

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. Please attach a copy of the Nurse Teacher Certification from the Department of Education.

Please print clearly or type in black ink.

## Section 1: Member Information

SSN

Date of Birth (mm/dd/yyyy)

First Name

MI

Last Name

Address

Address

City

State

ZIP

## Section 2: 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/yyyy)

## Section 3: Current Employer Certification

Current Employer and Position

Current Contractual Salary

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/yyyy)

## Section 4: Former Employer Certification of Registered Nursing Employment

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

\_\_\_\_\_  
*Name of Hospital/Health Organization*

**Was nursing service full-time?**    Yes    No    If no, list percentage of full-time service worked: \_\_\_\_\_%

\_\_\_\_\_  
*Start Date of Nursing Service (mm/dd/yyyy)*    *End Date of Nursing Service (mm/dd/yyyy)*    **Was employed as a registered nurse (RN)?**    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/yyyy)*

Return the completed form to the address below. Incomplete or inaccurate forms will not be processed.

**Employees' Retirement System of Rhode Island**  
50 Service Avenue, 2nd Floor  
Warwick, RI 02886-1021

**Office:** (401) 462-7600 | **Fax:** (401) 462-7691  
**Email:** [ersri@ersri.org](mailto:ersri@ersri.org) | **Website:** [www.ersri.org](http://www.ersri.org)