

# Application for Canada Student Loan Forgiveness for Family Doctors and Nurses

**You must apply after the end of each 12-month loan forgiveness period.**

**Make sure you complete the entire application.**

**Your completed application must be received no later than 90 days after your 12 month loan forgiveness period ends.**

## (A) About loan forgiveness

Many rural and remote communities in Canada lack the primary health care they need. That is why, since April 2013, the Government of Canada has been offering Canada Student Loan forgiveness to eligible family doctors, residents in family medicine, nurse practitioners and nurses who work in **designated rural or remote communities\***. This change will help more Canadians get the health care they deserve.

This benefit is intended to encourage family doctors, residents in family medicine, nurse practitioners and nurses to practice in under-served rural or remote communities by forgiving a portion of Canada Student Loans.

Family doctors and family medicine residents may be eligible for forgiveness of \$8,000 per year to a maximum of \$40,000 over five years. Nurses and nurse practitioners may be eligible for forgiveness of \$4,000 per year to a maximum of \$20,000 over five years.

\*See **Designated communities** for definition.

## (B) ELIGIBILITY

You are eligible to apply if you:

- are practicing in Canada as a family doctor, resident in family medicine, registered nurse, registered psychiatric nurse, registered practical nurse, licensed practical nurse or nurse practitioner and meet the licensing requirements (see **Licensing requirements**);
- started your current employment in the designated community on or after July 1, 2011;
- have been employed (full-time, part-time or casually) for a full year (12 months) in a designated community **and** provided in-person services for a minimum of 400 hours (or 50 days) in that community. The 12-month period you select is your loan forgiveness period (see **Loan forgiveness period**);
- are in repayment and up-to-date on your Canada Student Loan payments (e.g. you cannot be enrolled in full-time studies); and
- have outstanding student loans from the Canadian federal government (lines of credit from financial institutions are not eligible).

**Note:** The 12 months of your loan forgiveness period are considered consecutive when you do not have a break in service of more than one month. (See **Section 6 – Employment Insurance** for the exceptions to this rule.)

In total, you can receive five periods of Canada Student Loan forgiveness. These periods do not need to be consecutive; however, they cannot overlap.

## (C) Licensing requirements

**You must have a valid licence from a province or territory to practice one of the following professions:**

Nurses or Nurse Practitioners:	Family Doctors
Nurse	Family doctor
Nurse Practitioner	Family physician
Licensed Practical Nurse	Family Medicine Resident (exempt from Licensing – although will be verified with Province)
Registered nurse	
Registered practical nurse	
Registered psychiatric nurse	

## (D) Designated communities

A designated community is a municipality (as determined by Statistics Canada) that is located outside of:

- census metropolitan areas;
- census agglomerations (geographic units) with an urban core population of 50 000 or more; and
- provincial capitals.

You can verify if your place of work is in a designated rural or remote community by using the postal code lookup on the CanLearn.ca website (<http://tools.canlearn.ca/csigs-scpse/clin-cln/lfd-erpm/1-eng.do>). The name of your designated community is required to complete Section 2 – Employment information and Section 7 – Additional employment information of the application and must match the postal code exactly to be accepted.

## (E) Loan forgiveness period

You select 12 consecutive months as your loan forgiveness period, during which you were employed or in practice in a designated rural or remote community **and** you provided in person services for a minimum of 400 hours (or 50 days).

**Note:** You must complete a full 12-month loan forgiveness period before you can apply for this benefit. The next loan forgiveness period you wish to apply for can begin after your previous loan forgiveness period has ended.

If you worked in more than one designated rural or remote community during your loan forgiveness period to accumulate a minimum of 400 hours (or 50 days) of in-person services, use Section 7 (and Section 2) to list the additional employment in chronological order. List your employment history during the loan forgiveness period, starting with your most current employment situation and working back. The number of months that you identify for each employment period in Section 2 and Section 7 must total 12 months to reflect a 12-month loan forgiveness period.

## HOW TO COMPLETE THE APPLICATION FORM

### **(F) SECTION 1 - Applicant Information**

Make sure you provide all of the information requested in this section, including your registration or licence number.

### **(G) SECTIONS 2 - Employment Information**

Make sure you provide all of the information requested in this section.

The designated community must match the community identified by the postal code lookup tool on CanLearn.ca.

The loan forgiveness period must be 12 consecutive months.

If you have worked in multiple locations, you must complete Section 7. The number of months that you identify for each employment period in Section 2 and Section 7 must total 12 months to reflect a 12-month loan forgiveness period. Each section must be signed by the supervisor from that location. (Signatures cannot be provided in an email or a letter.)

**If you work for an employer**, you must have your employer or immediate supervisor attest to the start and end dates of the 12-month loan forgiveness period, as well as the number of hours (or days) you completed over that period. Your employer/immediate supervisor must sign and date the attestation. (Signatures cannot be provided in an email or a letter.)

**If you are self-employed** (i.e. you have established a family medicine practice), you must have a local official attest that, to the best of his or her knowledge, you provided the number of hours (or days) of in-person service during the 12-month loan forgiveness period. Local officials may include elected officials such as the mayor or a member of a legislature, an official at a local hospital or a local band chief. The local official must sign and date the attestation. (Signatures cannot be provided in an email or a letter.)

