

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 REQUEST FOR PARTIAL CANCELLATION

School and Borrower Information

Complete this section. Enter the school name and address and your name and address.

Part 1: To be completed by Borrower

You must complete this section. Enter the name and address of your employer or employing agency. Include your employment start and end date. If you are still employed, enter Present for the end date.

You must sign and date this form in the fields specified on the form. Your signature can be an electronic signature or an ink signature.
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: Certification by Employing Agency

Your employer or employing agency must complete this section. The authorized official must include your name as the applicant, your position as the applicant, and the employer or employing agency's name and address.

The authorized official must sign and date in the specified fields on the form and include their job title. The signature must be an ink signature.

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

Part II: Partial Loan Cancellation Review

Do NOT complete this section. This will be completed by your school or the student loan servicer for your school.



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

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
PLEASE SUBMIT THIS FORM TO THE LENDING SCHOOL

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 nurse faculty employment pursuant to Section 846A of the Public Health Service Act. The form must be submitted for each complete year of full-time nurse faculty employment (as described in the most recent NFLP notice of funding opportunity in an accredited school of nursing. **Multiple forms may be used for multiple employment** as described in the NFLP notice of funding opportunity and administrative guidelines. It is the responsibility of the borrower seeking cancellation to (a) complete Part I, (b) obtain certification by the employing agency, 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)*

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

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/part-time nurse faculty or clinical educator/preceptor employment and the period of service are true and correct.

NAME OF APPLICANT

POSITION TITLE OF APPLICANT

NAME AND ADDRESS OF EMPLOYING AGENCY

CHECK: Public Private for Profit Private not for Profit

SIGNATURE OF AUTHORIZED OFFICIAL

TITLE	DATE
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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 employment as nurse faculty in accordance with the notice of funding opportunity and the Section 846A of the Public Health Service Act, as amended, in the following amounts:

CANCELLATION RATE BY YEAR FOR EMPLOYMENT AS NURSE FACULTY:

1st Year - 20 percent 2nd Year - 20percent

3rd Year - 20 percent 4th Year - 25 percent

CANCELLED	
PRINCIPAL AMOUNT	INTEREST AMOUNT

SIGNATURE OF AUTHORIZING OFFICIAL – LENDING SCHOOL **TITLE**

DATE

