



SPECIAL NOTES: Please complete this ASREV form and return it to the e-mail address above by August 15th. If supporting documentation is required, please include this information with your submission. Failure to complete and return this ASREV by the deadline may lead to your account being placed into repayment status.

SECTION A: Recipient Information (Please print clearly)

1. MDCAPS # : _____ DOB: ____/____/____
2. Last name: _____ First name: _____ MI: _____
Previous name under which records may have been kept: _____
3. Permanent mailing address: _____
City: _____ State: _____ Zip code: _____
4. Home phone: _____ Cell phone: _____
5. E-mail addresses: _____
6. Maryland college/university from where your graduate degree was earned: _____
7. Graduation date (month/year): _____ Specific degree received: _____

SECTION B: Request to enter Repayment:

I must begin repayment of the Graduate Nurse Faculty Scholarship because:

- I am employed in a field other than as nurse faculty or nurse educator.
- I am not teaching the minimum required hours for the service obligation requirement.
- I am employed outside the State of Maryland.
- I am not licensed in nursing.

Please complete Sections C and D if you are currently fulfilling the following employment service:

I am working full-time or part-time as a nurse faculty member or hospital educator. Full-time employment is defined as 35 or more hours per week or a contract for 12 or more academic credit hours per didactic instruction. Part-time employment is defined as 20-34 hours per week or a contract of less than 12 credit hours or combination of less than 12 academic and/ or contract hours per semester. The minimum part-time teaching service is 3 academic credits or 120 clinical hours per semester.

SECTION C: Recipient Certification:

I certify that the information provided by me in the ASREV is true and complete to the best of my knowledge. I also agree to inform Nurse Support Program II (NSP II), in writing, immediately of any changes in eligible employment location or status (FT or PT), or if there are any changes to name, mailing address, and/ or e-mail addresses.

Signature of Recipient

Date

SECTION D – Employment Verification Information:

NOTE: An Employee Information Release form must be completed for each employer who is to be considered for service obligation fulfillment. *Please refer to your signed GNF promissory note for the terms of your service obligation.

Social Security#: _____ - _____ - _____ Date of birth: ____/____/____

Last name: _____ First name: _____ MI: _____

Employee Information Release Statement

I hereby authorize my employer to provide the information requested by the Maryland Higher Education Commission, Nurse Support Program II (NSP II). I also release my employer from any liability for the consequences of this release.

Signature of recipient _____ Date: ____/____/____

Employment Information

1. Specific place of employment: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

2. Supervisor's Name: _____ Title: _____

Supervisor Telephone number: _____ E-mail: _____

3. Name of Contact at Human Resources Department: _____

Telephone Number: _____

E-mail: _____

4. Recipient's job title (attach job description if eligibility is unknown): _____

5. Briefly describe primary responsibilities: _____

6. List all semesters of the specific employment: (Ex: SPR 2023, FALL 2023, SPR 2024, etc.)

_____ ; _____ ; _____ ; _____ ; _____ ; _____ ; _____ ;

_____ ; _____ ; _____ ; _____ ; _____ ; _____ ; _____ ;

7. Dates of employment: from ____/____/____ to ____/____/____

8. Number of credit/ clinical hours taught during this employment: _____ FT or PT?: _____

* Employment definitions:

- Full-time (35 or more hours per week or 12 or more academic credit hours per didactic instruction)
- Part-time (20-34 hours per week or a contract of less than 12 credit hours or a combination of less than 12 academic and/ or contract hours per semester. The minimum part-time teaching service is 3 academic credits or 120 clinical hours per semester)

* *Teaching less than the minimum requirement or non-continuous service will result in being referred to repayment.*

* *Concurrent employment may not be combined to meet the minimum employment definitions.*

9. Please affix official college/university/hospital seal/stamp above. If stamp/ seal is not available, please attach a business card/ short paragraph on institution's letterhead confirming the certifying official's credentials.

10. _____
Signature of certifying official Date

11. _____
Printed name of certifying official Telephone

12. _____
Title of certifying official E-mail

Return completed ASREV by 8/15 (with any attachments) annually until service obligation completion to:

Nurse Support Program II (NSP II)

Attention: GNF/ CS Program

nsp2.mhec@maryland.gov

**For faster processing, please send all documents via e-mail in one (1) combined PDF document.*