



For NMHED Use Only

Approved by Financial Aid Director

Signature: _____

Date: _____

NURSE EDUCATOR LOAN-FOR-SERVICE EMPLOYMENT VERIFICATION FORM (EVF)

(check one) ☐ Spring Semester ☐ Summer Semester ☐ Fall Semester

SECTION 1: General Information (to be completed by borrower)

First Name: _____ Last Name: _____ MI: _____

Previous Name under which records may be kept: _____

Last four digits of SS#: _____ Date of Birth: _____

Driver's License Number: _____ Exp.Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Primary Email: _____

***NMHED will send all communication via email. Please ensure your email address is accurate.**

SECTION 2: Consent Waiver

Designation of Authorized Representative

I hereby authorize the following to disclose to the New Mexico Higher Education Department my last known address, postal and residential, and the name and address of my employer, if known:

(1) United States Internal Revenue Service (2) Bureau of Revenue of any state in which I have filed tax returns; (3) United States Postal Service; (4) United States Department of Health, Education and Welfare; (5) United States Social Security Administration; (6) any branch of the United States military service in which I have served; (7) Department of Motor Vehicle of any state in which I am licensed or am the registered owner of a vehicle; and (8) all other institutions, agencies, employers, and individuals, public or private.



I hereby designate the New Mexico Higher Education Department as my authorized representative for the purpose of requesting and obtaining such information and I waive on behalf of myself and any persons who may have an interest in the matter, all provisions of law relating to the confidentiality of any information so disclosed, specifically including, but limited to, the Federal Privacy Act of 1974, as amended. This authorization form is freely given in consideration of funds advanced to me by the above agency. This authorization shall expire upon completion of my service obligation with NMHED.

Borrower Signature: _____ **Date:** _____

By signing below, I hereby authorize release of the information requested below in Section 3.

Borrower Signature: _____ **Date:** _____

SECTION 3 - Employment Verification: (to be completed by employer)

Full Name of Employee: _____ Job Title: _____

Employment Start Date: _____ Employment End Date (if applicable): _____

Average Number of Hours Worked Per Week: _____
(If under 90 hours please provide copy of work schedule)

Facility Name: _____

Facility Address: _____

City: _____ County: _____ State: _____ Zip: _____

Full Name of Person Completing Form: _____

Title of Person Completing Form: _____ Phone Number: _____

Employer Email Address: _____

I _____ hereby certify that the information on section 3 of this application is true
Name of person completing form.

and complete to the best of my knowledge. If asked by the New Mexico Higher Education Department I will provide proof of the information I have given on this application. I understand all information can and will be used in a legal capacity if necessary.

Employer Signature: _____ **Date:** _____

* The New Mexico Higher Education Department reserves the right to contact the employer to verify any information reported on this form.



CHECK LIST

Please ensure your packet contains the following documents in PDF Format:

- Complete Employment Verification Form (EVF). All sections, fields and signatures must be complete.
- Copy of professional license/certificate (i.e., medical license, nursing certificate, teaching license etc.).

SECTION 4 - Submission Instructions:

The Employment Verification Form (EVF) and all supporting documentation must be submitted in **PDF format**. Please compile all required materials into a single, complete packet and email it to the New Mexico Higher Education Department, Financial Aid Division at FIN.AID@HED.NM.GOV. In the subject line of the email, please use the following format:

Last Name, First Name – Nurse Ed. Employment Verification Form

MAILED OR HAND DELIVERED FORMS WILL NOT BE ACCEPTED. THE FORM AND ALL DOCUMENTS MUST BE SAVED IN PDF FORMAT AND SUBMITTED IN A SINGLE COMPLETE PACKET VIA EMAIL.

Please complete and submit your EVF immediately after the end of each semester in which you received funding. Failure to submit your EVF on or within 14 days of the semester end date may result in your account entering into repayment status the following month. Payment notices for accounts in repayment are sent by Educational Computer Systems Inc. (ECSI). Delinquent accounts in repayment status will be turned over to a collection agency.

It is solely the responsibility of the borrower to submit all necessary documents in a timely manner. The Financial Aid Division does not send out reminders regarding submission dates.

Please keep a copy of your EVF packet for your records.

If you have any questions, you may contact our office at 1-800-279-9777 or you may send an email to FIN.AID@HED.NM.GOV