



Affidavit of Practice as Nurse Faculty in Minnesota

You are required to complete and return this ORHPC Affidavit of Practice to provide necessary documentation of your service as nurse faculty in a postsecondary program.

Participant Name: _____ Phone: (____) _____

Address: _____ Cell: (____) _____

City: _____ State: _____ Zip: _____

County: _____ E-Mail: _____

Signature of Participant

Teaching Site: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

To Be Completed by an Authorized Individual at the Practice Site Named Above

I certify that the above named nurse faculty was teaching at least 12 credit hours or 720 hours per year (including prep time) at the postsecondary educational facility named above from ____/____/____ to ____/____/____.

Date

Date

Printed Name of Authorized Representative

Title of Authorized Representative

Signature of Authorized Representative

____/____/____
Date

Phone: (____) _____ **Email Address:** _____

Please return to: Minnesota Department of Health, Office of Rural Health and Primary Care
Attn: Loan Forgiveness Program Officer
P.O. Box 64882 St. Paul, MN 55164-0882

Or by Email: mohamed.samaha@state.mn.us **Or by Fax** (651) 201-3830

For Questions, please contact Mohamed Samaha at (651) 201-3870 or (800) 366-5424.