

Health Resources and Services Administration Bureau of Health Professions  
**Nurse Faculty Loan Program**

**Application Procedures**

Prior to submitting your application for the Nurse Faculty Loan Program it is important that you read these application procedures to ensure that you follow the prescribed application process. Failure to follow the prescribed process will result in your application being delayed and may result in your application being denied.

- STEP 1**      **Completion of the Private Education Loan Application Self-Certification form**  
To ensure that you enter the correct amounts on this form it is imperative that you verify the figures with the UC Office of Financial Aid by requesting the information from [sfao-proc@ucmail.uc.edu](mailto:sfao-proc@ucmail.uc.edu). **You must include in your message your interest in NFLP funding, the terms in an academic year you intend to receive funding (academic years run Autumn through Summer), and the number of credit hours for which you intend to enroll each of those terms.** They will calculate and respond your cost of education, the financial assistance for which you are eligible and the amount of financial assistance that remains. This is the appropriate step in which you should discuss other forms of financial aid you are receiving and which you will no longer accept if approved for this funding.
- STEP 2**      **Funding Allocation Preference-FAFSA Statement**  
Once you have verified with the Financial Aid Office the figures on the Private Education Loan Application Self-Certification form complete the Funding Allocation Preference form. Beginning in 2020, to be awarded NFLP fund you must have completed the [FAFSA](#). As such, you must confirm on the Funding Allocation Preference that you have completed and submitted your FAFSA.
- STEP 3**      **Statement of Understanding**  
Contact your faculty advisor to discuss how the required Nurse Educator courses best fit into your curricular plan. You will need to complete the Statement of Understanding, indicating what terms you will take the Nurse Educator courses and obtain your faculty advisor's signature on the form. **Note:** If you received NFLP Funding the previous academic year from the UC College of Nursing you need only to complete this form if your academic program plan of study has changed.
- STEP 4**      **Nurse Faculty Loan Program Loan Application**  
**Once you have completed the Self-Certification, Funding Preference, and Statement of Understanding forms you are ready to complete the NFLP Loan Application.** All forms must have original signatures to be valid. If you are enrolled in a Distance Learning program you must have your signatures notarized prior to submitting your application. Once all above steps are complete and your original signatures are notarized (if enrolled in a Distance Learning program) scan all application materials into one PDF document and send as an attachment to

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# Private Education Loan Applicant Self-Certification

This space for lender use only

OMB No. 1845-0101  
OMB Approved  
Exp. Date 8/31/2022

**Important:** Pursuant to Section 155 of the Higher Education Act of 1965, as amended, (HEA) and to satisfy the requirements of Section 128(e)(3) of the Truth in Lending Act, a lender must obtain a self-certification signed by the applicant before disbursing a private education loan. The school is required on request to provide this form or the required information only for students admitted or enrolled at the school. Throughout this Applicant Self-Certification, "you" and "your" refer to the applicant who is applying for the loan. The applicant and the student may be the same person.

**Instructions:** Before signing, carefully read the entire form, including the definitions and other information on the following page. Submit the signed form to your lender.

## SECTION 1: NOTICES TO APPLICANT

- Free or lower-cost Title IV federal, state, or school student financial aid may be available in place of, or in addition to, a private education loan. To apply for Title IV federal grants, loans and work-study, submit a Free Application for Federal Student Aid (FAFSA) available at [www.fafsa.ed.gov](http://www.fafsa.ed.gov), or by calling 1-800-4-FED-AID, or from the school's financial aid office.
- A private education loan may reduce eligibility for free or lower-cost federal, state, or school student financial aid.
- You are **strongly** encouraged to pursue the availability of free or lower-cost financial aid with the school's financial aid office.
- The financial information required to complete this form can be obtained from the school's financial aid office. If the lender has provided this information, you should contact your school's financial aid office to verify this information and to discuss your financing options.

## SECTION 2: COST OF ATTENDANCE AND ESTIMATED FINANCIAL ASSISTANCE

If information is not already entered below, obtain the needed information from the school's financial aid office and enter it on the appropriate line. Sign and date where indicated. See Section 5 for definitions of financial aid terms.

