

Physician's Certification of Borrower's Condition Form 2020-2021

- I. United States Department of Education regulations allow students to discharge their federally regulated student loans based on permanent total disability. The definition for permanent total disability is "the borrower must be unable to work and earn money or go to school because of injury or illness that is expected to continue indefinitely or result in death. The total disability cannot be based on a condition that existed before the borrower applied for the loan unless the condition has since substantially deteriorated" (Temporary or Permanent Total Disability Certification form).
- II. The United States Department of Education will allow students who have had federally regulated student loans discharged due to total permanent disability borrow additional funds, providing the student:
"A) obtains a certification from a physician that the borrower is able to engage in substantial gainful activity (defined as attending school, successfully completing the program and securing employment to repay the new loan) and;
B) sign a statement acknowledging that the loan the borrower receives cannot be canceled in the future on the basis of any impairment present when the new loan is made, unless that impairment substantially deteriorates" (Federal Register, Vol 59, No. 228, Tuesday, November 29, 1994, Rules and Regulations, 61215)

I certify that, in my professional judgment, the condition of _____ (print student name), who has had federally regulated student loans discharged based on total permanent disability (see paragraph I), has **improved enough** to allow him or her to engage in substantial gainful activity (see paragraph II).

Warning: Any person who knowingly makes a false statement of misrepresentation on this form shall be subject to penalties, which may include fines or imprisonment under the United States Criminal Code.

Signature of Physician (M.D. or D.O.)

Date

Please print or type the following information:

Physician's name

Physician's address

Physician's phone number