

State of New Mexico
Higher Education Department
Health Professional Loan Repayment Program (HPLRP)
EMPLOYMENT VERIFICATION FORM
THIS DOCUMENT MUST BE RECEIVED VIA EMAIL BEFORE 4/15/2023

PARTICIPANT:

Printed First Name: _____ Printed Last Name: _____ MI: _____

Daytime Phone Number: _____ Current Email Address: _____

Loan Provider: _____ Account Number: _____ Last 4 of SS# _____

Loan Provider **PAYMENT** Address _____ City _____ State _____ Zip Code _____

***Loan Provider address MUST reflect where payment is to be sent. Confirm with your loan provider and log on to your borrower account to ensure the correct payment address where the award disbursement should be sent. Providing an incorrect address will result in loss of award for the quarter and/or release from the program.**

I hereby certify that I have completed this service quarter as required by my contract seek payment. By signing this Employment Verification Form electronically, you acknowledge and agree your electronic signature is the legal equivalent of your manual/handwritten signature on this form. By using any device, means or action, you consent to the legally binding terms and conditions of this Employment Verification Form. You further agree that your signature on this document (hereafter referred to as your "E-Signature") is as valid as if you signed the document in writing. You also agree that no certification authority or other third-party verification is necessary to validate your E-Signature, and that the lack of such certification or third-party verification will not in any way affect the enforceability of your E-Signature or any resulting agreement between you and the New Mexico Higher Education, Financial Aid Office. Your signature certifies that you certify all information on the form is true to the best of your knowledge.

Participant Signature

Date

***Loan provider cannot be changed without prior written 60-day notification to the department.**

EMPLOYER: Must be completed by the Human Resources Manager or Direct Supervisor of participant.

Employer/Institution/Facility: _____

Name of Person Completing Form: _____ Title of Person Completing Form: _____

Employer Email Address: _____ Employer Phone Number: _____

Name of Employee: _____ Title: _____

I _____ certify that the named participant above has completed continuous employment in good standing for the period: 1/1/2023 thru 3/31/2023 for an average of _____ hours per week and an average of 13 weeks per calendar quarter, including paid leave, or any combination of hours and weeks, as further specified in the Loan Repayment Participation Agreement executed with the Higher Education Department.

By signing this Employment Verification Form electronically. You acknowledge and agree your electronic signature is the legal equivalent of your manual/handwritten signature on this form. By using any device, means or action, you consent to the legally binding terms and conditions of this Employment Verification Form. You further agree that your signature on this document (hereafter referred to as your "E-Signature") is as valid as if you signed the document in writing. You also agree that no certification authority or other third-party verification is necessary to validate your E-Signature, and that the lack of such certification or third-party verification will not in any way affect the enforceability of your E-Signature or any resulting agreement between you and the New Mexico Higher Education, Financial Aid Office. Your signature certifies that you certify all information on the form as true to the best of your knowledge.

Approved Employer Signature

Date

Please complete in full, scan and email to fin.aid@hed.nm.gov on or before April 15, 2023. **Employment Verification Forms received after April 15, 2023, will NOT be accepted.** Forms submitted prior to the dates indicated above will not be accepted. Faxed and mailed copies will NOT be accepted. For questions, please contact the New Mexico Higher Education Department at fin.aid@hed.nm.gov

Late or incomplete Employment Verification Forms will not be accepted and will result in non-payment and/or release from the program.