

EXHIBIT E

NFLP REQUEST FOR PARTIAL CANCELLATION

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

Public Law 111-148, Section 5011

The form must be submitted for each complete year of full-time nurse faculty employment through more than one part-time position. Each employing agency must complete Part I, (A) obtain certification by the employing agency; Part II, and the loan at the appropriate rate in lieu of payment. The lending school will collect interest), and return the copy to the borrower making such request.

NAME AND ADDRESS OF THE APPLICANT (include zip code)

NAME AND ADDRESS OF THE EMPLOYING AGENCY (include zip code)

(include zip code)

PART I - Completed by Borrower

NAME AND ADDRESS OF EMPLOYING AGENCY (include zip code)

PERIOD OF EMPLOYMENT
 BEGINNING (Month, Day, Year) END (Month, Day, Year)

SIGNATURE OF APPLICANT MAIL DATE

PART II - Certification by Employing Agency

I hereby certify that the above statements concerning full-time or part-time nurse faculty employment and the period of service are true and correct.

NAME OF APPLICANT POSITION TITLE OF APPLICANT

SIGNATURE OF AUTHORIZED OFFICIAL

NAME AND ADDRESS OF EMPLOYING AGENCY