

PART II - TO BE COMPLETED BY THE EMPLOYER

NURSING

▶ Is the borrower employed full-time as a licensed practical nurse or registered nurse licensed by an appropriate state agency to provide nursing services? Yes No

▶ What is the borrower's job title? _____
(Please attach an official, detailed job description and a copy of your professional license for certification.)

MEDICAL TECHNICIAN OR ALLIED HEALTH PROFESSIONAL

▶ Is the borrower certified, registered, or licensed by the governing agency in the state where you provide service? Yes No

▶ Is the borrower employed as a full-time allied health professional working in a field such as therapy, dental hygiene, medical technology, or nutrition? Please note that this does not include physicians or dentists. Yes No

▶ Does the borrower assist, facilitate, or complement the work of physicians or other specialists in the health care system? Yes No

▶ What is the borrower's job title? _____
(Please attach an official, detailed job description and a copy of your professional license for certification.)

Name and Title of Certifying Official

Signature of Certifying Official

Telephone Number

Date

Cancellation forms can be mailed or faxed to:

Boston College
Office of Student Services, Lyons Hall
140 Commonwealth Avenue
Chestnut Hill, MA 02467
Attn: Mark Schuman
Fax: 617-552-4889