

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

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

INSTRUCTIONS: A borrower under the Nurse Faculty Loan Program must file this form with 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, as amended by Public Law 107-205. The 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 and one copy to the lending school for cancellation of the loan at the appropriate rate in lieu of payment. Mercer University 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)

Mercer University
Attention: Student Loan Office
1501 Mercer University Drive
Macon, Ga. 31207

NAME AND ADDRESS OF THE APPLICANT (Include Zip Code)

Email:

PART I – Completed by Borrower

I hereby apply for a (check one) _____ **Postponement** or _____ **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, 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

Faculty appointment (check one):

___ **Grad Level- Doctors** ___ **2 year College**

___ **Grad Level- Masters** ___ **Undergrad level**

___ **Nursing Diploma School** ___ **other (specify)**

OFFICIAL TITLE OF APPLICANT

NAME AND ADDRESS OF EMPLOYING AGENCY

SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

DATE

CHECK: Public Private for Profit Private not for Profit

PART III – Partial Loan Cancellation (To be completed by Mercer University)

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: 1st Year - 20% 2nd Year - 20%
 3rd Year - 20% 4th Year - 25%

CANCELLED:

PRINCIPAL AMOUNT

INTEREST AMOUNT

SIGNATURE OF AUTHORIZING OFFICIAL AT MERCER UNIVERSITY– TITLE

DATE