

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 POSTPONEMENT OF INSTALLMENT PAYMENT

School and Borrower Information

Complete this section. Enter the school name and address and your name and address. Include the date that you graduated.

Part 1: To Be Completed by Borrower

You must complete this section. Enter the name and address of your employer. Include your job title or position, employment start date, unpaid loan balance (principal plus interest), and the payment due 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 must complete this section. The authorized official must include the employer'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.



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

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

NFLP REQUEST FOR POSTPONEMENT OF INSTALLMENT PAYMENT

INSTRUCTIONS: A Nurse Faculty Loan may be postponed, in lieu of payment in accordance with the repayment schedule established by the school from which the loan was made, only if the borrower is employed full-time as a faculty at an accredited school of nursing (as described in the most recent NFLP notice of funding opportunity and requests partial cancellation of his or her loan at the end of each complete year of such employment. Multiple forms may be used for multiple employment as described in the most NFLP notice of funding opportunity.

The borrower must submit two (2) copies of this form 30 days after the end of the 12 -month employment grace period. This form must be filed annually, in lieu of payment; subsequent requests for postponement of installment payment must be filed 30 days before the expiration date of the initial request for postponement each year of employment. It is the responsibility of the borrower seeking postponement of installment payment of loan to return this form properly executed to the school from which the loan was made.

IMPORTANT NOTE: Should you terminate full-time employment as nurse faculty the installment repayment(s) is immediately due and payable to the lending school.

NAME AND ADDRESS OF SCHOOL FROM WHICH LOAN WAS MADE (Include Zip Code)

NAME AND ADDRESS OF BORROWER (Include Zip Code)

DATE GRADUATED

PART I – CERTIFICATION OF EMPLOYMENT (To be completed by Borrower)

NAME AND ADDRESS OF EMPLOYER

TITLE OF POSITION

EMPLOYMENT START DATE (Month, Day, Year)

UNPAID LOAN BALANCE (PRINCIPAL/INTEREST)

DUE DATE

I certify that I am employed full-time as nurse faculty as described in the most recent NFLP notice of funding opportunity and as indicated above and expect to complete one year of such employment on _____ (month-day-year), at which time I shall secure cancellation of a portion of my loan in accordance with the Section 846A of the Public Health Service Act

SIGNATURE OF BORROWER

DATE

PART II – CERTIFICATION OF EMPLOYMENT (To be completed by Employer)

I hereby certify that the above statements concerning service of the above-named borrower as full-time nurse faculty or clinical educator/preceptor are true and correct.

NAME AND ADDRESS OF EMPLOYER

SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

DATE

CHECK: Public Private for Profit Private not for Profit