### **(H) SECTION 3 - Other Canada Student Loan balances with financial institutions**

Identify the name(s) of the financial institution(s) where you have outstanding Canada Student Loan balances. If you do not have any outstanding student loans with a financial institution, check the "Not Applicable" box.

### **(I) SECTION 4 - Automatic revision of terms**

Once the loan forgiveness benefit is approved, a revision of terms will be processed to reduce your payment, keeping the term (number of payments) the same. If you do not want to have your loan payment reduced, please initial in the space provided.

### **(J) SECTION 5 - Applicant attestation**

Sign and date this section to attest that the information you have provided in your application for this benefit is valid.

### **(K) Section 6 - 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 Canada Student Loan forgiveness:

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

If you were receiving Employment Insurance benefits during the loan forgiveness period you have identified, please complete Section 6 – Employment Insurance.

### **(L) SECTION 7 (a, b, c and d) - Additional employment information (if required)**

If you worked in multiple designated communities during the loan forgiveness period, please provide the additional employment information in these sections. The number of months that you identify for each employment period in Section 2 and Section 7 must total 12 months to reflect a 12 month loan forgiveness period. Each section must be signed by the supervisor from that location.

### **(M) Apply by mail**

Send your completed application to:

National Student Loans Service Centre  
P.O. Box 4030  
Mississauga, ON L5A 4M4

**If you have any questions concerning your eligibility for Canada Student Loan forgiveness for Family Doctors and Nurses, please contact the NSLSC Toll free at 1-888-815-4514 (within North America)**



## CANADA STUDENT LOAN FORGIVENESS FOR FAMILY DOCTORS AND NURSES APPLICATION FORM

### SECTION 1 - Applicant Information (see Instructions F)

First Name		Last Name	
Home Mailing Address		City	Province
		Postal Code	
Telephone Number		Social Insurance Number	
Applicant's Valid Registration Number			
Family Medicine Resident	Family Doctor	Registered Nurse	Licensed Practical Nurse
Nurse Practitioner	Registered Psychiatric Nurse	Registered Practical Nurse	

### SECTION 2 - Employment Information (see Instructions G)

Please list your most recent employer and the name and address of the medical facility/private practice in the designated community where you provided in-person services during your loan forgiveness period. If you worked in more than one designated rural or remote community, list the additional supporting employment history in Section 7.

Name and Mailing Address of Medical Facility/Private Practice	Name of Designated Community
	Postal Code
	Employment Start Date at this Location Month/Day/Year

Using the "From" and "To" fields, identify 12 consecutive months of employment during which you provided a minimum of 400 hours (or 50 days of service) in a designated rural or remote community. This is your loan forgiveness period.

**Note:** If you were receiving Employment Insurance benefits during the loan forgiveness period you have identified, please complete Section 6 – Employment Insurance.

From (Month/Day/Year)	To (Month/Day/Year)
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#### In-person services during the loan forgiveness period

No. of Hours Completed	OR	No. of Days Completed
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### Supervisor/Attestor Information

Name of Immediate Supervisor/Attestor	Title	Supervisor/Attestor Phone No.
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I attest the applicant worked the indicated number of hours and/or days at the work address and medical facility/private practice indicated within the **period of time** identified. I also attest that the applicant was not employed at this work address prior to July 1, 2011.

Signature of Supervisor	Month/Day/year
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### SECTION 3 - Other Canada Student Loan Balances with Financial Institutions (see Instructions H)

Name of Institution(s)	Not Applicable <input type="checkbox"/>
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1	
2	

### SECTION 4 -Automatic Revision of Terms (see Instructions I)

If you are approved for loan forgiveness, once your loan balance has been reduced, your monthly loan payments will also automatically be reduced. If you do not want to have your monthly loan payments reduced, initial the blank space and your monthly payments will remain the same \_\_\_\_ (applicant initials).

### SECTION 5 - Applicant Attestation - To be completed by applicant in full (see Instructions J)

By signing below, I acknowledge that I am making an application to determine whether I qualify to receive loan forgiveness for doctors, residents in family medicine, nurse practitioners and nurses practicing in designated rural or remote communities on my Canada Student Loans. I understand that it is an offence to make a false or misleading statement, and that such a 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 a statement is made. I acknowledge that the federal government and any of its agents or contractors, the National Student Loan Service Centre, 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 federal Act(s) and Regulation(s) 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.

Signature of Applicant	Month/Day/Year
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## Section 6 – 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 Canada 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 Loans 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 Section 2, if required, for the purpose of continued eligibility.

## Additional employment information Section 7a – Additional employer/community

Please list your additional employment information in this section as part of your loan forgiveness period. The number of months that you identify for each employment period in Section 2 and Section 7 must total 12 months to reflect a 12 month loan forgiveness period. In addition to section 2, any information provided in section 7a) b) c) d) must be signed by the supervisor from that location.