- A. Student's cost of attendance for the period of enrollment covered by the loan \$ \_\_\_\_\_
- B. Estimated financial assistance for the period of enrollment covered by the loan \$ \_\_\_\_\_
- C. Difference between amounts A and B \$ \_\_\_\_\_

**WARNING:** If you borrow more than the amount on line C, you risk reducing your eligibility for free or lower-cost federal, state, or school financial aid.

## SECTION 3: APPLICANT INFORMATION

Enter or correct the information below.

Full Name and Address of School \_\_\_\_\_

Applicant Name (last, first, MI) \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Permanent Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Area Code / Telephone Number Home ( ) \_\_\_\_\_ Other ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Period of Enrollment Covered by the Loan (mm/dd/yyyy) From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

If the student is **not** the applicant, provide the student's name and date of birth.

Student Name (last, first, MI) \_\_\_\_\_ Student Date of Birth (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

## SECTION 4: APPLICANT SIGNATURE

I certify that I have read and understood the notices in Section 1 and, that to the best of my knowledge, the information provided on this form is true and correct.

Signature of Applicant \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

## SECTION 5: DEFINITIONS

**Cost of attendance** is an estimate of tuition and fees, room and board, transportation, and other costs for the period of enrollment covered by the loan, as determined by the school. A student's cost of attendance may be obtained from the school's financial aid office.

**Estimated financial assistance** is all federal, state, institutional (school), private, and other sources of assistance used in determining eligibility for most Title IV student financial aid, including amounts of financial assistance used to replace the expected family contribution. The student's estimated financial assistance is determined by the school and may be obtained from the school's financial aid office.

A **lender** is a private education lender as defined in Section 140 of the Truth in Lending Act and any other person engaged in the business of securing, making, or extending private education loans on behalf of the lender.

A **period of enrollment** is the academic year, academic term (such as semester, trimester, or quarter), or the number of weeks of instructional time for which the applicant is requesting the loan.

A **private education loan** is a loan provided by a private education lender that is not a Title IV loan and that is issued expressly for postsecondary education expenses, regardless of whether the loan is provided through the school that the student attends or directly to the borrower from the private education lender. A private education loan does not include (1) An extension of credit under an open-end consumer credit plan, a reverse mortgage transaction, a residential mortgage transaction, or any other loan that is secured by real property or a dwelling; or (2) An extension of credit in which the school is the lender if the term of the extension of credit is 90 days or less or an interest rate will not be applied to the credit balance and the term of the extension of credit is one year or less, even if the credit is payable in more than four installments.

**Title IV student financial aid** includes the Federal Pell Grant Program, the Federal Supplemental Educational Opportunity Grant (FSEOG) Program, the Federal Work-Study (FWS) Program, the William D. Ford Federal Direct Loan (Direct Loan) Program, the Federal Perkins Loan Program, and the Teacher Education Assistance for College and Higher Education (TEACH) Grant Program. To apply for Title IV federal grants, loans, and work-study, submit a Free Application for Federal Student Aid (FAFSA), which is available at [www.fafsa.gov](http://www.fafsa.gov), by calling 1-800-4-FED-AID, or from the school's financial aid office.

## SECTION 6: PAPERWORK REDUCTION NOTICE

**Paperwork Reduction Notice:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 1845-0101. The time required to complete this information collection is estimated to average 0.25 hours (15 minutes) per response, including the time to review instructions, search existing data resources, gather and maintain the data needed and complete and review the information collection.

**If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, DC 20202-4651

**If you have any comments or concerns regarding the status of your individual submission of this form, contact your lender.**

## NURSE FACULTY LOAN PROGRAM (NFLP) LOAN APPLICATION

(To be completed by the Borrower)

This form must be completed in its entirety and returned to the office of the Bursar before a NFLP loan is made.

**WARNING: Any person who knowingly makes a false statement or misrepresentation in a NFLP transaction, bribes or attempts to bribe a federal official, fraudulently obtains a NFLP loan or commits any other illegal action in connection with a federal NFLP loan is subject to a fine or imprisonment under federal statute.**

### SECTION I

1a. **APPLICANT NAME**  
(Last) (First) (M.I.)

2. **SOCIAL SECURITY NUMBER (SSN)**

1b. **OTHER NAMES USED**  
(Last) (First) (M.I.)

