

The Care for Maryland® Nursing Loan Program

Certification Form

INSTRUCTIONS: Please read this form carefully and provide all requested information. Have your employer sign and date the form. If your current employer cannot certify that you have met the 36 month work requirement detailed below, please submit additional form(s) certified by your prior employer(s) so that Navient receives sufficient employer certification that you have worked full time for at least 36 months, as described below. Return the completed form to Navient, PO Box 9500, Wilkes-Barre, Pa. 18773-9500. This completed form(s) must be received by Navient no later than 60 months after the initial repayment begin date on the qualifying Stafford loans described in Section 2 below.

SECTION 1: BORROWER INFORMATION		
NAME	ACCOUNT NUMBER	(AREA CODE) TELEPHONE NUMBER
STREET ADDRESS		
CITY	STATE	ZIP CODE
SECTION 2: REQUIREMENTS		
<p>Eligibility requirements:</p> <ul style="list-style-type: none"> ➤ Must have a qualifying Federal Stafford Loan with a participating Navient lender partner first disbursed 7/1/05 through 6/30/08. ➤ Must be a licensed LPN, RN, or RN Advanced Practice Nurse. ➤ Must have worked full-time as a Nurse or Nurse-Administrator at an eligible healthcare facility or program in the State of Maryland for at least 36 months since entering repayment on the qualifying Stafford Loan(s). Eligible programs and facilities include, but are not limited to hospitals, clinics, doctors' offices, school nurse programs, public health programs, the Red Cross, hospice programs, nursing homes, or healthcare agencies providing home healthcare, that require a nursing license of LPN, RN, or an RN Advanced Practice Certification. <p>I certify, to the best of my knowledge and belief, that I meet the criteria listed above.</p>		
Borrower Signature		Date
SECTION 3: EMPLOYMENT CERTIFICATION (To be completed by the employer. Please be sure to fill in all the blanks.)		
<p>I certify, to the best of my knowledge and belief, that the borrower named above has worked full time as a Nurse or Nurse-Administrator at an eligible healthcare program, facility, or school, as described in section 2 and listed below, in the State of Maryland for ___ months within the last 5 years.</p> <p>I certify, to the best of my knowledge and belief, that the healthcare facility, school, or program named below meets the following criteria:</p> <ul style="list-style-type: none"> ➤ Requires its Nurses or Nurse Administrators to have a nursing license of LPN, RN, or RN Advanced Practice Certification. 		
Place of Employment		Employer Identification Number (EIN)
Business Address (Street, City, State, Zip)		Telephone
Chief Administrative Officer's Name and Title (Printed)		
Chief Administrative Officer's Signature		Date
SECTION 4: BENEFIT AWARD		
<p>Note: The benefit will be awarded as a principal balance reduction on your eligible loans. You may view the benefit at Navient.com selecting "Borrower benefits" from the "Customer Support" menu where you will see the benefit posted on your eligible loan(s).</p>		