

**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](http://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](http://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.*



## REQUEST FOR PARTIAL CANCELLATION 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. The lending school will complete Part III, indicating the amount of cancellation earned (principal and interest), and return the copy to the borrower making such request.

|   |  |
|---|--|
| <b>NAME AND ADDRESS OF SCHOOL FROM WHICH LOAN WAS MADE</b><br><i>(Include Zip Code)</i> | <b>NAME AND ADDRESS OF THE APPLICANT</b> <i>(Include Zip Code)</i> |
|---|--|

**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 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.

|   |  |                               |                               |
|---|--|-------------------------------|-------------------------------|
| <b>NAME AND ADDRESS OF EMPLOYING AGENCY</b> <i>(Include Zip Code)</i> | <b>PERIOD OF EMPLOYMENT:</b>   |                               |                               |
|   | <b>BEGINNING</b> (Month, Day, Year)  | <b>END</b> (Month, Day, Year) |                               |
|   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"><b>SIGNATURE OF APPLICANT</b></td> <td style="width: 20%; padding: 5px;"><b>DATE</b></td> </tr> </table> |                               | <b>SIGNATURE OF APPLICANT</b> |
| <b>SIGNATURE OF APPLICANT</b>   | <b>DATE</b>  |                               |                               |

**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.

|   |   |              |
|---|---|--------------|
| <b>NAME OF APPLICANT</b>  | <b>POSITION TITLE OF APPLICANT</b>  |              |
| <b>NAME AND ADDRESS OF EMPLOYING AGENCY</b><br><br>CHECK: <input type="checkbox"/> Public <input type="checkbox"/> Private for Profit <input type="checkbox"/> Private not for Profit | <b>SIGNATURE OF AUTHORIZED OFFICIAL</b>   |              |
|   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"><b>TITLE</b></td> <td style="width: 20%; padding: 5px;"><b>DATE</b></td> </tr> </table> | <b>TITLE</b> |
| <b>TITLE</b>  | <b>DATE</b>   |              |

**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:

|   |                         |                        |
|---|-------------------------|------------------------|
| <b>CANCELLATION RATE BY YEAR FOR EMPLOYMENT AS NURSE FACULTY:</b><br><input type="checkbox"/> 1st Year - 20% <input type="checkbox"/> 2nd Year - 20%<br><input type="checkbox"/> 3rd Year - 20% <input type="checkbox"/> 4th Year - 25% | <b>CANCELLED:</b>       |                        |
|   | <b>PRINCIPAL AMOUNT</b> | <b>INTEREST AMOUNT</b> |
|   |                         |                        |

|   |              |             |
|---|--------------|-------------|
| <b>SIGNATURE OF AUTHORIZING OFFICIAL – LENDING SCHOOL</b> | <b>TITLE</b> | <b>DATE</b> |
|---|--------------|-------------|

