

# Nursing Transfer Notification Form

## Section 1- Awardee/Recipient/Provider Contact Information

Virginia Mary Marshall Scholarship Program (LPN/RN)  
Virginia Mary Marshall Scholarship Program (CNA)  
Virginia Long Term Care Facility Scholarship Program (LPN/RN)  
Virginia Nurse Educator  
Virginia Nurse Practitioner/ Nurse Midwife Incentive Programs

  
  
  
  

SS #: \_\_\_\_\_ Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Section 2-Original Employment Information

Original Employer's Name: \_\_\_\_\_  
Original Practice Site's Name: \_\_\_\_\_  
Original Practice Site's Address: \_\_\_\_\_  
Original Employer's Contact Person's Name: \_\_\_\_\_ HPSA/MUA#: \_\_\_\_\_  
Original Employer's Phone Number: \_\_\_\_\_  
Original Employer's Email Address: \_\_\_\_\_  
**Last Date of Your Employment:** \_\_\_\_\_

## Section 3- New Employer's Information

New Employer's Name: \_\_\_\_\_ Same Employer  
1<sup>st</sup> New Practice Site's Name: \_\_\_\_\_  
New Practice Site's Address: \_\_\_\_\_  
New Employer's Contact Person's Name: \_\_\_\_\_  
HPSA/MUA Number: \_\_\_\_\_  
New Practice Site's Phone Number: \_\_\_\_\_  
New Employer's Email Address: \_\_\_\_\_  
**Start Date of Your Employment:** \_\_\_\_\_  
2<sup>nd</sup> New Practice Site's Name: \_\_\_\_\_  
New Practice Site's Address: \_\_\_\_\_  
New Employer's Contact Person's Name: \_\_\_\_\_  
HPSA/MUA Number: \_\_\_\_\_  
New Practice Site's Phone Number: \_\_\_\_\_  
New Employer's Email Address: \_\_\_\_\_  
**Start Date of Your Employment:** \_\_\_\_\_

## Section 4 - Awardee/Recipient/Provider Certification

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I certify that the above reported information is correct to the best of my knowledge and accurately reflects activities to the fulfillment of my obligation to the Virginia Incentive Program.

\_\_\_\_\_  
Awardee/Recipient/Provider's Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Section 5- New Employer/Practice site Endorsement

I hereby certify that \_\_\_\_\_ began practicing at \_\_\_\_\_ on \_\_\_\_\_ and provide 40 hours per week of direct patient care at the new practice site(s).

- Virginia Mary Marshall (LPN/RN)
- Virginia Mary Marshall (CNA)
- Virginia Long Term Care Facility (LPN/RN)
- Virginia Nurse Educator
- Virginia Nurse Practitioner/ Nurse Midwife Incentive Programs

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date