

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 full-time 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? 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.	<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.																										
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Audiologists</td> <td style="width: 33%;">Emergency Medical Services</td> <td style="width: 33%;">Perfusion</td> </tr> <tr> <td>Anesthesiology Assistant</td> <td>Medical Assistant</td> <td>Physical Assistant Practice</td> </tr> <tr> <td>Athletic Trainer</td> <td>Medical Illustrator</td> <td>Physical Therapist</td> </tr> <tr> <td>Blood Bank Tech</td> <td>Medical Lab Tech</td> <td>Radiology Tech</td> </tr> <tr> <td>Cardiovascular Tech</td> <td>Health Information Mgmt</td> <td>Respiratory Therapist</td> </tr> <tr> <td>Cytotechnologist</td> <td>Nuclear Med Tech</td> <td>Speech & Language Pathologist</td> </tr> <tr> <td>Diagnostic Med Sonographer</td> <td>Occupational Therapist</td> <td>Surgical Tech</td> </tr> <tr> <td>Electroneurodiagnostic Tech</td> <td>Ophthalmic Med Tech</td> <td>Other _____</td> </tr> </table>	Audiologists	Emergency Medical Services	Perfusion	Anesthesiology Assistant	Medical Assistant	Physical Assistant Practice	Athletic Trainer	Medical Illustrator	Physical Therapist	Blood Bank Tech	Medical Lab Tech	Radiology Tech	Cardiovascular Tech	Health Information Mgmt	Respiratory Therapist	Cytotechnologist	Nuclear Med Tech	Speech & Language Pathologist	Diagnostic Med Sonographer	Occupational Therapist	Surgical Tech	Electroneurodiagnostic Tech	Ophthalmic Med Tech	Other _____	<input type="checkbox"/>	<input type="checkbox"/>
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Electroneurodiagnostic Tech	Ophthalmic Med 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:
City:		
State: Zip:	Form may be faxed to: (517) 353-9640	Please return to: Loans Receivable Hannah Administration Building 426 Auditorium Rd Rm 360 (LR) East Lansing, MI 48824-2602