Saskatchewan Student Loan Forgiveness for Veterinarians and Veterinary Technologists Application

Instructions

Application Information

The applicant must complete this section in its entirety. If you have any questions about eligibility, the application process or administration of the Loan Forgiveness for Veterinarians and Veterinary Technologists program, please contact the National Student Loans Service Centre toll free at 1-888-815-4514.

Applications must be submitted within 90 days following your service/employment period end date. Visit saskatchewan.ca/student-aid for more information.

Employment Information/Additional Employment Information

A valid registration or licensing number is required. An applicant who has been employed (full-time, part-time or casual) for 12 months in a designated under-served rural community for the same employer, is not required to complete the Additional Employment Information section.

Scenario 1 - Designated Communities (population of 10,000 or less)

If the applicant has been employed (full-time, part-time or casual) for 12 months in more than one designated under-served rural community, or for one or more employers, the applicant must complete the Additional Employer/Community section. **Designated communities include any Saskatchewan community with a population of 10,000 or less.**

Applicants must have their employer attest to the start and end date of the 12 month Loan Forgiveness Period, as well as the number of hours completed over that period. A minimum of 400 hours of work must be completed. The employer is required to sign and date the attestation. This is the applicant's immediate supervisor.

Scenario 2 - Services to Livestock Stakeholders

Veterinary professionals working in any Saskatchewan community with a population greater than 10,000 may also be eligible if they provide 400 hours of livestock services over 12 consecutive months. If the applicant is employed by a veterinary practice that is not located in a designated community, but the applicant provides services to livestock stakeholders from a designated community, the applicant must specify the Saskatchewan rural community (or Rural Municipality Office Location) and postal code associated with the rural client(s) or area(s) served. For a list of Rural Municipality Offices, visit: https://sarm.ca/about/rm-directory.

Applicants must have their employer attest to the dates of the first and last communities that were served. These dates indicate the start and end date of the 12 month Loan Forgiveness Period, as well as the number of hours completed over that period. While a list of all other livestock services or community served is not required, please include all hours within the 12-month period for a minimum of 400 hours. The employer is required to sign and date the attestation. This is the applicant's immediate supervisor.

The Ministry of Advanced Education may request receipts related to such services for audit purposes.

Saskatchewan Student Loan Balances with Royal Bank of Canada

Check either “yes” or “no” if you have any outstanding Saskatchewan Student Loan balances received prior to 2001 with Royal Bank of Canada (RBC).

Automatic Revision of Terms

You are required to acknowledge that if approved for loan forgiveness, your loan balance and monthly loan payments will automatically be reduced. If you wish to opt out of the automatic reduction of your monthly loan payments, and keep your current payment terms, you must indicate this by including your initials in the box provided.

Applicant Attestation

As the applicant you are required to sign and date the attestation to the validity of the information you have provided in your application for this benefit.

Break in Service - Employment Insurance

If you had a break in service of more than one month during your loan forgiveness period and received Employment Insurance (EI) benefits, please complete and sign the Break in Service, EI consent section to allow the program administrator to verify your EI benefits with the EI office.

Applicant Information

Applicant’s Full Name: _____

Social Insurance Number (SIN): |_|_|_|_|_|_|_|_|_|

Mailing Address:

_____

Apartment No. Street/Box No.

_____

City/Town Province Postal Code

Email Address: _____

Employment Information

Applicant’s Valid Registration No.: _____

Applicant’s Profession

Applicant is a:

☐ Veterinarian ☐ Veterinary Technologist

Name of Facility Where Applicant Worked: _____

Work Address: _____

Street City/Town Province Postal Code

Designated Community: _____

☐ Check if Self-Employed Practice

Loan Forgiveness Period

Scenario 1 - Designated Communities
(if applicable, see Additional Employer/Community section)

Start Date (dd/mmm/yyyy): _____ to End Date (dd/mmm/yyyy): _____

Hours Completed: _____ hours

Scenario 2 - Services to Livestock Stakeholders

First Community Served Date (dd/mmm/yyyy): _____

_____
Community Name Postal Code:

Last Community Served Date (dd/mmm/yyyy): _____

_____
Community Name Postal Code:

Hours Completed: _____ hours

Supervisor/Attestor Information

Name of Immediate Supervisor/Attestor: _____

Title: _____ Supervisor/Attestor Telephone: _____

I attest that the applicant was employed in the *Applicant's Profession* at the work address and facility indicated, between the Start and End dates indicated and for the number of hours indicated between those Start and End dates, and that the applicant did not begin his or her current employment at the work address and facility prior to January 1, 2021.

X _____ _____
Signature of Supervisor/Attestor Date

Saskatchewan Student Loan Balances with Royal Bank of Canada (RBC)

Do you have Saskatchewan Student Loan balances received prior to 2001 with RBC? ☐ Yes ☐ No

Automatic Revision of Terms

If approved for loan forgiveness, and once your loan balance has been reduced accordingly, your monthly loan payments will also automatically be reduced. If you do not wish to have your monthly loan payments reduced, you can opt out by initialing in the blank space and your monthly payments will remain the same _____ (applicant initials).

Applicant Attestation

By signing below:

I acknowledge that I am making an application to determine whether I qualify for Loan Forgiveness for Veterinarians and Veterinary Technologists working in under-served rural or remote communities on my Saskatchewan Student Loans.

I understand that it is an offence to make a false or misleading statement, and that such statement may result in legal action being taken against me. Furthermore, I understand that administrative measures may be taken in respect of my student loans if such statement is made.

