

**EASTERN OREGON UNIVERSITY – PERKINS LOAN PROGRAM
NURSE/MEDICAL TECHNICIAN – DEFERMENT/CANCELLATION REQUEST**

See Information and Directions on the back. This form must be signed by an official in the agency to certify the borrower's service.

BORROWER INFORMATION – TO BE COMPLETED BY THE BORROWER

Name _____ Acct # _____ Email _____

Address _____ Phone _____
Street City State Zip Code Home or Cell # Work or Alt #

Part I - - DEFERMENT APPLICATION: TO BE COMPLETED BY THE BORROWER

COMPLETE THIS SECTION IF YOU WILL BE EMPLOYED FULL-TIME FOR THE UPCOMING YEAR in a position that qualifies by the definition on the back.

Employer _____ Job Title _____

Period of DEFERMENT: from _____ to _____
Month/Day/Year Month/Day/Year

I claim exemption from payment of principal and interest on my Perkins Loan during the one year Period indicated above due to my employment as a nurse or a medical technician. If my deferment Request falls within my initial 9 month grace period, I waive the remainder of that initial 9 month grace period. I agree to notify the lending institution (EOU) immediately upon termination of my employment.

IMPORTANT
1) YOU MUST INCLUDE A CERTIFIED JOB DESCRIPTION ***THE FIRST TIME*** YOU APPLY FOR THIS DEFERMENT/CANCELLATION FOR THIS JOB.
2) YOU MUST INCLUDE A COPY OF YOUR ***CURRENT LICENSE WITH EACH REQUEST.***

Signature _____ Date: _____

Part II - - CANCELLATION APPLICATION: TO BE COMPLETED BY THE BORROWER

COMPLETE THIS SECTION IF YOU HAVE COMPLETED A YEAR OF SERVICE AS A NURSE OR MEDICAL TECHNICIAN.

Employer _____ Job Title _____

I was employed full time as a nurse or medical technician and am requesting cancellation of my EOU Perkins Loan for a one year period.

Period of CANCELLATION: from _____ to _____
Month/Day/Year Month/Day/Year

IMPORTANT
1) YOU MUST INCLUDE A CERTIFIED JOB DESCRIPTION ***THE FIRST TIME*** YOU APPLY FOR THIS DEFERMENT/CANCELLATION FOR THIS JOB.
2) YOU MUST INCLUDE A COPY OF YOUR ***CURRENT LICENSE WITH EACH***

Signature _____ Date: _____

Part III - - CERTIFICATION: TO BE COMPLETED BY THE CERTIFYING AUTHORITY, EMPLOYER

I certify that the information in Part I & II is true and correct.

_____/_____/_____
Signature Title Date

Name of Organization

Address City, State, Zip Telephone

OFFICIAL SEAL OR STAMP
(You MUST provide an official Seal or Stamp
If you do NOT have one, an additional certification on your company letterhead must be included.

If a perforated style seal is used, please do not fax as those types of seals do not transfer via fax

If you have questions, please contact: EOU Perkins Loan Department @ 541.962.3305 or via email: perkins@eou.edu

RETURN COMPLETED FORM TO: EOU, One University Blvd. Inlow Hall 101A, La Grande, OR 97850

For EOU Office Use

() 1st year/15% () 2nd year/15% () 3rd year/20% () 4th year/20% () 5th year/30%

() Job Description Received or On File
() License Expiration Date _____

Principal Cancelled \$ _____ Principal Balance after this transaction \$ _____

Signature: _____ EOU, Perkins Loan Program Specialist

INFORMATION AND DIRECTIONS

This form will NOT be processed if:

borrower's name is missing dates are missing or incorrect Certified Job Description is missing or not on file Current license is not included or not on file is not certified by appropriate authority Stamp, Seal or additional Letterhead Certification is missing

Payments for periods before the borrower qualifies for deferment/cancellation can not be canceled or deferred. No payment made during a period for which a borrower qualified for a cancellation may be refunded unless the borrower made the payment because of the school's error.

The borrower must be employed full-time as a nurse or medical technician, providing health care services directly to patients, in order to defer payments. During deferment, payments and interest do not accrue. Near the end of the deferment period the borrower will receive an information notice showing the date the deferment ends.

A form to file for cancellation for the current year and deferment for the next year is also sent. If you qualify for both, you may use this form for one year's cancellation and the next year's deferment. Make sure you get the correct dates in each section. When the cancellation has been processed, an approval notice will be sent to the borrower for his or her records.

No portion of any loan may be cancelled for services the borrower performed before the date the loan was disbursed, or during the same period he or she received the loan.

The higher Education Amendments of 1992 provided a cancellation for full-time nurses or medical technicians, providing health care services directly to patients, on their Federal Perkins Loan or NDSL made on or after July 23, 1992. The Higher Education Act of 1998 extended this cancellation to loans made before that date for work performed on or after October 7, 1998.

Information from The Federal Student Financial Aid Handbook

Definitions from the Handbook:

Medical Technician: 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; an allied health professional is someone who assists, facilitates, or complements the work of physicians and other specialists in the health care system.

Nurse: A licensed practical nurse, a registered nurse, or other individual who is licensed by the appropriate state agency to provide nursing services.

You can find a list of accredited allied health professions at <http://www.ama-assn.org/ama/pub/category/2302.html>.

This is not a complete list of all health professions.

Applicant's must provide a copy of their current license from the state they are employed.

The cancellation rate per year of service is:

- 15 percent of the original principal loan amount for each of the first and second years
- 20 percent of the original principal loan amount for each of the third and fourth years
- 30 percent of the original principal loan amount for the fifth year