

MIHL - ECSI**Request for Nursing Service Deferment/Cancellation**

(Nursing Education – BSN, RN to BSN, MSN, RN to MSN, Ph.D./DNP; Nursing Teacher Stipend)

PART I – TO BE COMPLETED BY THE BORROWER (COMPLETE IN INK)**Personal Information:**

Last Name	First Name	SSN (XXX-XX-XXXX)
Street Address	City	State
Zip	Date of Birth	Email Address
Home Phone #	Cell Phone #	Work Phone #

Request for Service Deferment:A request for service deferment should be submitted at the **BEGINNING** of each year of required service.**Request for Service Cancellation:**A request for service cancellation should be submitted at the **END** of each year of required service.**Cancellation is granted for continuous 12-month employment periods.**

Deferment Period BEGIN Date Current Work Year Start Date (MM/YYYY)	Expected Deferment Period END Date Current Work Year End Date (MM/YYYY)
Cancellation Period BEGIN Date Completed Work Year Start Date (MM/YYYY)	Cancellation Period END Date Completed Work Year End Date (MM/YYYY)

Altered dates will not be accepted

CERTIFICATION: This is to certify that I WAS and/or AM employed as a FULL-TIME OR PART-TIME Registered Nurse or FULL-TIME Nursing Instructor for the above dates at:

Hospital/Clinic or School Name	Hospital/Clinic or School Street Address	
City, State, Zip	County	Telephone #

I HEREBY CLAIM THAT THE ABOVE INFORMATION IS TRUE.

X _____
 Borrower's Signature Date

PART II – TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT

I CERTIFY THAT THE INFORMATION STATED ABOVE IS CORRECT.

X _____
 Signature of Authorizing Official Date

Printed Name, Title, and Address of Official	Official Stamp or Seal - If no stamp or seal is available please provide letterhead certification, signed by appropriate human resources official, <u>in addition to this form</u> . The letter must include employee's name and full-time and part-time (if applicable) employment dates.	
Telephone #		
Dates Borrower Employed Full-time (MM/DD/YYYY)	From:	To:
Dates Borrower Employed Part-time (MM/DD/YYYY)	From:	To:

NOTE: This form is INCOMPLETE without borrower's signature, social security number, beginning and ending dates of service deferment and/or cancellation period, and COMPLETE Part II certification. For service deferment requests, students graduating with their BSN degree must provide a copy of their Mississippi Nursing License (RN to BSN excluded).**RETURN FORM TO:**Mississippi Institutions of Higher Learning (MIHL)
C/O Heartland ECSI
P.O. Box 1278
Wexford, PA 15090**CONTACT:**Email: webcservice@ecsi.net
Phone: 888.549.3274PART III FOR OFFICE USE
PROCESSED BY: _____ DATE: _____