Nursing Student Loan Forgiveness Program
Application Package

Nursing Student Loan Forgiveness Program Information, Initial Application, Employment Verification and Loan Principal Certification

Florida Department of Education Office of Student Financial Assistance 325 West Gaines Street, Suite 1314 Tallahassee, Florida 32399-0400

1-800-366-3475

www.FloridaStudentFinancialAid.org

Rule 6A-20.050, F.A.C.
January 2016
The Florida Legislature created the Nursing Student Loan Forgiveness Program (NSLFP) in 1989, to encourage qualified personnel to seek employment in areas of the state where there are critical nursing shortages. It is authorized under Section 1009.66, Florida Statutes (F.S.) and 6A-20, Florida Administrative Code (F.A.C.). The purpose of the program is to increase employment and retention of nursing personnel at designated sites or facilities in Florida.

*Based on available funds, the program provides up to $4,000 a year for a maximum of four years to assist in the payment of the principal balance of the originally verified nursing education loan. After one year of program enrollment, participants will receive a renewal packet. Initial payment will be made to the lender once full-time employment and loan principal balance are verified. Awards are not taxable, pursuant to the Affordable Care Act of 2010.*

**Eligibility Requirements**

**You ARE eligible to apply if you:**
- Have graduated from an accredited or approved nursing program;
- Are licensed by the Florida Board of Nursing as a Licensed Practical Nurse (LPN), Registered Nurse (RN) or an Advanced Registered Nurse Practitioner (ARNP);
- Have outstanding qualifying student loans from a federal, state or commercial lending institution, incurred toward an obtained nursing degree or nursing certificate; and
- Work **full-time** as a nurse at a designated site in Florida. Full-time employment shall be those hours determined by the employer to be one full-time equivalent (1.0 FTE) position.

**You are NOT eligible to apply if you:**
- Currently have or have had a student loan in default status;
- Work in a contract on an "as needed" basis (PRN, pool nurses, agency nurses), part-time or self-employed capacity; or
- Previously participated in the Florida Nursing Scholarship Program.

**Selection Criteria** – Acceptance is based on the following:

**Available Funds**
Funding for the NSLFP is contingent upon available funds in the Nursing Student Loan Forgiveness Trust Fund.

**Designated Site Category (s. 1009.66, F.S.)**
Applicants are selected for program enrollment in the following order of priority:

1. State of Florida operated medical and health care facilities
2. Florida Public schools (direct care provider)
3. Florida Department of Health county health departments
4. Federally sponsored community health centers
5. Teaching hospitals
6. Family practice teaching hospitals
7. Specialty hospitals for children
8. Match site facilities - Florida licensed hospitals (other than teaching hospitals and specialty hospitals for children), birth centers and nursing homes must be matched on a dollar-for-dollar basis by contributions from the employing institutions.

**Receipt Date of Applications**
Applications must be received by the Office of Student Financial Assistance by the quarterly enrollment deadline. Only complete applications received by the deadline will be considered for enrollment.
Application Timeframes for Each Quarter

<table>
<thead>
<tr>
<th>APPLICATION TIMEFRAMES</th>
<th>DEADLINE</th>
<th>ENROLLMENT DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 1 - March 1</td>
<td>March 1</td>
<td>April 1</td>
</tr>
<tr>
<td>May 1 - June 1</td>
<td>June 1</td>
<td>July 1</td>
</tr>
<tr>
<td>August 1 - September 1</td>
<td>September 1</td>
<td>October 1</td>
</tr>
<tr>
<td>November 1 - December 1</td>
<td>December 1</td>
<td>January 1</td>
</tr>
</tbody>
</table>

Application Procedures

All applicants must submit the following by mail:

- NSLFP Initial Application
- Employment Verification Form
- Loan Principal Certification Form (must have original signatures)
- Legible copy of nursing diploma/degree
- Legible copy of current nursing license

Mail completed application and supporting documents to the following address:

Florida Department of Education
Office of Student Financial Assistance
Nursing Student Loan Forgiveness Program
325 West Gaines Street, Suite 1314
Tallahassee, Florida 32399-0400

When your application is received by the Office of Student Financial Assistance:

- The application is date stamped and reviewed for completeness.
- All complete applications will be processed based on the “Selection Criteria” on page 2.

If you are selected for enrollment:

- You will receive a program acceptance letter.
- You will be required to work one full year from your enrollment date with no break in service (i.e., greater than 31 days) before a payment is disbursed to your lender, on your behalf.
- Approximately 30 days before your yearly enrollment anniversary, you will receive a renewal letter and packet to verify continued eligibility. These forms must be completed and mailed to the address above by the indicated timeframe. Upon verification of requirements, an initial payment will be made to your lender.