3. **DATE OF BIRTH (Month/Day/Year)**

4. **CURRENT ADDRESS (Number, Street, Apartment Number, City, State, Zip Code)**

5a. **DAYTIME PHONE (Area Code/Number)**  
( )

6. **EMAIL ADDRESS**

7. **DRIVER'S LICENSE NUMBER AND STATE**

8. **DEGREE PROGRAM:**

\_\_\_\_\_

**EXPECTED GRADUATION DATE:** \_\_\_\_\_

9. **EDUCATION LEVEL:**

☐ **MASTER'S**

☐ **DOCTORAL**

10. **PERSONAL REFERENCES -- Friend(s) and Relative(s)**

▪ NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

▪ NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

### SECTION II

11. **ACKNOWLEDGEMENT**

I, the above named applicant, have been informed that I must agree to the service obligation associated with the Nurse Faculty Loan Program in order to be eligible to receive a loan under this program.

THE ABOVE INFORMATION IS CORRECT AND COMPLETE AND I HEREBY AUTHORIZE VERIFICATION AS REQUIRED BY THE SCHOOL.

**Printed Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

## Funding Allocation Preference

**Nurse Faculty Loan funds are awarded on an academic year basis. Providing the below information will determine how funds are allocated each term if funds are awarded.**

### SECTION I

1a. **APPLICANT NAME**  
(Last)

(First)

(M.I.)

2. **UC Student ID:**

3. **Academic Program**

4. **Intended Graduation Term**

### SECTION II

5. **Preference for Funding Allocation for Academic Year**

<b>Term</b>	<b>Credit Hours</b>	
Autumn		
Spring		
Summer		

**I confirm that I have completed and submitted my FAFSA application by the date indicated with my signature below.**

Signature

Date

**Core Values:** Accountability, Integrity, Respect, Excellence

**Vision:** Transforming health care through **INNOVATIVE** education and research.

Health Resources and Services Administration Bureau of Health Professions

## Nurse Faculty Loan Program STATEMENT OF UNDERSTANDING

I understand that in order to receive NFLP funding I am required to be enrolled in and complete the Nurse Educator certificate program prior to graduating with my intended degree from the University of Cincinnati. The Nurse Educator certificate program consists of the following courses:

**NURS8082: Learning-Centered Teaching in Healthcare (3 credit hours)** This course focuses on the role of the healthcare faculty member in developing cognitive, affective, and psychomotor student learning outcomes. Facilitating learning in traditional, flexible, and virtual learning spaces, use of evidence-based teaching, and addressing the needs of diverse learners in classroom and clinical settings will be emphasized.

**NURS8084: Curriculum Design and Student Assessment in Healthcare (3 credit hours)** This course focuses on curriculum design and evaluation to facilitate student learning across cognitive, psychomotor, and affective domains. Strategies to assess student learning and program effectiveness will be explored.

**NURS8086: Instructional Technology for Learning-Centered Teaching (3 credit hours)** This course focuses on the effective use of instructional technology to support learning-centered teaching. These may include maximizing the use of current learning management systems, presentation software and software to assist in the production of instructional videos and animations. We will explore the use of virtual reality platforms and simulations in academia. Emphasis will be placed on pedagogically sound applications of instructional technologies from the perspectives of theory, research, practice, and future trends.

**NURS8088: The Professorial Role in Nursing Education (3 credit hours)** This course focuses on the comprehensive investigation of the faculty nursing role in academic settings with regard to administration, student issues, program requirements, evaluation, and faculty expectations. Students will complete a practicum of 56 contact hours in an area of interest within teaching or educational administration. This course is the final course in the Graduate Certificate curriculum.

Students awarded the NFLP funds must commit to completing the above listed coursework **prior to** completing their degree requirements. Please indicate below the term in which you and your faculty advisor have agreed that the courses best fit into your academic plan of study.

Course	Term to be Completed
NURS 8082: Learning-Centered Teaching in Healthcare	
NURS8084: Curriculum Design & Student Assessment in Healthcare	
NURS8086: Instructional Technology for Learning-Centered Teaching	
NURS8088: The Professional Role in Nursing Education	

\_\_\_\_\_  
Faculty Advisor Signature

\_\_\_\_\_  
Date

I have been admitted to the Nurse Educator certificate program at the UC College of Nursing

I have previously earned a degree in Nursing Education.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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