



Physician's Certification and Borrower's Acknowledgement of Obligation

The National Student Loan Data System (NSLDS) indicates that you have one or more student loans discharged because of a total and permanent disability. The purpose of this form is to have a licensed physician certify that the borrower is able to engage in substantial gainful activity and for the borrower to acknowledge that any federal student loans received as a result of this physician's certification cannot be canceled based on any present impairment or condition, unless that impairment or condition substantially deteriorates to the extent that the definition of total and permanent disability is met. Completion of this form will allow the borrower to secure the additional loan(s) under one or more of the following Federal Loan Programs: Federal Direct Student Loans, Parent PLUS, and Consolidation Loans. Submit the completed and signed form to the Financial Aid Office.

PLEASE PRINT NEATLY

SECTION A: Independent Student Information

			XXX-XX-
LAST NAME	FIRST NAME	MI	STUDENT ID (#####) LAST 4 OF SSN
PERMANENT STREET ADDRESS	CITY	STATE	ZIP CODE
EMAIL	PHONE NUMBER		

Would you like to be considered for a Federal Title IV student loans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "NO" I do not want to receive Federal Title IV student loans. I only want to apply for the Pell Grant.		
If "YES" I want to be considered for Federal Title IV student loans. <i>Please have your Physician complete the certification (page 2) portion of this form.</i>		

PLEASE INITIAL IN THE BOXES BELOW

Initials	Acknowledgment
	I acknowledge that the new Federal Student loan cannot later be discharged for any present impairment unless it deteriorates so that I am again permanently disabled.
	I acknowledge that collection activity will resume on any loans in a conditional discharge period.
	If I am attempting to obtain new loans within the three-year conditional discharge period, I acknowledge that the suspension of collection activity on the conditionally discharged loan will be lifted.
	I acknowledge that the suspension of collection activity on the conditionally discharged loan must be lifted before I, the borrower, can receive the new loans. This means that the loan is no longer conditionally discharged and I am responsible for repaying it.
	Unless my condition substantially deteriorates, the old loan cannot be discharged in the future for any impairment present when I began the conditional discharge or when I tried to get the new loan.
	My physician will complete page 2 of this document. The physician's certification states that I have the ability to engage in substantial gainful activity and am sufficiently physically recovered from my previous condition to be capable of attending school, successfully complete a program of study and securing employment to repay the new loan I am seeking.

Warning: If you receive student aid based on incorrect information, you may have to return it and/or pay fines and fees. If you purposely give false or misleading information on this form, you may be fined \$20,000 and/or receive a prison sentence. **Affirmation:** By signing above, I certify that all information I have submitted is accurate and verified with supporting documentation.

STUDENT SIGNATURE

DATE

Physician's Certification and Borrower's Acknowledgement of Obligation

Physician Instructions

- You are being asked to complete, sign and date this form to certify that the borrower is able to engage in substantial gainful activity (e.g., able to work and earn money or attend school).
- You may complete this form for the borrower only if you are a doctor of medicine or doctor of osteopathy legally authorized to practice in your state.

PLEASE PRINT NEATLY

TO BE COMPLETED BY CERTIFYING PHYSICIAN

PHYSICIAN NAME

PATIENT/BORROWER NAME

STATE OF LICENSURE

PHYSICIAN'S LICENSE NUMBER

ADDRESS

CITY

STATE

ZIP CODE

EMAIL

PHONE NUMBER

CHECK ONE BOX

I certify that in my professional medical judgment, the patient/borrower named above is able to engage in substantial gainful activity and can attend school.

In my professional medical judgment of the patient/borrower named above, I cannot certify that they are able to engage in substantial gainful activity and can attend school.

The student became able to work and earn wages effective _____ (MM/DD/YYYY).

Definition of Total and Permanent Disability

To be totally and permanently disabled, the borrower must be unable to work and earn money or attend school because of an injury or illness that is expected to continue indefinitely or result in death. This definition calls for a judicial decision as to the borrower's ability to earn income despite their disability. The physician is to assess the impact of the borrower's disability on their ability to earn income in light of what the borrower would normally be able to earn if they were not disabled. If the disability appears to have a significant adverse effect to the borrower's earning potential, not only in the type of work performed before the impairment but for any substantial gainful employment, and the disability is expected to last for a long and indefinite period of time, then the borrower shall be considered permanently disabled under this definition. If the borrower's condition has improved so that the borrower is able to engage in substantial gainful activity or attend an institution of post-secondary education, a reaffirmation (reinstatement, no longer in discharge status) can be processed to allow the borrower to complete procedures for eligibility for Federal Student Aid.

Privacy Act Notice

The Privacy Act of 1974 (5 U.S.C. 522c) requires that an agency provide the following notice to each individual whom it asks to supply information. The authority for collecting the information requested on this form is found in 20 U.S.C. 1087, 42 U.S.C. 209 4k and 22 U.S.C. 2601. The principal purpose of this information is to verify the identity of the borrower; determine that the borrower is able to engage in substantial gainful activity, and in the event it is necessary, to locate the borrower's certifying physician. The SSN is used as a loan account number (identifier) in order to accurately record necessary information. The routine uses of this information include its disclosure to Federal, State or local agencies, to guaranty agencies, to educational and financial institutions and to agency contractors for the purpose of: verifying the identity of the borrower and the borrower's physician; determining that the borrower is able to engage in substantial gainful activity; investigating possible fraud and verifying compliance with program regulations. Failure to provide the requested information may result in denial of the borrower's new loan request. This information is necessary to process requests for new **Federal Student Loans**.

PHYSICIAN SIGNATURE

DATE