

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

### **Physicians Certification of Borrower's Ability to Engage in Substantial Gainful Activity**

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 you must obtain a physician's certification that you are able to engage in substantial gainful-related employment. Please submit the completed form to the Maria College Office of Financial Aid.

### **Section 1 – Consent for Release of Information – Completed by Student Borrower**

I authorize any physician, hospital, or other institution having records pertaining to the disability for which I previously received cancellation of my loan(s) to make information from such records available to Maria College, the U.S. Department of Education or to the holder of my loan(s).

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### **Section 2 – Physician's Certification – Completed by Certifying Physician**

#### **Physicians Certification (check one)**

\_\_\_\_\_ I certify that in my professional medical judgement, the patient/borrower named above is able to engage in substantial gainful related employment (Refer to information and Physician's instructions on page 2).

\_\_\_\_\_ In my professional medical judgement of the patient/borrower named above, I cannot certify that he/she is able to engage in substantial gainful activity related to employment (refer to information and Physician's instructions on page 2).

Date borrower became able to work and earn wages (MMDDYY):	Name of Physician:
I am legally authorized to practice in the state of:	Address:
City, State, Zip Code:	Date:
Signature of Physician:	Physician's License Number

**General Information**

The purpose of this form is to have a licensed Physician certify that the student borrower is able to engage in substantial gainful activity. 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. Upon proper completion, this form will allow the borrower to secure additional loan(s) under one or more of the following Federal Direct Loans Program: Stafford Loans (subsidized and unsubsidized), PLUS Loans for Undergraduate Students, PLUS Loans for Graduate Students, Consolidation Loans.

**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 judgment decision as to the borrower's ability to earn income despite his or her disability. The Physician is to assess the impact of the borrower's disability on his or her ability to earn income in light of what the borrower would normally be able to earn if he or she were not disabled. If the disability appears to have a significant adverse effect on 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, however, the borrower's condition has improved so that the borrower is able to engage in substantial gainful activity or attend an institution of postsecondary education, a reaffirmation (reinstatement, no longer in discharge status) can be processed to allow the borrower to complete procedures for eligibility for Title IV (Federal) student aid.

**Student Borrower Instructions**

1. The student borrower must complete Section I.
2. Have Section 2 of the form completed and signed by a Doctor of Medicine or Doctor of Osteopathy.
3. After both sections are completed, submit this form to the Maria College Office of Financial Aid.

**Physician Instructions**

1. 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.
2. You are being asked to complete, sign and date this form to certify whether the borrower does or does not meet the above definition of total and permanent disability. Please check the box [✓] beside the statement applicable to the borrower's condition.