



NURSE or MEDICAL TECHNICIAN POSTPONEMENT/DEFERMENT/CANCELLATION

For Recipients of FEDERAL PERKINS LOANS OR NATIONAL DIRECT STUDENT LOANS made on or after July 23, 1992.

ABBREVIATED INSTRUCTIONS FOR COMPLETING THIS FORM

(See Information and Instruction Sheet ON THE BACK OF THIS FORM for detailed instructions and general information.):

To request DEFERMENT/POSTPONEMENT of payment only, complete Sections 1, 2, and 4.

To request PARTIAL CANCELLATION only, complete Sections 1, 3, and 4.

To request PARTIAL CANCELLATION for a 12-MONTH PERIOD ALREADY COMPLETED and a POSTPONEMENT of payment for AN UPCOMING 12-MONTH PERIOD, complete Sections 1, 2, 3, and 4.

Section 1: GENERAL INFORMATION

NAME: _____

E-MAIL: _____

ADDRESS: _____

TELEPHONE #: _____

CITY, STATE, ZIP: _____

Check here if this is a change of address.

Section 2: POSTPONEMENT REQUEST (APPROACHING 12-MONTH PERIOD OF FULL TIME EMPLOYMENT or CURRENT 12-MONTH PERIOD Full-time employment)

Dates of employment for this postponement request: FROM: ___/___/___ TO: ___/___/___

Section 3: CANCELLATION REQUEST (Full-Time Employment for 12-MONTH PERIOD ALREADY COMPLETED)

***If you are completing this section and plan to work in a qualifying position again for the next 12 complete months, you should also complete Section 2 for that *upcoming period*.

Dates of employment for this cancellation request: FROM: ___/___/___ TO: ___/___/___

Section 4: EMPLOYMENT REQUIREMENTS VERIFICATION (Must be complete for both Deferment/PP and/or Cancellation requests and must be signed by both the borrower and an authorized official of the employer.)

Name of employing agency: _____

Original Full-Time Start Date at Current Employer: ___/___/___ ATTACH JOB DESCRIPTION & COPY OF LICENSE/CERTIFICATION

BORROWER'S DECLARATION:

In requesting deferment/postponement of payments or partial cancellation of my Federal Perkins Loan, I declare that I am performing full-time employment for 12 consecutive months as a:

_____ **Nurse:** A licensed practical nurse, a registered nurse, or other individual who is licensed by the appropriate state agency to provide nursing services

_____ **Medical Technician:** An allied health professional (working in fields such as therapy, dental hygiene, medical technology, or nutrition) who is *certified, registered, or licensed by the appropriate state agency in the state in which he or she provides health care services; an allied professional is someone who assists, facilitates, or complements the work of physicians and other specialists in the health care system.*

I understand that if, for any reason, I do not complete a full 12-month period of full time service or if my service changes in anyway, I must immediately notify Loan Repayment Services. Further, I understand that if the change in my service does not meet the requirements for cancellation as described under Borrower's Declaration, I must make arrangements immediately to make payment of any amounts which are accrued on my loan.

Signature of Borrower

Date

EMPLOYER'S AFFIDAVIT: (NOTE: 12 MONTHS FULL-TIME EMPLOYMENT WITHOUT ANY BREAKS REQUIRED TO CANCEL)

I affirm that the borrower's job description and Borrower's Declaration of Employment as stated above are true and accurate. I also affirm that the borrower's service complies with the appropriate qualifying description on the back of this request form.

Name of Authorized Official (Please Print)

Signature of Authorized Official of Employer

Title:

Address of Authorized Official (Please Print)

Date: _____ Phone # of Authorizing Official: _____

Official Seal or Stamp *****REQUIRED***** (If none, a letter of certification on agency letterhead is required)

Cancellation rates are for COMPLETE 12-MONTH periods only:

1st and 2nd 12-month periods = 15% of original balance

3rd and 4th 12-month periods = 20% of original balance

5th 12-month period = 30% of original balance

Applies to all Federal Perkins Loans and National Direct Student Loans made on or after July 23, 1992. Also applies to National Direct Student Loans made prior to July 23, 1992, but only for work/service performed on or after October 7, 1998.

To be eligible for this type of partial cancellation, the borrower must be a full-time nurse or medical technician providing health care services.

Definition of Nurse: A licensed practical nurse, a registered nurse, or other individual who is licensed by the appropriate state agency to provide nursing services.

Definition of Medical Technician: An allied health professional (working in fields such as therapy, dental hygiene, medical technology, or nutrition) who is certified, registered or licensed by the appropriate state agency in the state in which he or she provides health care services; **an allied professional is someone who assists, facilitates, or complements the work of physicians and other specialists in the health care system.**

Definition of Allied Health Professions: The American medical Association defines an allied health professional as one engaged in the following types of services: Clinical Dietician

Anesthesiology Assistant

Blood Bank Technology

Cardiovascular Technologist

Cytotechnology

Diagnostic Medical Sonography

Electroneurodiagnostic Technology

Emergency Medical Services

Medical Assisting

Medical Illustration

Medical Laboratory Technology

Health Information Management

Nuclear Medicine Technology

Occupational Therapy

Ophthalmic Medical Technology

Perfusion

Physical Assistant Practice

Radiologic Technology

Respiratory Therapy

Surgical Technology

Audiologist

Physical Therapist

Speech and Language Pathologist

Information and Instructions for requesting Deferment of Payment

Although cancellation may only be granted *after* 12-months of full-time work/service have already been completed, a borrower should notify the Perkins Loan office as soon as full-time qualifying work/service has been secured to request a *postponement/deferment* of payment. A **postponement/deferment** of payment is issued at the *beginning* of the 12-month period of full-time work/service in anticipation of the cancellation request at the end of the 12-month period. During postponement/deferment, the borrower is not billed for payments and the account is considered current. In some cases, cessation of qualifying work/service before completion of a 12-month period means that the borrower will be responsible for any payments that have accrued since the date of the last payment received or the ending date of the last partial cancellation that was granted. Therefore, it is extremely important for the borrower to notify the Perkins Loan office of any changes in work/service.

General Policies for Partial Cancellation

In order to receive a partial cancellation, the borrower's account must be current to the beginning date of qualifying work/service or, for borrowers of older loans requesting the new October 1998 reauthorization cancellations, current to October 1, 1998. The borrower must apply for partial cancellation of his or her loan by obtaining the appropriate cancellation form. The form must be submitted on time. The borrower must provide any documentation the school requests to show that he/she qualifies for cancellation. No portion of any loan may be cancelled for services the borrower performed before the date the loan was disbursed, or during the same period he/she received the loan.

Defaulted loan amounts are not eligible for cancellation unless the only reason for the default was the borrower's failure to file a cancellation request on a timely basis. However, if the school has accelerated the account by the time the borrower files the necessary cancellation request forms, only eligible service performed prior to the date of acceleration can be considered for cancellation. A borrower is not entitled to cancellation for any eligible service performed after the date of acceleration.

No repayment made during a period for which a borrower qualified for a cancellation may be refunded, unless the borrower made the payment because of an institutional error.