

Saskatchewan Student Loan Forgiveness for Nurses and Nurse Practitioners Application

Instructions

Application Information

The applicant must complete this section in its entirety. If you have any questions about eligibility, the application process or administration of the Loan Forgiveness for Nurses and Nurse Practitioners program, please contact the National Student Loans Service Centre toll free at 1-888-815-4514.

Employment Information/Additional Employment Information

A valid registration or licensing number is required. An applicant who has been employed (full-time, part-time or casual) for 12 months in a designated under-served rural or remote community for the same employer, is not required to complete the Additional Employment Information section.

If the applicant has been employed (full-time, part-time or casual) for 12 months in more than one designated under-served rural or remote community, or for one or more employers, the applicant must complete the Additional Employment Information.

Applicants must have their employer attest to the start and end date of the 12 month Loan Forgiveness Period, as well as the number of hours completed over that period. This is the applicant's immediate supervisor. The employer is required to sign and date the attestation.

Saskatchewan Student Loan Balances with Royal Bank of Canada

Check either "yes" or "no" if you have any outstanding Saskatchewan Student Loan balances received prior to 2001 with Royal Bank of Canada (RBC).

Automatic Revision of Terms

You are required to acknowledge that if approved for loan forgiveness, your loan balance and monthly loan payments will automatically be reduced. If you wish to opt out of the automatic reduction of your monthly loan payments, and keep your current payment terms, you must indicate this by including your initials in the box provided.

Applicant Attestation

As the applicant you are required to sign and date the attestation to the validity of the information you have provided in your application for this benefit.

Break in Service - Employment Insurance

If you had a break in service of more than one month during your loan forgiveness period and received Employment Insurance (EI) benefits, please complete and sign the Break in Service, EI consent section to allow the program administrator to verify your EI benefits with the EI office.

Applicant Information

Applicant's Full Name: _____

Social Insurance Number (SIN):

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Mailing Address:

Apartment No. Street/Box No.

City/Town Province Postal Code

Email Address: _____

Employment Information

Applicant's Valid Registration No.: _____

Applicant's Profession

Applicant is a:

Registered Nurse Licensed Practical Nurse Registered Psychiatric Nurse Nurse Practitioner

Name of Medical Facility Where Applicant Worked: _____

Work Address: _____
 Street City/Town Province Postal Code

Designated Community: _____

Loan Forgiveness Period

Start Date (dd/mmm/yyyy): _____ to End Date (dd/mmm/yyyy): _____

Hours Completed: _____ hours

Supervisor/Attestor Information

Name of Immediate Supervisor/Attestor: _____

Title: _____ Supervisor/Attestor Telephone: _____

I attest that the applicant was employed in the *Applicant's Profession* at the work address and medical facility indicated, between the Start and End dates indicated and for the number of hours indicated between those Start and End dates, and that the applicant did not begin his or her current employment at the work address and medical facility prior to April 1, 2012.

X _____
Signature of Supervisor/Attestor

Date

Saskatchewan Student Loan Balances with Royal Bank of Canada (RBC)

Do you have Saskatchewan Student Loan balances received prior to 2001 with RBC? Yes No

Automatic Revision of Terms

If approved for loan forgiveness, and once your loan balance has been reduced accordingly, your monthly loan payments will also automatically be reduced. If you do not wish to have your monthly loan payments reduced, you can opt out by initialing in the blank space and your monthly payments will remain the same _____ (applicant initials).

Applicant Attestation

By signing below:

I acknowledge that I am making an application to determine whether I qualify for LOAN FORGIVENESS FOR NURSES AND NURSE PRACTITIONERS WORKING IN UNDER-SERVED RURAL OR REMOTE COMMUNITIES on my Saskatchewan Student Loans.

I understand that it is an offence to make a false or misleading statement, and that such statement may result in legal action being taken against me. Furthermore, I understand that administrative measures may be taken in respect of my student loans if such statement is made.

I acknowledge that the Government of Saskatchewan, and any of their agents or contractors, the National Student Loans Service Centre (NSLSC), consumer credit grantor(s), credit bureau(s), credit reporting agency(ies), any person or business with whom I have or may have had financial dealings and my Financial Institution(s) may directly or indirectly collect, retain, use, disclose, and exchange among themselves any personal information related to this application for the purposes of carrying out their duties under the applicable Provincial Act(s) and Regulation(s) or the provincial programs relating to student financial assistance including for administration, enforcement, debt collection, audit, verification, research and evaluation purposes. Where my consent is required to permit the direct or indirect collection, retention, use or disclosure of personal information required by law, by signing below, I provide my consent.

