drive, Box 90755,
Durham, NC 27708

Fax to: 919-684-6132

Keep a copy for your records.

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: _____

I **CERTIFY** that I am employed full-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 **Duke University** immediately.

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.

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: _____