

Georgia Board of Health Care Workforce

James Barber, MD
BOARD CHAIRMAN



Chet Bhasin, FACHE
EXECUTIVE DIRECTOR

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Main (404) 232-7972 • healthcareworkforce.georgia.gov • gbhcw@dch.ga.gov

Name _____

Institution _____

Address _____ Phone _____ Email _____

Is your Employment History fully represented in your CV? *Add any missing information here.

For the past year, list Faculty Responsibilities:

College/University _____

Program (LPN, LPN to RN, ASN, BSN, MSN, MN, DNP, PhD) _____

Campus _____

Course _____

Number of students _____

College/University Service (fill in any of the below that apply)

- Committees _____
- Other _____
- Recognition _____
- Awards _____
- Teaching evaluations _____
- Peer evaluation _____
- Other _____

Efforts funded external to the College/University

- Grants _____
- Other employment _____

Are you receiving other scholarships or loan repayment dollars? Yes _____ No _____

If yes: \$ _____

*Please add any missing information from the above questions.

Nurse Faculty Loan Repayment Employer Verification Form – GBHCW

Please complete this for the applicant who is requesting to verify their employment with your organization. This will be used to consider the applicant for loan repayment dollars as Nurse Faculty with the Georgia Board of Health Care Workforce.

Employer Name _____

Email _____

Phone _____

Title _____

I confirm that applicant _____ (insert name) is:

- Employed as faculty in School of Nursing for at least one year. Yes ___ No ___
- Employed full-time Yes ___ No ___
- In good standing Yes ___ No ___

In the next two years, I anticipate this faculty member to have the following responsibilities:

- Teaching (which course in which program for how many students) _____
- Service _____
- Scholarship or research _____
- Administrative roles such as program chair _____
- Comment _____
- (Optional): _____

I certify that the information given in this application is accurate and complete to the best of my knowledge and belief. I hereby consent fully to the verification of all information included in this application. I understand that any willfully false representation of information is sufficient cause for the rejection of this application. I have fully disclosed all outstanding loan debt and am not currently in default of any service or loan obligation.

Signature _____

Name _____

Title _____

Date _____

Nursing Faculty Loan Repayment Program Lender Disclosure

Applicant: This form must be sent to each lending institution or agency for which you seek loan repayment.

Please complete the red areas prior to sending them to the lender. The lending institution must forward the completed form to our office no later than **December 1, 2023**

Lender: If the named individual's application is approved, the information requested below will be used to arrange third-party pre-payment of a portion or all of the applicant's debt. Please return the completed form to the following:

GBHCW, 2 MLK JR. DR SE, 11TH Floor, East Tower, Atlanta, GA 30334

Applicant's name as it appears onloan: _____

Original Lending Institution, Federal or State Program, Please Provide:

Full Name of Institution	Contact Person	Phone Number
_____	\$ _____	_____
Loan ID Number	Original Loan Amount	Date of Original Loan
_____	\$ _____	_____
Grace Period/Forbearance Dates	Current Balance	Date of Balance
_____	_____	_____
Interest Rate	Simple or Compound	
_____	_____	

If the interest rate is variable, explain.
terms: _____

Purpose of loan as indicated on **original** loanapplication: _____

Certification by Applicant Borrower:

I hereby authorize the government of the financial Institution named above to release this information to the Georgia Board of Health Care Workforce for the purpose of repayment of outstanding nursing education debt.

I also certify the accuracy of the enclosed information and apply to enter into an agreement with the GEORGIA BOARD OF HEALTH CARE WORKFORCE of all or the appropriate portion of the education loan listed above, incurred solely for the cost of nursing education, including reasonable living expense at a school of nursing.

Full Legal Signature _____ Date _____

Certification by Authorized Agency of Lending Institution:

The undersigned states that, to the best of his/her knowledge, the loan identified above is a bona fide, legally enforceable, commercial, state, or government educational loan made for the purpose of meeting the borrower's costs of attaining the degree of Masters (MSN) or Doctorate (DNP) in Nursing.

Print/Type Name of Authorized Agent Title

Official Signature _____

Lender Organization's Federal Employer Identification Number: _____

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2011, by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2002 (“IIREA”) provides that “[n]ot later than August 1, 2022, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(F). The Attorney General may modify this list on a more frequent basis if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2 contains verifiable documents for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Islands, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentservices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

Secure and Verifiable Documents Secure O.C.G.A. § 50-36-2(b)(3)

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- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRA) card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-561) [O.C.G.A. § 50.36.2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administration, a public benefit or program, an agency is required by federal law to accept a document or other form of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit.