



Financial Aid Office

2024-2025 Physician Certification Statement

Student Name: _____ Student SSN: _____

Instructions for Physician: You are being asked to complete and sign this form to certify that the aforementioned person whose loan (s) were previously discharged due to a total and permanent disability is presently able to engage in substantial gainful activity because the disabling condition or impairment has substantially improved.

I, _____, certify that the impairment (s) of _____
Physician's Name **Patient/Borrower's Name**

has improved sufficiently to allow the patient/borrower to engage in substantial gainful activity. The phrase "substantial gainful activity" generally describes a situation in which a borrower is sufficiently physically recovered to be capable of attending school, successfully completing a program of study, and securing employment in order to repay the new loan the borrower is seeking.

When did the patient's illness/injury substantially improve? _____ (mm/dd/ccyy)

I certify that I am a doctor of medicine or osteopathy and legally authorized to practice and that in my best professional judgment, the person named above is able to engage in substantial gainful activity, i.e., work and earn money.

Physician's Signature: _____ Date: _____

Physician's Name (printed): _____

Address: _____

City, State, Zip: _____ Phone: _____

State of Professional Registration: _____ Professional Registration Number: _____