

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND  
 50 Service Avenue  
 Warwick, RI 02886  
 Office (401) 462-7600 Fax (401) 462-7691  
 Email: [ersri@ersri.org](mailto:ersri@ersri.org) Web Site: [www.ersri.org](http://www.ersri.org)

## 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. Incomplete or inaccurate forms will not be processed.**

### MEMBER INFORMATION

SOCIAL SECURITY NUMBER		DATE OF BIRTH (mm/dd/ccyy)			
NAME	FIRST	MI		LAST	
ADDRESS					
ADDRESS					
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 employed as a Registered Nurse (RN)? <input type="checkbox"/> Yes <input type="checkbox"/> 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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