

# CERTIFICATION OF DEFERMENT STATUS

HEALTH PROFESSIONS AND NURSING  
STUDENT LOAN PROGRAMS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
HEALTH RESOURCES AND SERVICES ADMINISTRATION  
Bureau of Health Professions

### INSTRUCTIONS

**NOTE:** You, as a borrower of a Health Professions or Nursing Student Loan, are responsible for the completion and return of this form to the institution from which you received loans. You should request immediate completion by the official authorizing your status in deferment. If you fail to submit this form to your school by the payment due date, your school is required to consider your loan past due, and must take action to collect as required by 42 CFR 57.210 and 57.310 of the Health Professions and Nursing Student Loan regulations, including use of collection agents, credit bureaus, and litigation.

- (2) annually thereafter as long as you are eligible for such deferment, and
- (3) when you cease to be in eligible deferment status.

A copy of the form, properly executed, as submitted to the school, should be retained for your own record.

**NOTE:** Provisions governing deferment of Health Professions and Nursing Student Loans vary according to the date such loans were made; therefore, you should read the *Guide for Repayment, Deferment, and Cancellation of Health Professions or the Guide for Repayment, Deferment, and Cancellation of Nursing Student Loans* for the specific provisions applicable to your loans before completing this form. The Guides are available from the school which made the loan.

To request deferment of repayment on your Health Professions or Nursing Student Loan, two (2) copies of a Certification of Deferment Status form (HRSA-519) must be filed with the school which made the loan at each of the following times:

- (1) when your first repayment installment is due,

NAME AND ADDRESS OF SCHOOL FROM WHICH LOAN WAS MADE

NAME AND ADDRESS OF BORROWER

### PART I — REQUEST FOR DEFERMENT OF REPAYMENT — To be completed by borrower if he/she:

**A. Ceases to pursue the course of study at**

- 1. A school of medicine, osteopathy, dentistry, pharmacy, podiatry, optometry, or veterinary medicine, but (1) re-enters the same or another such school within the applicable grace period; or (2) engages in a full-time educational activity as defined by regulations of the Secretary of Health and Human Services, with the intent to return to the school as a full-time student.
- 2. A school of nursing leading to a diploma or associate degree in nursing, a baccalaureate degree in nursing or an equivalent degree, or to a graduate degree in nursing, but re-enters the same or another such school within the applicable grace period.

This is to certify that I was a full-time health professions or nursing student (or at least half-time nursing student for borrowers who received nursing student loans after November 17, 1971) at \_\_\_\_\_

from \_\_\_\_\_ to \_\_\_\_\_ pursuing a course of study leading to a \_\_\_\_\_ (Degree).

**B. Performs active duty as a member of a uniformed service or as a volunteer under the Peace Corps Act.**

This is to certify that I was in the (enter Peace Corps or name of uniformed service) \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

**C. 1. For Health Professions Student Loan Borrowers:**

Pursues advanced professional training, including internships and residencies or participates in a fellowship training program or full-time educational activity, as defined by regulations of the Secretary of Health and Human Services.

**2. For Nursing Student Loan Borrowers:**

Pursues a full-time course of study at a collegiate school of nursing leading to a baccalaureate degree in nursing or an equivalent degree, or to a graduate degree in nursing, or is otherwise pursuing advanced professional training in nursing.

This is to certify that I was pursuing advanced professional training at \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

**D. Pursues training as a nurse anesthetist at:**

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

I claim deferment of repayment of principal and interest on my (Check appropriate box):

- Health Professions Student Loan (or)  Nursing Student Loan
- for the period indicated under  A.1.  A.2.  B.  C.1.  C.2. (or)  D. above.

I further agree to notify the school from which I received assistance immediately upon termination of my status as indicated above.

DATE

SIGNATURE OF BORROWER

**PART II — CERTIFICATION OF DEFERMENT STATUS — To be completed by Official Authorizing Borrower's status**

**NOTE:** The Borrower must submit this form to his/her lending institution on a timely basis to avoid being placed in default. Therefore, your prompt completion of this Certification of Deferment Status area and return to the Borrower is appreciated.

**A. To be completed by official of institution where borrower is enrolled or is pursuing advanced professional training.**

I certify that the information stated in (Check appropriate box) Part I:

A.1.  A.2.  C.1.  C.2. (or)  D. above, is true and correct.

NAME AND ADDRESS OF SCHOOL OR HOSPITAL

NAME AND TITLE OF AUTHORIZED OFFICIAL

SIGNATURE OF AUTHORIZED OFFICIAL

DATE

**B. To be completed by the Commanding Officer or Peace Corps Official.**

I certify that the information stated in Part I — B., above is true and correct.

Borrower's Uniformed Service \* Serial Number: \_\_\_\_\_

NAME AND ADDRESS OF UNIFORMED SERVICE OR PEACE CORPS OFFICIAL

NAME AND TITLE/RANK OF COMMANDING OFFICER OR PEACE CORPS HEADQUARTERS

SIGNATURE OF COMMANDING OFFICER OR PEACE CORPS OFFICIAL

DATE

**PART III — INSTITUTIONAL ACTION — To be completed by school from which loan was made**

APPROVED  DISAPPROVED  REASONS FOR DISAPPROVAL \_\_\_\_\_

NAME AND TITLE OF SCHOOL OFFICIAL

SIGNATURE OF AUTHORIZED SCHOOL OFFICIAL

DATE

\* The uniformed services of the United States are the Army, Navy, Marine Corps, Air Force, Coast Guard, National Oceanic and Atmospheric Administration Corps, and the U.S. Public Health Service Commissioned Corps.

**WARNING: Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties which may include fines and imprisonment under the U.S. Criminal Code.**