

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND  
40 Fountain Street, 1<sup>st</sup> Floor  
Providence, RI 02903 – 1854  
Office (401) 222-2203, Fax (401) 222-2430

## NURSE TEACHING CREDIT REQUEST FORM

**Instructions: Please print or type in black ink. This form must first be authorized by the member and salary certified by current employer; registered nursing employment then must be certified by former nursing employer. The completed form must then be returned to the Employees' Retirement System of Rhode Island. Please attach a copy of the Nurse Teacher certification from the Department of Education.**

### MEMBER INFORMATION

SOCIAL SECURITY NUMBER		DATE OF BIRTH (mm/dd/ccyy)	
FIRST NAME	MI	LAST NAME	
ADDRESS			
CITY	STATE	ZIP	

### MEMBER AUTHORIZATION

**I, the undersigned, certify that the above information is true and correct. I understand that any member who knowingly makes a false statement regarding purchase credit shall not be entitled to a retirement allowance but only to a return of contributions.**

SIGNATURE OF MEMBER	DATE OF SIGNATURE (mm/dd/ccyy)
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### CURRENT EMPLOYER CERTIFICATION

CURRENT EMPLOYER AND POSITION	CURRENT CONTRACTUAL SALARY
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**I hereby certify the above salary information to be true and correct based upon our official records.**

SIGNATURE OF PERSONNEL OFFICIAL	DATE OF SIGNATURE (mm/dd/ccyy)
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### FORMER EMPLOYER CERTIFICATION of REGISTERED NURSING EMPLOYMENT

Name of Hospital/Health Organization		Was NURSING service fulltime? ___ Yes ___ No If no, list percentage of fulltime service worked: _____%
START DATE OF NURSING SERVICE (mm/dd/ccyy)	END DATE OF NURSING SERVICE (mm/dd/ccyy)	Was employment as a Registered Nurse? ___ Yes ___ No

Members cannot purchase service that is being credited towards retirement benefits in another system, except for military pension.

Is this person collecting or eligible to collect retirement benefits based on the employment listed above?  YES  NO

**I hereby certify the above information to be true and correct based upon our official records.**

SIGNATURE OF PERSONNEL OFFICIAL	DATE OF SIGNATURE (mm/dd/ccyy)
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