PHYSICIAN'S CERTIFICATION FORM

The National Student Loan Data System (NSLDS) indicates that you have one or more student loans discharged because of a total and permanent disability. Before you can receive additional federal student loans, **this form must be completed and returned to the financial aid office along with a completed Borrower's Acknowledgement of Obligation form.**

Borrower Information

Name: _____ ____ _____
First M.I. Last

Date of birth: _____/_____/_____ Student ID: _____ **OR** SSN: XXX-XX-_____

Physician's Certification

☐ I certify that in my professional medical judgment the patient/borrower named above is able to engage in substantial gainful activity.

☐ I cannot certify in my professional medical judgment that the patient/borrower named above is able to engage in substantial gainful activity.

Date the patient/borrower became able to work and earn wages: _____

Physician's typed or printed name: _____

I am a doctor of ☐ medicine ☐ osteopathy and legally authorized to practice in the state of: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Physician's license number: _____

Physician's signature: _____ Date: _____

General Information

This form is used to obtain a physician's certification. The purpose is to have a licensed physician certify that the borrower is able to engage in substantial gainful activity.

Definitions

Substantial Gainful Activity A level of work performed for pay that involves doing significant physical or mental activities or a combination of both.

Total and Permanent Disability The condition of an individual who: 1) is unable to engage in substantial gainful activity by reason of a medically determinable physical or mental impairment that can be expected to result in death; has lasted for a continuous period of at least 60 months; or can be expected to last for a continuous period of at least 60 months; OR 2) has been determined by the Department of Veterans Affairs (VA) to be unemployable due to a service-connected disability.

Privacy Act Notice

The Privacy Act of 1974 (5 U.S.C. 522a) 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 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 insubstantial 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 Loan Programs.