



Return to:
Department of Health
OPHN - NSLFP
4052 Bald Cypress Way, Bin C-27
Tallahassee, FL 32399-1711

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 the provisions of section 1009.66, Florida Statutes, the undersigned hereby requests a Nursing Student Loan Forgiveness Program award distribution.

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

1. Name: Last First MI 2. Current License Number:
3. *Social Security Number: - - 4. Email Address:
5. Home Mailing Address: Street City State Zip County
6. Home telephone number: () - 7. Work telephone number: () -
8. Lender Name Employer

SECTION II: Supporting Statement of Program Participant.

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 April 1, 2009 – April 1, 2010. I am NOT employed in a contract, "as needed" basis (PRN, pool nurses), agency nurses, part-time or self employed capacity.

Participant Signature Date

SECTION III: Supporting Statement of Participant's Supervisor.

I hereby declare that I have supervised 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.

Supervisor's Signature Printed Name Title Date

SECTION IV: Supporting Statement of Participant Intent.

(Initial selection)

I intend to remain employed full-time by the employer specified above for at least one more year and wish to continue participating in the Nursing Student Loan Forgiveness Program. My license is current and in good standing.
I do not wish to continue participating in the Nursing Student Loan Forgiveness Program.

Signature of Program Participant: Date:

Notice: If you purposely give false information on this application, you may be subject to fine or imprisonment or both under Section 837.06, Florida Statutes.