



FLORIDA DEPARTMENT OF  
**EDUCATION**  
fldoe.org

# **Nursing Student Loan Forgiveness Program Renewal Packet**

**CONTAINS:** Renewal Information, Participant Renewal & Payment Form,  
Loan Principal Certification (Renewal), Renewal Packet Checklist

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

1-800-366-3475

[www.FloridaStudentFinancialAid.org](http://www.FloridaStudentFinancialAid.org)

## About the Nursing Student Loan Forgiveness Program Renewal and Payment Process

This is the anniversary of your enrollment in the *Nursing Student Loan Forgiveness Program* (NSLFP). Completion of renewal forms is an annual requirement to evaluate your continued eligibility. 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. Completed and submitted renewal forms will be reviewed. Upon verification of required information, payment will be sent to the lender. Awards are not taxable, pursuant to the *Affordable Care Act of 2010*.

### Renewal Requirements

#### You ARE eligible for renewal if you:

- Have a Florida nursing license in good standing;
- Have outstanding qualifying student loans from a federal, state or commercial lending institution; incurred toward an obtained nursing diploma or degree; **and**
- Work **full-time**, as a nurse, at a designated site in Florida for one full year from your enrollment date with no break in service greater than 31 days. (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 for renewal if you:

- Currently have or have had a student loan in *default status*;
- Work in a contract “as needed” basis (PRN, pool nurses), agency nurses, part-time or self-employed capacity; **or**
- Previously participated in the *Florida Nursing Scholarship Program*.

### Renewal Criteria

#### Available Funding

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

#### Designated Work Site Category (F.S. 1009.66)

You must continue to be employed by a designated work site.

#### Receipt Date of Renewal Forms

All forms must be received by the Office of Student Financial Assistance by the deadline indicated in the renewal letter. Only complete forms received by the deadline will be considered for renewal. Participants returning forms after the deadline will be terminated from the program.

## NSLFP Renewal Instruction Sheet

### PARTICIPANT RENEWAL & PAYMENT FORM (Form NSLF 4)

#### **Section I: Participant Identification Information:**

- 1. Name:** Enter your legal name. If it differs from the name on your original application, please send proof of name change. (Marriage license or other.)
- 2. Home Mailing Address:** Enter your current address.
- 3. Primary Telephone Number:** Enter your primary contact number.
- 4. Social Security Number:** Enter SSN (required). SSN assists with identification and timely processing.
- 5. Email Address:** Enter current email address.
- 6. Nursing License Number:** Enter current nursing license number.
- 7. Employer:** Enter the name of your employer.
- 8. Work Site (Name and Physical Address):** Enter the qualified work site name, address and telephone number.

#### **Section II: Participant's Statement of Qualifying Employment:**

Print name, sign name, and enter date.

#### **Section III: Supporting Statement of Participant's Supervisor:**

Have your supervisor print & sign their name and enter date. **Should be dated after 10/1/2013.**

#### **Section IV: Statement of Participant Intent:**

If your intent is to remain in the program, check "yes" and enter date. If you do not intend to remain in the program, check "no" and enter date.

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### LOAN PRINCIPAL CERTIFICATION (RENEWAL) Form NSLF 5

Complete Section I and send form to lender.

***Remember, if your completed renewal paperwork is not received by the deadline, you will be terminated from the program.***



**NURSING STUDENT LOAN FORGIVENESS PROGRAM  
PARTICIPANT RENEWAL & PAYMENT FORM**

**IMPORTANT: The renewal application must be returned no later than the deadline date. Failure to do so will result in disenrollment and forfeiture of payment in accordance with Chapter 6A-20.051, Florida Administrative Rule.**

**SECTION I: Participant Identification Information (please print legibly in ink)**

1. Name: \_\_\_\_\_  
Last First MI

2. Home Mailing Address: \_\_\_\_\_  
PO Box or Street City State Zip County

3. Primary Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ 4. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

5. E-mail Address: \_\_\_\_\_ 6. Current License Number: \_\_\_\_\_

7. Employer: \_\_\_\_\_ 8. Work Site: (Name and Physical Address)

\_\_\_\_\_  
Name Telephone Number

\_\_\_\_\_  
Street City State Zip

**SECTION II: Participant's Statement of Qualifying Employment**

I hereby declare that I have been employed full-time as a licensed nurse at the employment site identified in Section I for the period beginning **January 1, 2013**, through **January 1, 2014**. I am NOT employed in a contract, "as needed" basis (PRN, pool nurses), agency nurses, part-time or self-employed capacity. **CANNOT BE SIGNED BY EMPLOYER PRIOR TO JANUARY 1, 2014.**

\_\_\_\_\_  
Print Participant Name Participant Signature Date

**SECTION III: Supporting Statement of Participant's Supervisor**

I hereby declare that I have supervised the participant in Section I during the time period specified above. I also certify that the named employee has provided satisfactory full-time (1.0 FTE) nursing care at the employment site identified in Section I. He/She is NOT employed in a contract, "as needed" basis (PRN, pool nurses), agency nurses, part-time or self-employed capacity.

\_\_\_\_\_  
Print Supervisor Name Supervisor Signature Title Date

**SECTION IV: Statement of Participant Intent:**

I intend to remain employed full-time by the employer noted above for at least one more year. I wish to continue participating in the program and my nursing license is in good standing.

Yes  No  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 Section 837.06, Florida Statutes.**



**NURSING STUDENT LOAN FORGIVENESS PROGRAM  
LOAN PRINCIPAL CERTIFICATION (RENEWAL)**

**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 section 837.06, Florida Statutes.

**SECTION I: To be completed by the applicant**  
(Only principal loan balances submitted with the original NSLFP 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: \_\_\_\_\_  
PO Box or Street City State Zip Code

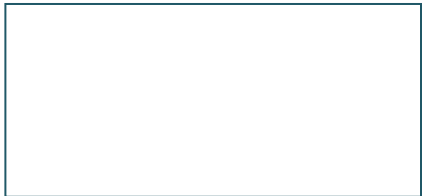
By signing below, I certify that this borrower is **not currently, nor has been** in default status regarding the referenced loan(s).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title: (Print) \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

**Lender's Stamp**



## RENEWAL PACKET CHECKLIST

**I have completed the following for submission:**

Participant Renewal & Payment Form

Loan Principal Certification (Renewal)

**Make sure all forms have original signatures.**

**Renewal forms must be received by the Office of Student Financial Assistance by the deadline indicated in your letter.** Please mail to the following address:

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

**Special Note:**

- **Incomplete renewal applications will not be processed.**
- **It is recommended that you mail your paperwork using a trackable mailing service.**