

## Statement of Rights and Responsibilities

1. I understand that I must, without exception, report any of the following changes to lending School if:
  - a. I withdraw as full-time nurse faculty from the school of nursing
  - b. I transfer my employment as full-time nurse faculty to another school of nursing
  - c. I should be called to ACTIVE military service
  - d. I change my address
  - e. I change my name (for example, because of marriage)
2. I understand that when I graduate or withdraw from the lending School, I must be available for the School to conduct an exit interview.
3. I understand that the NFLP service obligation requires me to be employed as full-time nurse faculty in a school of nursing. In return, I will receive cancellation of my unpaid loan balance (including interest) and postponement of installment payments of my NFLP loan.
4. I understand that my first installment payment will be due 9 months after I, 1) graduate and do not establish full-time employment as nurse faculty; or 2) cease to be a full-time student;
5. I understand that if I terminate my employment as full-time nurse faculty at a school of nursing, repayment of the NFLP loan must after the 9-month grace period.
6. I understand that:
  - a. an annual percentage rate of 3 percent will be charged on the unpaid loan balance that will begin to accrue 3 months after I graduate from the advanced education nursing program
  - b. during the period of time that I am employed as full-time nurse faculty at a school of nursing, the unpaid loan balance will bear interest at 3 percent per annum
  - c. following graduation from the program and after the 9-month grace period, if I fail to establish full-time employment as nurse faculty the unpaid loan balance will bear interest at the prevailing market rate
  - d. if I cease to be employed full-time or terminate employment as nurse faculty at a school of nursing, the unpaid loan balance will bear interest at the prevailing market rate
  - e. the cancellation provision is NOT available if I do not establish employment within 12 months following graduation from the program
7. I understand that cancellation of any remaining payment of the NFLP loan may be granted for death or permanent and total disability. I also understand that I must inform the lending School of my disability and provide documentation.
8. I understand that if I am called to ACTIVE military service (i.e. Army, Navy, Marine Corps, Air Force, Coast Guard, the National Oceanic and Atmospheric Administration Corps, or the U.S. Public Health Service Commissioned Corps), I am eligible for deferment for up to three years.
9. I understand that the lending School may, based on its discretion, place my NFLP loan in forbearance when extraordinary circumstances such as poor health or hardships temporarily affect the my ability to make scheduled loan repayments.
10. I understand that if I fail to repay my loan as agreed in the NFLP Promissory Note, the total loan may become due and payable immediately and legal action could be taken against me.

11. I understand that I must promptly answer any communication from the lending School regarding my NFLP loan.
12. I authorize the lending School to contact any school of nursing in which I may be employed, to obtain information concerning my employment status, my period of employment or termination, my transfer to another school of nursing, or my current address.
13. I authorize the lending School to report any delinquency or default on this loan to credit bureaus.

I have received an itemization of the loan amount(s) awarded.

\_\_\_\_\_  
(Signature of Student)

\_\_\_\_\_  
(Student I.D. Number)

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

# EXIT– Questionnaire

Date: \_\_\_\_\_

NFLP Participant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Permanent Mailing Address:

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Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Nearest Friend(s) or Relative(s) who will always know your address:

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Telephone Number: \_\_\_\_\_

Name and Address of Employer (If known):

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Telephone Number: \_\_\_\_\_

What are your future career plans?

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# Questionnaire Con't

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 his or her 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 \_\_\_\_\_
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?  
Yes \_\_\_\_\_ No \_\_\_\_\_
9. Do you understand that you must be employed full-time as a nurse faculty member for a complete year to be eligible for loan cancellation?  
Yes \_\_\_\_\_ No \_\_\_\_\_
10. Do you understand the REQUEST FOR POSTPONEMENT OF INSTALLMENT PAYMENT form?  
Yes \_\_\_\_\_ No \_\_\_\_\_
11. Do you understand the REQUEST FOR PARTIAL CANCELLATION form?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_