

State of New Mexico
Higher Education Department
Health Professional Loan Repayment Program (HPLRP)
EMPLOYMENT VERIFICATION FORM
THIS DOCUMENT MUST BE RECEIVED VIA EMAIL BEFORE 1/15/2019

PARTICIPANT:

Printed First Name: _____ Printed Last Name: _____ MI: _____

Participant Address _____ City _____ State _____ Zip Code _____

Last four digits of SS#: _____ Current Email Address: _____

Title: _____ Daytime Phone Number: _____

Loan Provider: _____ Account Number: _____

Loan Provider Address _____ City _____ State _____ Zip Code _____

I hereby certify that I have completed this service quarter as required by my contract seek payment.

Participant Signature _____ Date _____

***Loan provider cannot be changed without prior written 60 day notification to the department.**

EMPLOYER:

Employer/Institution/Facility: _____

Name of Person Completing Form: _____ Title of Person Completing Form: _____

Employer Email Address: _____ Employer Phone Number: _____

Name of Employee: _____

I _____ certify that the named participant above has completed continuous employment in good standing for the period: **10/1/2018** thru **12/31/2018** for an average of _____ hours per week and an average of 13 weeks per calendar quarter, including paid leave, or any combination of hours and weeks, as further specified in the Loan Repayment Participation Agreement executed with the Higher Education Department.

Approved Employer Signature _____ Date _____

NOTARY:

Subscribed and sworn to before me in the county of _____,

State of _____ this _____ day of _____, 20_____.

Signed: _____ Seal: _____

Title: _____

My Commission Expires: _____

This executed form must be completed in full, scanned and emailed to fin.aid@state.nm.us on or before **January 15, 2019**. Employment Verification Forms received after January 15, 2019 will not be accepted. Forms submitted prior to the dates indicated above will not be accepted. Faxed and mailed copies will no longer be accepted. For questions please contact the New Mexico Higher Education Department at 1-800-279-9777 or fin.aid@state.nm.us.