

Washington Health Corps – Nurse Educator Program Unavailable Course Form



The purpose of this form is to notify program staff of any pauses from service. This form should be completed when an educator is not provided a course in a given academic term. Periods of approved deferment will suspend payments and will extend the participant's service obligation end-date.

Participant Section

Participant Name _____

Email _____

School Name _____

Deferment Request Details

Select the academic term relevant to your institution.

Quarter System: Fall Winter Spring Summer

Semester System: Fall Spring Summer

Additional Information: _____

I certify that the information contained in this request is true and accurate, and I agree to submit additional documentation if requested.

Participant Signature _____

Date _____

Employer Section

I certify that the participating faculty member's schedule is true and accurate. In addition, I understand that participants are required to teach at least 1 class per academic term for three quarters or two semesters in order to stay in good standing. I understand that failure to do so can result in a prolonged or breached contract.

Employer Signature _____

Date _____

Printed Name _____

Title _____

Submit completed form via email to Washington Student Achievement Council at:

Email: health@wsac.wa.gov

Phone: 1-888-535-0747 option 5

WSAC Approval

Staff Signature _____

Date _____