

# EXHIBIT J

US DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 PUBLIC HEALTH SERVICE  
 HEALTH RESOURCES AND SERVICES ADMINISTRATION  
 BUREAU OF HEALTH PROFESSIONS  
 5600 FISHERS LANE, PARKLAWN BUILDING  
 ROCKVILLE, MARYLAND 20857

## NFLP CERTIFICATION OF DEFERMENT STATUS

**INSTRUCTIONS:** To request deferment of repayment on your Nurse Faculty Loan, two (2) copies of a Certification of Deferment Status form must be filed with the lending school at each of the following times: (1) when your first repayment installment is due, (2) annually thereafter as long as you are eligible for such deferment, and (3) when you cease to be in eligible deferment status. A copy of the form, properly executed, as submitted to the school, should be retained for your own records.

**NOTE:** Provisions governing deferment of Nurse Faculty Loan vary according to the date such loans were made; therefore, you should read the *Guide for repayment, deferment, and cancellation of Health Professions or Nursing Loans* for the specific provisions applicable to your loans before completing this form. The Guides are available from the school from which the loan was made.

**NAME AND ADDRESS OF SCHOOL FROM WHICH LOAN WAS MADE**

**NAME AND ADDRESS OF BORROWER**

### PART I : REQUEST FOR DEFERMENT OF REPAYMENT -To be completed by borrower if he/she:

**Check one of the eligible deferment options below:**

- NFLP borrower performs active duty as a member of the uniformed service\*. This is to certify that I was in the \_\_\_\_\_ (Name of Service), from \_\_\_\_\_ to \_\_\_\_\_.
- NFLP borrower graduated and is employed as nurse faculty, decided to return to a graduate nursing education program to further their preparation as nurse faculty
- NFLP borrower graduated and participates in post-doctoral program

I further agree to notify the school from which I receive assistance immediately upon termination of my status as indicated above.

**SIGNATURE OF BORROWER**

**DATE**

### PART II – CERTIFICATION OF DEFERMENT

To be completed by Commanding Officer and mailed to school from which the loan was made.

**NAME AND ADDRESS OF UNIFORMED SERVICE HEADQUARTERS**

**SIGNATURE OF COMMANDING OFFICER**

**DATE**

**INSTITUTIONAL ACTION (school from which the loan was made)**

Approved  Disapproved

**SIGNATURE**

Reason for disapproval \_\_\_\_\_

**DATE**

\* The uniformed services of the United States are the Army, Navy, Marine Corps, Air Force, Coast Guard, the National Oceanic and Atmospheric Administration Corps, and the U.S. Public Health Service Commissioned Corps.