# Employment Verification

To begin the Employment Verification process, select "Initiate" next to the site information below. Employment Verification is to be completed by your site point of contact (POC) through the Customer Service Portal ('Portal') for Site Administrators. You may need to contact your site POC to alert them that your EV will arrive via the Portal. Additional site POC information is available by clicking the site name below. For additional information regarding the Employment Verification process, please see the Nurse Corps LRP Employment Verification FAQs.

**Once your application has been submitted the EV will be available for review. Please take time to ensure that all information is accurate and reflects your current employment status, salary and correct license information.**

## CURRENT REQUESTS

| Site Name | Verification Type | Date Created | Status | Other POC Email | | |
|---|---|---|---|---|---|---|
| Henderson County Wellness Clinic | Application | 03/26/2019 | Complete | 1CE92F253CC90DCCB1@EXAMPLE.com | Cancel | View |

## HISTORICAL REQUESTS

| Site Name | Date Created | Status | Other POC Email |
|---|---|---|---|
| Henderson County Wellness Clinic | 03/26/2019 | Cancelled | EC49B4B9AF266B19FF@EXAMPLE.com |
| Henderson County Wellness Clinic | 03/20/2019 | Cancelled | 1CE92F253CC90DCCB1@EXAMPLE.com |

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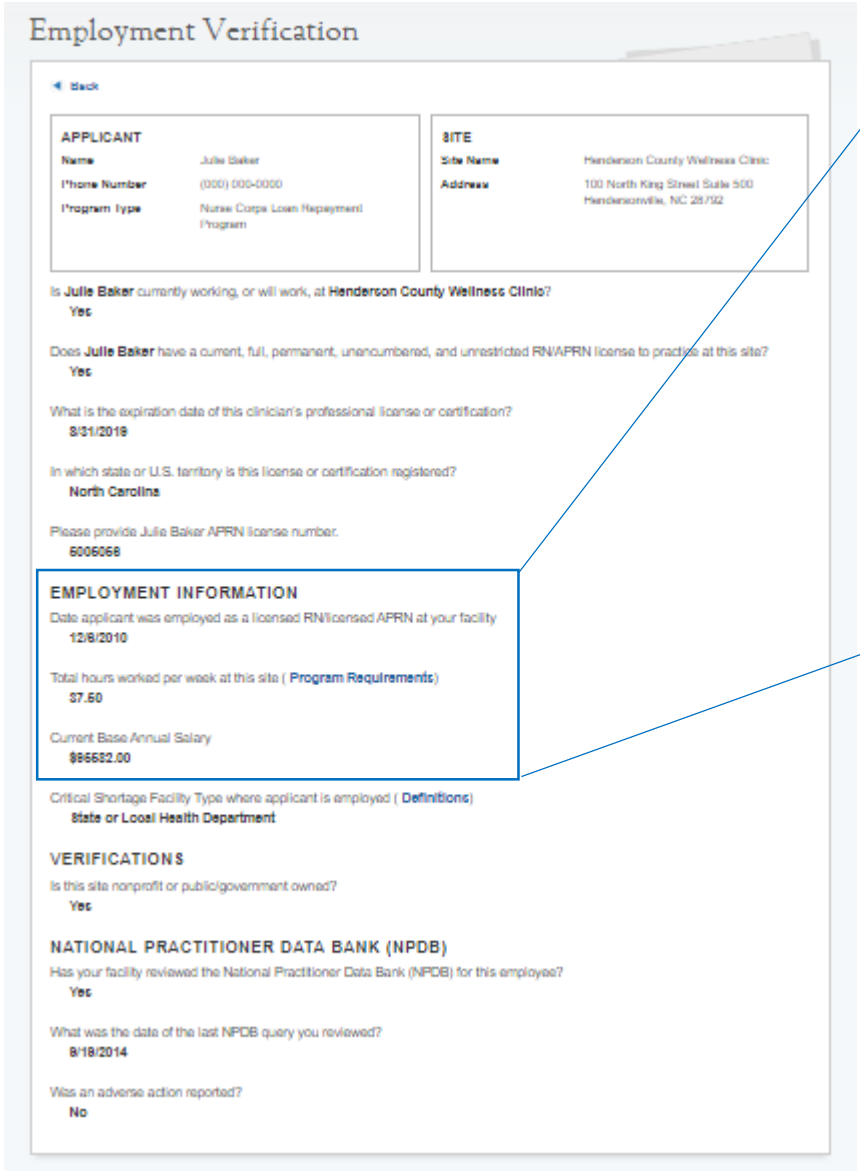
**Example of updated text**

**Once your Employment verification is completed by the site poc, the EV will be available to view.**

**Please take time to view the EV to ensure that all information is accurate and reflects your current employment status, salary and license information.**

**You will be required to verify that you have reviewed the EV and that the listed annual salary is accurate in the Self Certification page**




