

Employment Attestation (Template)

Solicitation of Interest #20526

Nurses Across New York Loan Repayment Program – Cycle 2

Instructions:

To ensure all the Nurses Across New York (NANY) Loan Repayment Program provisions are addressed, applicants must provide an **Employment Attestation** as part of the application. This Attestation must be on the employer's letterhead and **dually signed** by both the employer and the nurse.

This document must be uploaded into the electronic NANY program application where indicated.

The Attestation must be signed by the Nurse Applicant and an employee with the authority to represent the employer with respect to human resources matters, including Human Resources Director, the Chief Executive Officer or the Chief Operating Officer.

The following statements must be contained in the Attestation:

- *“It is mutually understood that (nurse’s name) intends to fulfill a NANY service obligation with (name of employer) during the period January 1, 2025 through December 31, 2027.*
- *During that time, (nurse’s name) will be assigned to (name and address of work site), for _____ % of his/her time. (PLEASE NOTE: If nurses working at more than one site this sentence should be repeated as necessary. One hundred percent of the nurse’s time must be accounted for at all sites combined.)*
- *The nurse will work as a (clinical title RN or LPN) for a minimum of 144 hours of service per month for 12 months of the year providing direct clinical patient care.*
- *The original start date of the nurse with this employer is/was: _____.*
(PLEASE NOTE: This date may be earlier than the NANY service obligation date)