

US DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
HEALTH RESOURCES AND SERVICES ADMINISTRATION
BUREAU OF HEALTH PROGRESSIONS
5600 FISHERS LANE, PARKLAWN BUILDING
ROCKVILLE, MARYLAND 20857

**REQUEST FOR PARTIAL CANCELLATION
NURSE FACULTY LOAN PROGRAM**

INSTRUCTIONS: A borrower under the Nurse Faculty Loan Program must file this form with the University of Texas 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, as amended by Public Law 107-205.

A form must be submitted for each complete year of full-time nurse faculty employment in a school of nursing. 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 form to the University of Texas at Austin for cancellation of the loan at the appropriate rate in lieu of payment. The University will complete Part III, indicating the amount of cancellation earned (principal and interest) and will send confirmation of the amounts cancelled to the borrower.

NAME AND ADDRESS OF SCHOOL: The University of Texas at Austin Loan Services PO Box Q Austin, Texas 78713-8917 Phone: 512-475-7779, opt. 3 FAX: 512-471-0212	NAME AND ADDRESS OF APPLICANT: (print clearly)
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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 Section 846A of the Public Health Service Act, as amended by Public Law 107-205, for one year of employment as a full-time nurse faculty.

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 nurse faculty employment and the period of service are true and correct.

NAME OF APPLICANT	POSITION TITLE OF APPLICANT	
NAME AND ADDRESS OF EMPLOYING AGENCY PICK: <input type="checkbox"/> Public <input type="checkbox"/> Private for Profit <input type="checkbox"/> Private not for Profit	SIGNATURE OF AUTHORIZED OFFICIAL	
	<table style="width: 100%;"> <tr> <td style="width: 60%;">TITLE</td> <td>DATE</td> </tr> </table>	TITLE
TITLE	DATE	

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 Section 846A of the Public Health Service Act, as amended, in the following amounts:

CANCELLATION RATE BY YEAR FOR EMPLOYMENT AS NURSE FACULTY: <input type="checkbox"/> 1 ST YEAR – 20% <input type="checkbox"/> 3 RD YEAR – 20% <input type="checkbox"/> 2 ND YEAR – 20% <input type="checkbox"/> 4 TH YEAR – 25%	CANCELLED:	
	PRINCIPAL AMOUNT	INTEREST AMOUNT

SIGNATURE OF AUTHORIZING OFFICIAL – LENDING SCHOOL TITLE	DATE
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