X _____
Signature of Applicant

Date

Apply by Mail or Fax

Forward the completed Saskatchewan Student Loan Forgiveness for Nurses and Nurse Practitioners Application by mail or fax to:

National Student Loans Service Centre

P.O. Box 4030
Mississauga, ON L5A 4M4

Fax: 1-888-815-4657

Toll Free: 1-888-815-4514

If you have questions about eligibility, the application process or administration of the Loan Forgiveness for Nurses and Nurse Practitioners program, please contact the National Student Loans Service Centre toll free at 1-888-815-4514.

Employment Insurance

If you had a break in service of more than one month in the loan forgiveness period during which you were receiving any of the following Employment Insurance benefits, you remain eligible to receive Saskatchewan Student Loan Forgiveness

- Maternity benefits
- Parental benefits
- Sickness benefits
- Compassionate care benefits
- Benefit for parents of critically ill children

Did you receive any of these benefits? Yes No

I consent for the Canada Student Financial Assistance Program to contact the Canada Employment Insurance Commission to verify that I was in fact on Employment Insurance related leave during my loan forgiveness period identified in the Employment Information section, if required, for the purpose of continued eligibility.

Additional Employer/Community

Employer/Community #1

Applicant's Valid Registration No.: _____

Applicant's Profession

Applicant is a:

Registered Nurse Licensed Practical Nurse Registered Psychiatric Nurse Nurse Practitioner

Name of Medical Facility Where Applicant Worked: _____

Work Address: _____
 Street City/Town Province Postal Code

Designated Community: _____

Loan Forgiveness Period

Start Date (dd/mmm/yyyy): _____ to End Date (dd/mmm/yyyy): _____

Hours Completed: _____ hours

Supervisor/Attestor Information

Name of Immediate Supervisor/Attestor: _____

Title: _____ Supervisor/Attestor Telephone: _____

I attest that the applicant was employed in the *Applicant's Profession* at the work address and medical facility indicated, between the Start and End dates indicated and for the number of hours indicated between those Start and End dates, and that the applicant did not begin his or her current employment at the work address and medical facility prior to April 1, 2012.

X _____
Signature of Supervisor/Attestor Date

Employer/Community #2

Applicant's Valid Registration No.: _____

Applicant's Profession

Applicant is a:

Registered Nurse Licensed Practical Nurse Registered Psychiatric Nurse Nurse Practitioner

Name of Medical Facility Where Applicant Worked: _____

Work Address: _____
Street City/Town Province Postal Code

Designated Community: _____

Loan Forgiveness Period

Start Date (dd/mmm/yyyy): _____ to End Date (dd/mmm/yyyy): _____

Hours Completed: _____ hours

Supervisor/Attestor Information

Name of Immediate Supervisor/Attestor: _____

Title: _____ Supervisor/Attestor Telephone: _____

I attest that the applicant was employed in the *Applicant's Profession* at the work address and medical facility indicated, between the Start and End dates indicated and for the number of hours indicated between those Start and End dates, and that the applicant did not begin his or her current employment at the work address and medical facility prior to April 1, 2012.

X _____
Signature of Supervisor/Attestor Date

Employer/Community #4

Applicant's Valid Registration No.: _____

Applicant's Profession

Applicant is a:

Registered Nurse Licensed Practical Nurse Registered Psychiatric Nurse Nurse Practitioner

Name of Medical Facility Where Applicant Worked: _____

Work Address: _____
Street City/Town Province Postal Code

Designated Community: _____

Loan Forgiveness Period

Start Date (dd/mmm/yyyy): _____ to End Date (dd/mmm/yyyy): _____

Hours Completed: _____ hours

Supervisor/Attestor Information

Name of Immediate Supervisor/Attestor: _____

Title: _____ Supervisor/Attestor Telephone: _____

I attest that the applicant was employed in the *Applicant's Profession* at the work address and medical facility indicated, between the Start and End dates indicated and for the number of hours indicated between those Start and End dates, and that the applicant did not begin his or her current employment at the work address and medical facility prior to April 1, 2012.

X _____
Signature of Supervisor/Attestor

Date