

5 N 5th Street
 Harrisburg PA 17101-1905
 Toll-free: 1.888.773.7748
 www.psers.pa.gov
 Fax: 717.772.3860
 PSRS- 1128 (07/2019)

Application to Purchase Credit for Cadet Nurse Service



Mail Center

INSTRUCTIONS: Complete this form and return it to the above address. A copy of Form 300-A indicating your admission and termination dates must be attached to this application.

If you do not have this form in your possession, please write to the following address to obtain a copy:

Washington National Records Center
 4205 Sutlind Road, Room 125
 Washington, DC 20409

<input type="checkbox"/> Check if you will be retiring this year.		Retirement Date _____
Name of Applicant		
Address (line 1)		
Address (line 2)		
City, State, Zip + 4		
Social Security Number	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Date of Birth	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Month Day Year</small>	
Home Telephone Number	()	
Name of District Where Currently Employed		
Date Public School Service Began	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Month Day Year</small>	
Current Employment Status	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Retired	

CERTIFICATION

I certify that I do not now, nor will I in the future, receive a retirement allowance from the U.S. Government or any other agency for my cadet nurse service.

 Signature of Applicant

 Date