ATTACHMENT #1

Solicitation of Interest #20836

Employment Attestation (Instructions and Template)

Nurses Across New York Loan Repayment Program –Cycle 3

Instructions:

To ensure all the Nurses Across New York (NANY) Loan Repayment Program provisions are addressed, nurses must provide an **Employment Attestation** as part of the application.

The completed Employment Attestation must be uploaded into the application where indicated.

Required Components of the Employment Attestation:

- Must include the language supplied in the Attachment #1 (Employment Attestation template) of the SOI.
- Must be submitted on the employer's letterhead.
- Must include the actual worksite address(es) where the nurse will be fulfilling the service obligation.
    - **If the service obligation will be fulfilled at multiple worksites affiliated with the same organization**, all worksites, hours per month and percentage of time at each site must be included on the same Employment Attestation.

    - **If the service obligation will be fulfilled at multiple work sites affiliated with different organizations than the primary worksite**, a separate Employment Attestation must be submitted for each worksite/organization and includes hours per month and percentage of time.

- A minimum of **144** hours per month for 12 months of the year providing direct clinical patient care must be accounted for across all sites.
- One hundred percent (100%) of the nurse's time must be accounted for at all worksites combined.

- Must be dually signed by both the nurse 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.

MUST BE ON EMPLOYER'S LETTERHEAD

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Employment Attestation (Template)

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_____

(date)

It is mutually understood that _____ intends to fulfill a
(Nurse's Full Name)

Nurses Across New York (NANY) service obligation with:

_____
(Name of Employer)

From July 1, 2027 through June 30, 2030, _____ will be assigned to _____
(Nurses Full Name)

_____ at _____ for _____% of their time.
(Worksite Name) ***(Worksite Address)*** (***Percentage***)

The nurse will work as a _____ for a minimum of 144 hours of service per month for
(RN or LPN)

12 months of the year providing direct clinical patient care.

The original start date of the nurse with this employer is/was _____
(Date)

_____ _____

(Nurse Signature) ***(*Authorized Work Site Representative Signature and Title)***

*****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.