If you are not selected for enrollment:

- You will receive a letter stating the reason you are not selected as a participant.
- You may reapply during any of the application timeframes.
NURSING STUDENT LOAN FORGIVENESS PROGRAM INITIAL APPLICATION (Form NSLF-1)

APPLICANT’S IDENTIFICATION INFORMATION

1. Name: Enter your legal name.

2. Home Mailing Address: Enter your current address.

3. Primary Telephone Number: Enter your primary contact number.

4. Date of Birth: Enter your date of birth.

5. Social Security Number: Enter SSN (required). SSN assists with identification and timely processing.

6. E-mail Address: Enter current e-mail address.

7. Nursing License Number: Enter current nursing license number. Provide a legible copy of license.

8. License Type: Check the box that corresponds with your license type.

9. Employer and Position Title: Enter the name of your employer and your position title.

10. Work Site (Name and Physical Address): Enter the qualified work site name, address and telephone number.

11. Immediate supervisor’s name and telephone number: Enter immediate supervisor’s name and telephone number.


14. Nursing Education: Enter degree/diploma information. Provide a legible copy of degree/diploma.

EMPLOYMENT VERIFICATION (Form NSLF-2)

Section I: AUTHORIZATION: Enter social security number, print name, sign name and enter date.

Section II: VERIFICATION: To be completed by immediate supervisor or human resources department.

Section III: MATCH SITE FACILITIES: To be completed ONLY if a match is required.

LOAN PRINCIPAL CERTIFICATION (Form NSLF-3)

Complete Section I and send form to lender to complete Section II.
APPLICANT’S IDENTIFICATION INFORMATION (please print legibly in ink)

1. Name ____________________________________________ last Name ____________ First Name ____________ MI ____________

2. Home Mailing Address ________________________________ Street or PO Box ______________ City __________________ State ____________ Zip Code ____________ County ____________

3. Primary Telephone Number __________________________ ( ) __________________

4. Date of Birth __________________________

5. Social Security Number __________________________

6. E-mail Address __________________________

7. Current Nursing License Number __________________________ (Attach a copy of nursing license) __________________

8. License Type ____________ LPN ☐ ____________ RN ☐ ____________ ARNP ☐

9. Employer and Applicant Position Title __________________________

10. Work Site (Name and Physical Address) __________________________

Name __________________________

Applicant Position Title __________________________

Street __________________________

City __________________________ State ____________ Zip Code ____________

( ) __________________ Telephone Number __________________________

11. Immediate Supervisor Name __________________________ Telephone Number ( ) __________________

Questions 12 – 13 are not mandatory. This information is requested to aid the state of Florida in its commitment to develop accurate statistics and reports. Refusal to answer will have no impact on the consideration of your application.

12. Gender ____________ Male ☐ ____________ Female ☐

13. Race (Please check only one) ____________ White ☐ ____________ Black ☐ ____________ Hispanic ☐ ____________ Asian/Pacific Islander ☐ ____________ American Indian/Alaskan Native ☐ ____________ Other ☐

14. NURSING EDUCATION The questions below relate to the nursing degree/diploma obtained, for which award will be applied.

A. Provide the name of the accredited nursing program/school you attended. __________________________

B. Indicate degree obtained. ____________ ASN ☐ ____________ BSN ☐ ____________ MSN ☐ ____________ Other ☐ __________________________ or Diploma ☐

C. Provide a copy of the nursing degree/diploma indicated above. __________________________

APPLICANT’S SIGNATURE OF AGREEMENT

I, the undersigned, have received, understand and agree to the NSLFP conditions. To the best of my knowledge, the information I have supplied on this application is complete, true and accurate. To the best of my knowledge and belief, I am eligible for this program.

Applicant’s Signature __________________________ Date __________________________

NOTICE: Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties which may include fines, imprisonment or both, under s. 837.06, F.S.
NURSING STUDENT LOAN FORGIVENESS PROGRAM (NSLFP)
EMPLOYMENT VERIFICATION

SECTION I: AUTHORIZATION (To be completed by applicant. Please print legibly in ink.)

