



NJ BEHAVIORAL HEALTH PROVIDER LOAN REDEMPTION PROGRAM EMPLOYMENT CERTIFICATION

Instructions: Download and digitally complete all fields on this fillable PDF. Then print the application so that both applicant and employer sign (**electronic signatures will not be accepted**). Scan completed applications and email them to LoanRedemption@hesaa.org. If you have any questions please call HESAA's Customer Care Center at (800) 792-8670. **This Certification must be returned to HESAA within 30 days of receipt to receive the incentive grant.**

SECTION 1 (To be completed by PARTICIPANT)

Participant's Name			Email Address		
Street Address			Telephone Number Home/Office		
City	State	Zip Code	Place of Employment		
<input type="checkbox"/> Check if new address			Job Title		

I certify that I am eligible for an annual redemption payment of my eligible student loans under the NJ Behavioral Health Provider Loan Redemption Program. I understand that I must meet all eligibility criteria and be in full compliance with the NJ Behavioral Health Provider Loan Redemption Program regulations.

Signature	Date
-----------	------

SECTION 2 (To be completed by HUMAN RESOURCES OFFICER)

I certify to the best of my knowledge and belief, that the employee above is employed, at the agency below.

Is the person named above currently a full-time employee at? Yes No

This is subject to review and documentation by HESAA

If NO, what was the last date of qualified employment? _____

Does this applicant work at least 51% of time with individuals aged 18 and younger? Yes No

Does this applicant spend at least 20 hours per week engaged in direct clinical care with patients? Yes No

Name of Agency	Signature of Human Resources Official
Address	Title of Human Resources Official
City	Telephone Number
State	
Zip Code	