

State of New Mexico  
Higher Education Department  
**Health Professional Loan Repayment Program (HPLRP)**  
EMPLOYMENT VERIFICATION FORM  
THIS DOCUMENT MUST BE RECEIVED VIA EMAIL BEFORE 7/15/2020

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**PARTICIPANT:**

Printed First Name: \_\_\_\_\_ Printed Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Participant Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Last four digits of SS#: \_\_\_\_\_ Current Email Address: \_\_\_\_\_

Title: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Loan Provider: \_\_\_\_\_ Account Number: \_\_\_\_\_

Loan Provider Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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:**

Employer/Institution/Facility: \_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_ Title of Person Completing Form: \_\_\_\_\_

Employer Email Address: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

Name of Employee: \_\_\_\_\_

I \_\_\_\_\_ certify that the named participant above has completed continuous employment in good standing for the period: 4/1/2020 thru 6/30/2020 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**

**NOTARY:**

**This Section is not required at the present time due to COVID-19. The notary section will continue in the future.**

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Please complete in full, scan and email to [fin.aid@state.nm.us](mailto:fin.aid@state.nm.us) on or before **July 15, 2020**. Employment Verification Forms received after July 15, 2020 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@state.nm.us](mailto:fin.aid@state.nm.us).