I authorize my supervisor or a representative from the human resources department to certify that I am employed as a full-time (in a 1.0 FTE position) nurse. My Social Security Number is __________________________

Print Name__________________________ Signature__________________________ Date __________________

SECTION II: VERIFICATION (To be completed by supervisor or human resources department.) Affix employer’s stamp/seal below or employer verification on letterhead, in addition to this form. - REQUIRED

I certify that the above applicant is employed full-time (in a 1.0 FTE position) at the work site below, providing nursing care, and is not employed in a contract “as needed” basis (PRN, pool-nurse, agency nurse), part-time or self-employed capacity. His/her employment began on ____________________

Work Site (Name) __________________________

Physical Address __________________________

City __________________________ State ___________ Zip Code __________________

Telephone Number (________) __________________________

Print Name__________________________ Signature__________________________ Date __________________

SECTION III: MATCH SITE FACILITIES (Complete only if match required.) Affix employer’s stamp/seal below or employer verification on letterhead, in addition to this form. - REQUIRED

This section is to be completed only by a representative of the employer, who is authorized to financially bind the employing facility to the commitment. If the facility is a Florida Licensed hospital (other than teaching hospital or specialty hospital for children), birth center or nursing home, you must agree to contribute up to $2,000 per year, per program participant, for a maximum of four years. The match payment must be received by the Florida Department of Education, NSLFP before a payment will be made on behalf of the program participant.

I fully understand, accept and agree to the conditions of my facility’s contribution to the NSLFP. I understand I will be notified by the participant when the Match Payment is due from this facility. Within 30 days of receipt of notification, this facility will remit up to $2,000 on behalf of the program participant, each year of eligible participation, for a maximum of four years.

Printed Name__________________________ Title __________________________

Signature__________________________ Date __________________

Telephone Number (________) __________________________

Facility __________________________

Address __________________________

Street __________________________ City __________________________ State ___________ Zip Code __________________

Employer’s Stamp

Form NSLF-2
Rule 6A-20.050, F.A.C.
January 2016
NURSING STUDENT LOAN FORGIVENESS PROGRAM (NSLFP)
LOAN PRINCIPAL CERTIFICATION

NOTICE: Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties which may include fines, imprisonment or both, under s. 837.06, F.S.

SECTION I: To be completed by the applicant
(Only principal loan balances submitted with NSLFP Initial Application will be considered.)

This form must be submitted to your lender. Allow adequate time for the lender(s) to comply with this request and return the form(s) to you. If you have more than one lender, a Loan Principal Certification Form must be mailed to each lender. If the loan(s) has/have been sold to another lender or the loans are consolidated, submit this form to the current holder of the loan(s), not the original lender.

1. Applicant’s Name ________________________________
2. Social Security Number ____________________________
3. Address ___________________________ Street City State Zip Code
4. Home Telephone Number (____) ____________________

Dear Lender I have applied for enrollment in the Florida Department of Education’s NSLFP. The program assists nurses with payment of student loans incurred toward a nursing education. I hereby authorize you to release any information requested by the Florida Department of Education, NSLFP, regarding my loan(s). The Florida Department of Education will disburse any payments I receive directly to you. This payment must be applied to the outstanding principal balance only.

Signature __________________________ Date __________________

SECTION II: Lender Loan Certification-
To be completed by lender

AN ORIGINAL SIGNATURE IS REQUIRED. This completed form must be returned to the applicant identified above.

1. Current PRINCIPAL Balance $________________________ Valid through ________/______/______
   M   D   Y
2. Name of Lending Institution ________________________ Federal ID Number __________________
3. Payment Address ____________________________________________________________
   Street or PO Box City State Zip Code

By signing below, I certify that this borrower is not currently nor has been in default status regarding the referenced loan(s).

Signature __________________________ Date __________________
Name and Title (Print) __________________________ Phone Number (_____) __________________

Affix lender’s stamp in box below or lender verification on letterhead, in addition to this form. - REQUIRED

Lender’s Stamp

Form NSLF- 3
Rule 6A-20.050, F.A.C.
January 2016
Complete the following for submission:

- NSLFP Initial Application
- Employment Verification Form
- Loan Principal Certification Form
- Legible copy of degree(s)/diploma(s)
- Legible copy of current nursing license

The NURSING STUDENT LOAN FORGIVENESS PROGRAM Initial Application and required documents must be received by the Office of Student Financial Assistance by the deadline specified on page 3. Please mail to the following address:

Florida Department of Education  
Office of Student Financial Assistance  
325 West Gaines Street, Suite 1314  
Tallahassee, Florida 32399-0400

Special Note:

- Incomplete applications will not be considered for enrollment.
- It is recommended that you mail your application using a trackable mailing service.