

YOU CAN RETURN THIS FORM ONLINE BY UPLOADING THE COMPLETED FORM AND ANY SUPPORTING DOCUMENTATION.

How do I upload the form and supporting documents?

Step 1: To upload the completed form and any supporting documentation, you must sign in to your online account at heartland.ecsi.net.

Step 2: Select the account you want to apply the deferment to by Viewing the Account.

Step 3: Under the **Documents Section**, click on the **Download or Upload Entitlement Form** button located at the top of the Documents page.

Step 3: Set the response to "Have you downloaded the entitlement form yet?" to **Yes**.

Step 4: Select the form name that you are uploading from the **Select a Form** dropdown list.

Step 5: Click on the **Choose a File to Upload** link and select the file you would like to upload. You can upload up to 5 documents per entitlement form type.

IMPORTANT: The file format for the document(s) that you upload must be PDF. The file size for each file uploaded must be less than 4MB per file.

Step 6: Once you have added all of the documents you would like to upload, click on the **Submit** button. You will receive an on-page confirmation that your documents have been uploaded successfully.

You can view the documents you uploaded under the Entitlement Documents section on the Documents page.

Don't have an online account?

Go to heartland.ecsi.net, click on the **Help Center**, and select **Are You New to Heartland ECSI**. Follow the instructions to Create a Profile and Connect an Account.

You can also return this form via U.S. Mail at the address listed on the form.



INSTRUCTIONS FOR COMPLETING THE NFLP EMPLOYMENT CERTIFICATION FORM

Part 1: Borrower/Loan Recipient Information

Complete this section. Include your name, address, place of employment and your place of employment address. Include the start date of your employment and your job title.

You must sign and date in the fields specified on the form. Your signature can be an electronic signature or an ink signature. You must include the name of the school that holds your student loan.

If the form is not properly signed, your request will be rejected.

IMPORTANT: You must sign and date the document no more than 45 days prior to the date that you are submitting this form.

Part II: Employer Certification

An authorized representative of your employer must complete this section in its entirety. The authorized representative must sign and date in the specified fields in this section. The signature must be an ink signature.

If you have not maintained faculty status during the period you provided in Part I, your employer's authorized representative must include the dates and the explanation.

IMPORTANT: Your employer must sign and date the form no more than 30 days prior to the day that you are submitting this form.



MAIL FORM TO: ECSI
P.O. Box 1289
Moon Township, PA 15108

NFLP EMPLOYMENT CERTIFICATION FORM

[*Applicant's Name*] entered into a contractual agreement with the [*Name of Lending School*] as a participant in the Nurse Faculty Loan Program (NFLP). This program requires the borrower to be employed full-time/part-time as nurse faculty in an accredited school of nursing, or as a full-time/part-time clinical educator/preceptor at an accredited health facility, or as designation of nurse faculty in a joint nurse faculty appointment serving as full-time advanced practice registered nurse (APRN) preceptor for an accredited school of nursing, within an academic-practice partnership framework for a complete year in order to receive cancellation of his/her loan. Please complete the Employment Certification Form at the bottom and return by (**mm-dd-yyyy**), to the following:

Mail to [*Lending School Address*]: _____ or

Fax to [*Lending School Fax#*]: _____

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 [*Name of Lending School*] 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/clinical educator/preceptor status during this period, please provide the date(s) and explanation for the change.

Date(s): _____

Explanation: _____

WARNING: ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT OR MISREPRESENTATION OF THIS FORM IS SUBJECT TO PENALTIES, WHICH MAY INCLUDE FINES AND IMPRISONMENT UNDER FEDERAL STATUTE.