I acknowledge that the Government of Saskatchewan, and any of their agents or contractors, the National Student Loans Service Centre (NSLSC), consumer credit grantor(s), credit bureau(s), credit reporting agency(ies), any person or business with whom I have or may have had financial dealings and my Financial Institution(s) may directly or indirectly collect, retain, use, disclose, and exchange among themselves any personal information related to this application for the purposes of carrying out their duties under the applicable Provincial Act(s) and Regulation(s) or the provincial programs relating to student financial assistance including for administration, enforcement, debt collection, audit, verification, research and evaluation purposes. Where my consent is required to permit the direct or indirect collection, retention, use or disclosure of personal information required by law, by signing below, I provide my consent.

X _____ _____

Signature of Applicant Date

Apply by Mail

Forward the completed Saskatchewan Student Loan Forgiveness for Veterinarians and Veterinary Technologists Application by mail to:

National Student Loans Service Centre

P.O. Box 4030
Mississauga, ON L5A 4M4
Toll Free: 1-888-815-4514

If you have questions about eligibility, the application process or administration of the Loan Forgiveness for Veterinarians and Veterinary Technologists program, please contact the National Student Loans Service Centre toll free at 1-888-815-4514.

Employment Insurance

If you had a break in service of more than one month in the loan forgiveness period during which you were receiving any of the following Employment Insurance benefits, you remain eligible to receive Saskatchewan Student Loan Forgiveness:

- Maternity benefits
- Parental benefits
- Sickness benefits
- Compassionate care benefits
- Benefit for parents of critically ill children

Did you receive any of these benefits? Yes ☐ No ☐

☐ I consent for the Canada Student Financial Assistance Program to contact the Canada Employment Insurance Commission to verify that I was in fact on Employment Insurance related leave during my loan forgiveness period identified in the Employment Information section, if required, for the purpose of continued eligibility.

Additional Employer/Community

Employer/Community #1

Applicant's Valid Registration No.: _____

Applicant's Profession

Applicant is a:

☐ Veterinarian ☐ Veterinary Technologist

Name of Facility Where Applicant Worked: _____

Work Address: _____
Street City/Town Province Postal Code

Designated Community: _____

☐ Check if Self-Employed Practice

Loan Forgiveness Period

Start Date (dd/mmm/yyyy): _____ to End Date (dd/mmm/yyyy): _____

Hours Completed: _____ hours

Supervisor/Attestor Information

Name of Immediate Supervisor/Attestor: _____

Title: _____ Supervisor/Attestor Telephone: _____

I attest that the applicant was employed in the *Applicant's Profession* at the work address and facility indicated, between the Start and End dates indicated and for the number of hours indicated between those Start and End dates, and that the applicant did not begin his or her current employment at the work address and facility prior to January 1, 2021.

X _____ _____
Signature of Supervisor/Attestor Date

Employer/Community #2

Applicant's Valid Registration No.: _____

Applicant's Profession

Applicant is a:

☐ Veterinarian ☐ Veterinary Technologist

Name of Facility Where Applicant Worked: _____

Work Address: _____
Street City/Town Province Postal Code

Designated Community: _____

☐ Check if Self-Employed Practice

Loan Forgiveness Period

Start Date (dd/mmm/yyyy): _____ to End Date (dd/mmm/yyyy): _____

Hours Completed: _____ hours

Supervisor/Attestor Information

Name of Immediate Supervisor/Attestor: _____

Title: _____ Supervisor/Attestor Telephone: _____

I attest that the applicant was employed in the *Applicant's Profession* at the work address and facility indicated, between the Start and End dates indicated and for the number of hours indicated between those Start and End dates, and that the applicant did not begin his or her current employment at the work address and facility prior to January 1, 2021.

X _____ _____
Signature of Supervisor/Attestor Date

Employer/Community #3

Applicant's Valid Registration No.: _____

Applicant's Profession

Applicant is a:

☐ Veterinarian ☐ Veterinary Technologist

Name of Facility Where Applicant Worked: _____

Work Address: _____
Street City/Town Province Postal Code

Designated Community: _____

☐ Check if Self-Employed Practice

Loan Forgiveness Period

Start Date (dd/mmm/yyyy): _____ to End Date (dd/mmm/yyyy): _____

Hours Completed: _____ hours

Supervisor/Attestor Information

Name of Immediate Supervisor/Attestor: _____

Title: _____ Supervisor/Attestor Telephone: _____

I attest that the applicant was employed in the *Applicant's Profession* at the work address and facility indicated, between the Start and End dates indicated and for the number of hours indicated between those Start and End dates, and that the applicant did not begin his or her current employment at the work address and facility prior to January 1, 2021.

X _____ _____
Signature of Supervisor/Attestor Date

Employer/Community #4

Applicant's Valid Registration No.: _____

Applicant's Profession

Applicant is a:

☐ Veterinarian ☐ Veterinary Technologist

Name of Facility Where Applicant Worked: _____

Work Address: _____
Street City/Town Province Postal Code

Designated Community: _____

☐ Check if Self-Employed Practice

Loan Forgiveness Period

Start Date (dd/mmm/yyyy): _____ to End Date (dd/mmm/yyyy): _____

Hours Completed: _____ hours

Supervisor/Attestor Information

Name of Immediate Supervisor/Attestor: _____

Title: _____ Supervisor/Attestor Telephone: _____

I attest that the applicant was employed in the *Applicant's Profession* at the work address and facility indicated, between the Start and End dates indicated and for the number of hours indicated between those Start and End dates, and that the applicant did not begin his or her current employment at the work address and facility prior to January 1, 2021.

X _____ _____
Signature of Supervisor/Attestor Date