

# Saskatchewan Student Loan Forgiveness for Nurses and Nurse Practitioners Application

## Instructions

Read the [application instructions](#) carefully to ensure all required information is submitted with this form.

## 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 Nurses and Nurse Practitioners 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](https://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 community for the same employer, is not required to complete the Additional Employment Information section.

Applicants must have their employer attest to the employment commencement date, as well as the start and end date of the 12-month loan forgiveness service period, and the associated number of hours completed over that period. A minimum of 400 hours of work must be completed. The applicant's immediate supervisor is required to sign and date the attestation.

For the newly designated communities of Prince Albert, Moose Jaw, Swift Current, Yorkton and The Battlefords, the employment start date must be on or after January 1, 2023. The Ministry of Advanced Education may request additional documentation 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): 

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Mailing Address:

\_\_\_\_\_  
Apartment No.                      Street/Box No.

\_\_\_\_\_  
City/Town                                      Province                                      Postal Code

Email Address: \_\_\_\_\_

## Employment Information

Applicant's Valid Registration No.: \_\_\_\_\_

Employment Commencement Date (dd/mmm/yyyy): \_\_\_\_\_

### Applicant's Profession

Applicant is a:

☐ Registered Nurse   ☐ Licensed Practical Nurse   ☐ Registered Psychiatric Nurse   ☐ Nurse Practitioner

Name of Medical Facility Where Applicant Worked: \_\_\_\_\_

Work Address: \_\_\_\_\_  
                                         Street                                      City/Town                                      Province                                      Postal Code

Designated Community: \_\_\_\_\_

### Loan Forgiveness Service 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 medical facility as indicated by the employment commencement date, as well as the loan forgiveness service period and associated number of service hours worked between the start and end dates at that respective medical facility.

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 NURSES AND NURSE PRACTITIONERS WORKING IN UNDER-SERVED 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 Nurses and Nurse Practitioners Application by mail:

### 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 Nurses and Nurse Practitioners 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.: \_\_\_\_\_

Employment Commencement Date (dd/mmm/yyyy): \_\_\_\_\_

Applicant's Profession

Applicant is a:

☐ Registered Nurse ☐ Licensed Practical Nurse ☐ Registered Psychiatric Nurse ☐ Nurse Practitioner

Name of Medical Facility Where Applicant Worked: \_\_\_\_\_

Work Address: \_\_\_\_\_  
Street City/Town Province Postal Code

Designated Community: \_\_\_\_\_

### Loan Forgiveness Service 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 medical facility as

indicated by the Employment Commencement Date, as well as the Loan Forgiveness Service Period and associated number of service hours worked between the Start and End dates at that respective medical facility.

X \_\_\_\_\_

Signature of Supervisor/Attestor

\_\_\_\_\_

Date

## Employer/Community #2

Applicant's Valid Registration No.: \_\_\_\_\_

Employment Commencement Date (dd/mmm/yyyy): \_\_\_\_\_

## Applicant's Profession

Applicant is a:

☐ Registered Nurse ☐ Licensed Practical Nurse ☐ Registered Psychiatric Nurse ☐ Nurse Practitioner

Name of Medical Facility Where Applicant Worked: \_\_\_\_\_

Work Address: \_\_\_\_\_

Street

City/Town

Province

Postal Code

Designated Community: \_\_\_\_\_

## Loan Forgiveness Service 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 medical facility as indicated by the employment commencement date, as well as the loan forgiveness service period and associated number of service hours worked between the start and end dates at that respective medical facility.

X \_\_\_\_\_

Signature of Supervisor/Attestor

\_\_\_\_\_

Date

### Employer/Community #3

Applicant's Valid Registration No.: \_\_\_\_\_

Employment Commencement Date (dd/mmm/yyyy): \_\_\_\_\_

### Applicant's Profession

Applicant is a:

☐ Registered Nurse   ☐ Licensed Practical Nurse   ☐ Registered Psychiatric Nurse   ☐ Nurse Practitioner

Name of Medical Facility Where Applicant Worked: \_\_\_\_\_

Work Address: \_\_\_\_\_  
Street City/Town Province Postal Code

Designated Community: \_\_\_\_\_

### Loan Forgiveness Service 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 medical facility as indicated by the employment commencement date, as well as the loan forgiveness service period and associated number of service hours worked between the start and end dates at that respective medical facility.

X \_\_\_\_\_  
Signature of Supervisor/Attestor

\_\_\_\_\_  
Date

## Employer/Community #4

Applicant's Valid Registration No.: \_\_\_\_\_

Employment Commencement Date (dd/mmm/yyyy): \_\_\_\_\_

### Applicant's Profession

Applicant is a:

☐ Registered Nurse   ☐ Licensed Practical Nurse   ☐ Registered Psychiatric Nurse   ☐ Nurse Practitioner

Name of Medical Facility Where Applicant Worked: \_\_\_\_\_

Work Address: \_\_\_\_\_

Street

City/Town

Province

Postal Code

Designated Community: \_\_\_\_\_

### Loan Forgiveness Service 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 medical facility as indicated by the employment commencement date, as well as the loan forgiveness service period and associated number of service hours worked between the start and end dates at that respective medical facility.

X \_\_\_\_\_  
Signature of Supervisor/Attestor

\_\_\_\_\_  
Date