



Employment Attestation for Canada Student Loan Forgiveness for Family Doctors and Nurses

Sections A - Applicant Information

Make sure you provide all of the information requested in this section.

Section B - Employment Information

Make sure you provide all of the information requested in this section.

The under-served rural or remote community must match the community identified by the [Postal Code Lookup tool](https://tools.canlearn.ca/csllgs-scpse/cln-cln/lfnd-erpm/1-eng.do) (<https://tools.canlearn.ca/csllgs-scpse/cln-cln/lfnd-erpm/1-eng.do>).

The loan forgiveness period must be 12 consecutive months. The period you identify as a loan forgiveness period **cannot be less or greater** than 12 consecutive months. Your Employment Attestation(s) **must cover the full 12-month loan forgiveness period** identified on your application.

If you have worked in multiple locations, you must complete a copy of this form for each under-served rural or remote community. The number of months that you identify for each employment period in Section B of your Employment Attestation(s) must total 12 months to reflect a 12-month loan forgiveness period.

Section C - Supervisor/Attestant Information

Make sure you provide all of the information requested in this section.

Each attestation must be signed by the supervisor from that location. (Signatures cannot be provided in an email or a letter.)

If you work for an employer, you must have your employer(s) or immediate supervisor(s) attest to the start and end dates of your employment(s) during the 12-month loan forgiveness period identified on your application, as well as the number of hours you completed over that period. Your employer(s) or immediate supervisor(s) must sign and date the attestation.

If you are self-employed (i.e. you have established a family medicine practice), you must have a local official attest that, to the best of their knowledge, you provided the number of hours of in-person service during the 12-month loan forgiveness period. Local officials may include elected officials such as the mayor or a member of a legislature, an official at a local hospital or a local band chief. The local official must sign and date the attestation.

Additional Employment Information (if required)

If you worked in multiple under-served rural or remote communities during the loan forgiveness period, please complete a copy of this form for each under-served rural or remote community.

Privacy Notice Statement

The information you provide is collected under the authority of the *Canada Student Financial Administration Act* (CSFAA) and Regulations and the *Canada Student Loans Act* (CSLA) and Regulations, for the administration of the Canada Student Financial Assistance Program (CSFA Program). The Social Insurance Number (SIN) is collected under the authority of the Canada Student Financial Assistance Regulations (CSFAR), and the Canada Student Loans Regulations (CSLR), and in accordance with the Treasury Board Secretariat Directive on the Social Insurance Number, which lists the CSFAR and CSLR as authorized users of the SIN. The SIN will be used as a file identifier, and, along with the other information you provide, will also be used to validate your application, and to administer and enforce the CSFA Program.

Participation in the Forgiveness for Family Doctors and Nurses is voluntary. Refusal to provide your personal information will result in you not being considered for the Forgiveness for Family Doctors and Nurses.

The information you provide may be shared with provincial or territorial governments, financial institutions, and the National Student Loans Service Centre. The information you provide may be used and disclosed to Statistics Canada for statistical and research purposes. It could also be shared with other federal government organizations and any previous lender for the purposes of the administration and enforcement of the CSFAA or CSLA.

It may also be shared with consumer credit grantor(s), credit bureau(s), credit reporting agency(ies), any person or business with whom you have or may have had financial dealings, and your financial institution(s) to directly or indirectly collect, retain, use, and exchange among themselves any personal information related to this application for the purposes of carrying out their duties under the federal act(s) and regulation(s) and/or the applicable provincial act(s) and regulation(s) relating to student financial assistance including for administration, enforcement, debt collection, audit, verification, research, and evaluation purposes.

Your personal information is administered in accordance with the CSFAA and CSFAR, CSLA and CSLR, the *Department of Employment and Social Development Act*, the *Privacy Act*, and other applicable laws. You have the right to the protection of, access to, and correction of your personal information, which is described in Personal Information Bank(s) Student Financial Assistance ESDC PPU 030 and/or Canada Apprentice Loans ESDC PPU 709. Instructions for obtaining this information are outlined in the government publication entitled [Info Source](http://www.canada.ca/en/employment-social-development/corporate/transparency/access-information/reports/infosource.html) (www.canada.ca/en/employment-social-development/corporate/transparency/access-information/reports/infosource.html). Info Source may also be accessed on-line at any Service Canada Centre.

If you are not satisfied how ESDC is handling your personal information you have the right to file a complaint with the [Privacy Commissioner of Canada](https://www.priv.gc.ca/en/) (<https://www.priv.gc.ca/en/>) regarding the institution's handling of your personal information.



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**You must send your application and all Employment Attestations together.
If they are sent separately, your application will be rejected.**

A. Applicant information

Family Name		Given Name	
Address			City
Province or Territory	Postal Code	Telephone Number	Date of Birth (YYYY-MM-DD)

B. Employment information

Please list your employer and the name and address of the medical facility or private practice in the under-served rural or remote community where you provided in-person services during the loan forgiveness period identified on your application. If you worked in more than one under-served rural or remote community, complete and submit a copy of this form for each under-served rural or remote community.

Name of the Medical Facility or Private Practice		Name of the Under-Served Rural or Remote Community	
Mailing Address of the Medical Facility or Private Practice		Postal Code	
		Employment Start Date at this location (YYYY-MM-DD)	

Using the "From" and "To" fields, identify the consecutive months of employment with no more than 31 days of break in service in an under-served rural or remote community.

Important:

- These dates **cannot start before the loan forgiveness start date** identified on your application form, and they **cannot end more than one year after the loan forgiveness start date** identified on your application form.
- If you worked in more than one under-served rural or remote community:
 - o the **"From" date of your first Employment Attestation must be the same as the loan forgiveness period start date** identified on your application form;
 - o the **"To" date of your last Employment Attestation should not exceed one year after the loan forgiveness period start date** identified on your application form; and
 - o your Employment Attestation(s) **must cover the full 12-month loan forgiveness period** identified on your application.

From (YYYY-MM-DD)	To (YYYY-MM-DD)	Hours of in-person service completed
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C. Supervisor/Attestant Information

Name of Immediate Supervisor/Attestant	Title	Supervisor/Attestant Phone Number
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I attest the applicant worked the indicated number of hours at the work address and medical facility or private practice indicated within the period of time identified. I also attest that the applicant was not employed at this work address prior to July 1, 2011.

Supervisor's Signature

Date (YYYY-MM-DD)

Important: Please note that electronic signatures are not accepted. Attestation information cannot be provided in separate email or letter.