## EMPLOYMENT INFORMATION

Date applicant was employed as a licensed RN/licensed APRN at your facility

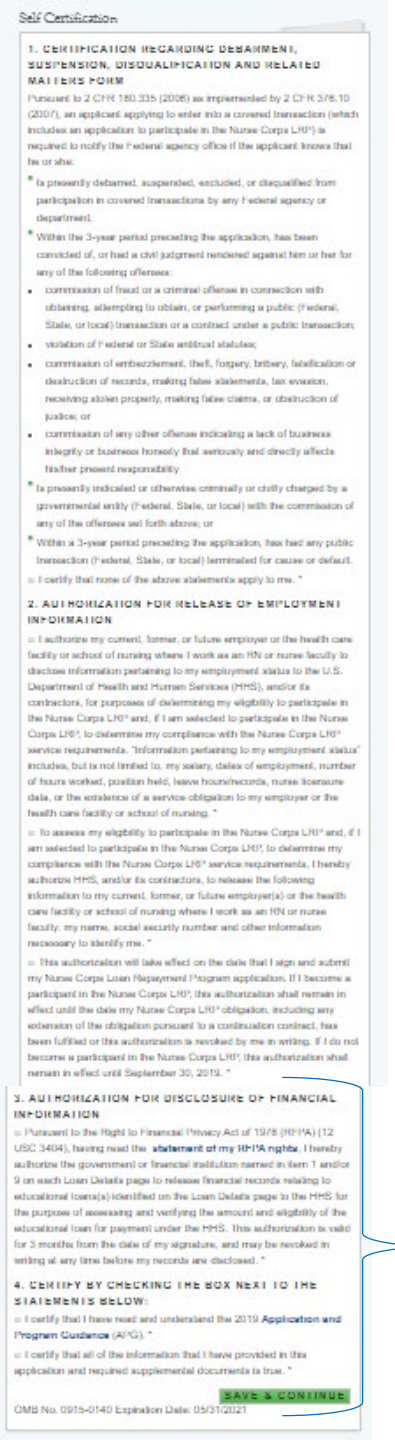
**12/6/2010**

Total hours worked per week at this site ( **Program Requirements**)

**37.50**

Current Base Annual Salary

**$95582.00**


Self Certification

1. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, DISQUALIFICATION AND RELATED MATTERS FORM

Pursuant to 2 CFR 180.335 (2005) as implemented by 2 CFR 376.10 (2007), an applicant applying to enter into a covered transaction (which includes an application to participate in the Nurse Corps LRP) is required to notify the Federal agency office if the applicant knows that he or she:

- Is presently debarred, suspended, excluded, or disqualified from participation in covered transactions by any Federal agency or department;
- Within the 3-year period preceding the application, has been convicted of, or had a civil judgment rendered against him or her for any of the following offenses:
  - commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or a contract under a public transaction;
  - violation of Federal or State antitrust statutes;
  - commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice; or
  - commission of any other offense indicating a lack of business integrity or business honesty that seriously and directly affects his/her present responsibility
- Is presently indicated or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with the commission of any of the offenses set forth above; or
- Within a 3-year period preceding the application, has had any public transaction (Federal, State, or local) terminated for cause or default.

I certify that none of the above statements apply to me. *

2. AUTHORIZATION FOR RELEASE OF EMPLOYMENT INFORMATION

I authorize my current, former, or future employer or the health care facility or school of nursing where I work as an RN or nurse faculty to disclose information pertaining to my employment status to the U.S. Department of Health and Human Services (HHS), and/or its contractors, for purposes of determining my eligibility to participate in the Nurse Corps LRP and, if I am selected to participate in the Nurse Corps LRP, to determine my compliance with the Nurse Corps LRP service requirements. "Information pertaining to my employment status" includes, but is not limited to, my salary, dates of employment, number of hours worked, position held, leave hours/records, nurse licensure data, or the existence of a service obligation to my employer or the health care facility or school of nursing. *

To assess my eligibility to participate in the Nurse Corps LRP and, if I am selected to participate in the Nurse Corps LRP, to determine my compliance with the Nurse Corps LRP service requirements, I hereby authorize HHS, and/or its contractors, to release the following information to my current, former, or future employer(s) or the health care facility or school of nursing where I work as an RN or nurse faculty: my name, social security number and other information necessary to identify me. *

This authorization will take effect on the date that I sign and submit my Nurse Corps Loan Repayment Program application. If I become a participant in the Nurse Corps LRP, this authorization shall remain in effect until the date my Nurse Corps LRP obligation, including any extension of the obligation pursuant to a continuation contract, has been fulfilled or this authorization is revoked by me in writing. If I do not become a participant in the Nurse Corps LRP, this authorization shall remain in effect until September 30, 2019. *

3. AUTHORIZATION FOR DISCLOSURE OF FINANCIAL INFORMATION

Pursuant to the Right to Financial Privacy Act of 1978 (RFPA) (12 USC 3404), having read the **statement of my RFPA rights**, I hereby authorize the government or financial institution named in item 1 and/or 9 on each Loan Details page to release financial records relating to educational loans(s) identified on the Loan Details page to the HHS for the purpose of assessing and verifying the amount and eligibility of the educational loan for payment under the HHS. This authorization is valid for 3 months from the date of my signature, and may be revoked in writing at any time before my records are disclosed. *

4. CERTIFY BY CHECKING THE BOX NEXT TO THE STATEMENTS BELOW:

I certify that I have read and understand the 2019 **Application and Program Guidance** (APG). *

I certify that all of the information that I have provided in this application and required supplemental documents is true. *

SAVE & CONTINUE

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## 3. AUTHORIZATION FOR DISCLOSURE OF FINANCIAL INFORMATION

Pursuant to the Right to Financial Privacy Act of 1978 (RFPA) (12 USC 3404), having read the **statement of my RFPA rights**, I hereby authorize the government or financial institution named in item 1 and/or 9 on each Loan Details page to release financial records relating to educational loans(s) identified on the Loan Details page to the HHS for the purpose of assessing and verifying the amount and eligibility of the educational loan for payment under the HHS. This authorization is valid for 3 months from the date of my signature, and may be revoked in writing at any time before my records are disclosed. *

## 4. CERTIFY BY CHECKING THE BOX NEXT TO THE STATEMENTS BELOW:

I certify that I have read and understand the 2019 **Application and Program Guidance** (APG). *

I certify that all of the information that I have provided in this application and required supplemental documents is true. *

SAVE & CONTINUE

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Example text change:
I certify that all of the information that I have provided in this application and the required supplemental documents including the Employment verification that lists my base annual salary is true.