

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: 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 from the **Select a Form** drop-down 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.

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 message that your documents have uploaded successfully.

You can view the documents you uploaded under the **Entitlement Documents** section of the Documents page.

Don't have an online account?

Go to heartland.ecsi.net, click on **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.



EMPLOYMENT CERTIFICATION FORM

[Applicant's Name] _____ entered into a contractual agreement with the
[Name of Lending School] _____ as a participant in the Nurse Faculty Loan Program (NFLP). This program requires the
participant to be employed full-time as nurse faculty in a school of nursing for a complete year in order to receive cancellation of his/her loan. Please
complete the Employment Certification Form at the bottom and return to the following:

PART I: TO BE COMPLETED BY LOAN RECIPIENT

Name: _____

Permanent Address: _____

Phone Number: _____

Place of Employment: _____

Address: _____

Beginning Date of Employment as Nurse Faculty: Month _____ Day _____ Year _____

Position Title: _____

I **CERTIFY** that I am employed full-time as Nurse Faculty in the above named School of Nursing, and all the
information is true and correct to the best of my knowledge. If I change employment status, I will notify
[Name of Lending School] _____ immediately.

Signature: _____ Date: _____

PART II: TO BE COMPLETED BY EMPLOYER

I **CERTIFY** that the statements above concerning service of the above named NFLP loan recipient as a full-
time nurse faculty are true and correct.

Name of Certifying Official _____

Title _____ Phone Number: _____ Fax Number _____

Signature: _____ Date _____

If the above named participant has **not** maintained faculty status during this period, please provide the date(s)
and explanation for the change.

Date(s): _____

Explanation: _____

**WARNING: ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT OR MISREPRESENTATION OF THIS FORM IS SUBJECT TO
PENAL TIES WHICH MAY INCLUDE FINES AND IMPRISONMENT UNDER FEDERAL STATUTE.**

**RETURN FORM TO:
ECSI, P.O. BOX 1278
WEXFORD, PA 15090**