Name and Mailing Address of Medical Facility/Private Practice	Name of Designated Community
	Postal Code
	Employment Start Date at this Location Month/Day/Year

Using the "From" and "To" fields, identify the months of employment during which you contributed toward a minimum of 400 hours (or 50 days of service) in a designated rural or remote community. These months are a part of your complete loan forgiveness period.

**Note:** If you were receiving Employment Insurance benefits during the loan forgiveness period you have identified, please complete Section 6 – Employment Insurance.

From (Month/Day/Year)	To (Month/Day/Year)
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### In-person services during the loan forgiveness period

No. of Hours Completed	OR	No. of Days Completed
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### Supervisor/Attestor Information

Name of Immediate Supervisor/Attestor	Title	Supervisor/Attestor Phone No.
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I attest the applicant worked the indicated number of hours and/or days at the work address and medical facility/private practice indicated within the **period of time** identified. I also attest that the applicant was not employed at this work address prior to July 1, 2011.

Signature of Supervisor	Month/Day/year
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## Section 7b – Additional employer/community

Please list your additional employment information in this section as part of your loan forgiveness period. The number of months that you identify for each employment period in Section 2 and Section 7 must total 12 months to reflect a 12 month loan forgiveness period. In addition to section 2, any information provided in section 7a) b) c) d) must be signed by the supervisor from that location.

Name and Mailing Address of Medical Facility/Private Practice	Name of Designated Community
	Postal Code
	Employment Start Date at this Location Month/Day/Year

Using the "From" and "To" fields, identify the months of employment during which you contributed toward a minimum of 400 hours (or 50 days of service) in a designated rural or remote community. These months are a part of your complete loan forgiveness period.

**Note:** If you were receiving Employment Insurance benefits during the loan forgiveness period you have identified, please complete Section 6 – Employment Insurance.

From (Month/Day/Year)	To (Month/Day/Year)
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### In-person services during the loan forgiveness period

No. of Hours Completed	OR	No. of Days Completed
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Supervisor/Attestor Information		
Name of Immediate Supervisor/Attestor	Title	Supervisor/Attestor Phone No.
I attest the applicant worked the indicated number of hours and/or days at the work address and medical facility/private practice indicated within the <b>period of time</b> identified. I also attest that the applicant was not employed at this work address prior to July 1, 2011.		
Signature of Supervisor		Month/Day/year

**Section 7c – Additional employer/community**

Please list your additional employment information in this section as part of your loan forgiveness period. The number of months that you identify for each employment period in Section 2 and Section 7 must total 12 months to reflect a 12 month loan forgiveness period. In addition to section 2, any information provided in section 7a) b) c) d) must be signed by the supervisor from that location.

Name and Mailing Address of Medical Facility/Private Practice	Name of Designated Community
	Postal Code
	Employment Start Date at this Location Month/Day/Year

Using the "From" and "To" fields, identify the months of employment during which you contributed toward a minimum of 400 hours (or 50 days of service) in a designated rural or remote community. These months are a part of your complete loan forgiveness period.

**Note:** If you were receiving Employment Insurance benefits during the loan forgiveness period you have identified, please complete Section 6 – Employment Insurance.

From (Month/Day/Year)	To (Month/Day/Year)
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**In-person services during the loan forgiveness period**

No. of Hours Completed	OR	No. of Days Completed
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**Supervisor/Attestor Information**

Supervisor/Attestor Information		
Name of Immediate Supervisor/Attestor	Title	Supervisor/Attestor Phone No.
I attest the applicant worked the indicated number of hours and/or days at the work address and medical facility/private practice indicated within the <b>period of time</b> identified. I also attest that the applicant was not employed at this work address prior to July 1, 2011.		
Signature of Supervisor		Month/Day/year

**Section 7d – Additional employer/community**

Please list your additional employment information in this section as part of your loan forgiveness period. The number of months that you identify for each employment period in Section 2 and Section 7 must total 12 months to reflect a 12 month loan forgiveness period. In addition to section 2, any information provided in section 7a) b) c) d) must be signed by the supervisor from that location.

Name and Mailing Address of Medical Facility/Private Practice	Name of Designated Community
	Postal Code
	Employment Start Date at this Location Month/Day/Year

Using the "From" and "To" fields, identify the months of employment during which you contributed toward a minimum of 400 hours (or 50 days of service) in a designated rural or remote community. These months are a part of your complete loan forgiveness period.

**Note:** If you were receiving Employment Insurance benefits during the loan forgiveness period you have identified, please complete Section 6 – Employment Insurance.

From (Month/Day/Year)	To (Month/Day/Year)
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**In-person services during the loan forgiveness period**

No. of Hours Completed	OR	No. of Days Completed
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**Supervisor/Attestor Information**

Supervisor/Attestor Information		
Name of Immediate Supervisor/Attestor	Title	Supervisor/Attestor Phone No.
I attest the applicant worked the indicated number of hours and/or days at the work address and medical facility/private practice indicated within the <b>period of time</b> identified. I also attest that the applicant was not employed at this work address prior to July 1, 2011.		
Signature of Supervisor		Month/Day/year