

## Nursing/Medical Technician Cancellation Addendum

### Part 1 - To Be Completed By Borrower

Borrower Name (Last, First, Initial):	Account Number:	Social Security Number:
Address:	City:	State:
	Zip:	Telephone Number:

### Part 2 - To Be Completed By Employer

The borrower indicated above has applied for a cancellation of their student loan based on their employment as a nurse or medical technician. In order for a cancellation request to be honored the employer must respond to the following questionnaire.

	Yes	No
1 Is the above referenced borrower employed with your organization?	<input type="checkbox"/>	<input type="checkbox"/>
2 Is borrower a full-time employee?	<input type="checkbox"/>	<input type="checkbox"/>
3 Borrower's <b>full-time</b> employment start date _____ end date (if applicable) _____	<input type="checkbox"/>	<input type="checkbox"/>
4 Is borrower a licensed practical nurse, registered nurse, or other individual who is licensed by the appropriate state agency to provide nursing services?	<input type="checkbox"/>	<input type="checkbox"/>
5 Is borrower a physician?	<input type="checkbox"/>	<input type="checkbox"/>
6 Is borrower an allied health professional (working in fields such as therapy, dental hygiene, medical technology, or nutrition) who is certified, registered, or licensed by the appropriate state agency in the state in which he or she provides health care services? <b>Please note an allied health professional is someone who assists, facilitates, or complements the work of physicians and other specialists in the health care system.</b>	<input type="checkbox"/>	<input type="checkbox"/>
7 The American Medical Association defines an allied health professional as one engaged in the below listed types of services. If your response to question # 4 was no, please circle the occupation below that the borrower is engaged in.		
Audiologists Anesthesiology Assistant Athletic Trainer Blood Bank Tech Cardiovascular Tech Cytotechnologist Diagnostic Med Sonographer Electroneurodiagnostic Tech	Emergency Medical Services Medical Assistant Medical Illustrator Medical Lab Tech Health Information Mgmt Nuclear Med Tech Occupational Therapist Ophthalmic Med Tech	Perfusion Physical Assistant Practice Physical Therapist Radiology Tech Respiratory Therapist Speech & Language Pathologist Surgical Tech Other _____
8 A copy of the borrower's job description must accompany this form. Is a job description enclosed?	<input type="checkbox"/>	<input type="checkbox"/>

**I certify that the information stated above is true and correct.**

Certifying Organization:	Signature of Authorized Official:	
Telephone No:		
Address:	Title:	Date Signed:
State:      Zip:	<b>Form may be faxed to: (517) 353-9640</b>	<b>Please return to: Michigan State University 140 Administration Building East Lansing, MI 48824-0110</b>