

Physician's Certification Of Borrower's Eligibility to Engage in Substantial Gainful Activity (PLEASE COMPLETE THIS FORM IN BLUE OR BLACK INK)

S		Vame [.]			
Student ID	·				
You are required to complete this form because the National discharged due to a total and permanent disability. Before substantial gainful activity must be documented. Please Consent for Release of Information: I authorize any pholoans discharged/cancelled to make information from	you can receive addit e return the completed ~~~~~~ nysician or hospital h such records availab	ional federal studen form to the PPCC Fin care to the PPCC Fin care aving records pertaile to the US Departn	t loans, your eligi ancial Aid Office. ~~~~~~ ning to the disab tent of Education	ibility to engage in ility for which I had a loan or or the holder of my loan(s).	
SECTION I- TO BE COMPLE	TED BY THE BOR PLEASE PR		2 for instruction	ons)	
Name:		Last			
1 1150		Laot			
failing Address Cit		City, State, Zip Code	, State, Zip Code		
()					
Daytime Phone Number					
complete. I acknowledge that my previously dischaloan(s). If the previous loans were in defamust make satisfactory repayment arran I acknowledge that if I am in default on a By signing this form, I acknowledge that the basis of any present impairment or c extent that the definition of the total and	ault when they were gements before red ny student loans, I any loans I receive ondition, unless th	e discharged, they ceiving any new lo am not eligible to hereafter cannot e impairment or coty is met.	will be reinstar ans. receive any oth be cancelled/di	ted in default status and I ner Title IV aid. ischarged in the future on	
SECTION II-TO BE COMPLETE	D BY CERTIFYING		•	uctions)	
Physician's Contification (Check One)	PLEASE PR	INT			
Physician's Certification (Check One) [] I certify that, in my professional medical judgment, the attend school. (Refer to Physician's Instructions on back of [] In my professional medical judgment of the patient/bogainful activity and can attend school. (Refer to Physician's	page.) prrower named above,	I <u>cannot</u> certify that p		,	
Date borrower became able to work and earn wages: (MM/DD/YYYY)		Physician's	Physician's License Number:		
Name of physician-(Please print or type)		I am legally a	I am legally authorized to practice in the State of:		
Physician's Address	City	State	Zip Code		
Physician's Signature:		i i	i	1	
Physician's Signature.		Physician's F	hone:	Date:	

Instructions Physician's Certification of Borrower's Ability to Engage in Substantial Gainful Activity

General Information

This form is used to obtain a physician's certification and a borrower's acknowledgement. The purpose is to have a licensed physician certify that the borrower is able to engage in substantial gainful activity and to have the borrower acknowledge that any federal student loans received as a result of this physician's certification cannot be **cancelled** 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. **Additionally, previously discharged loans will be reinstated and the borrower must resume payment on these loan(s). If the previous loans were in default when they were discharged, they will be reinstated in default status and the borrower must make satisfactory repayment arrangements before receiving any new loans.** This form will allow the borrower to secure additional loan(s) under one or more of the following Federal Direct Loans Programs: Stafford Loans (subsidized and unsubsidized), PLUS Loans for Undergraduate Students, PLUS Loans for Graduate Students, Consolidation Loans **as long as all other conditions for receiving student loans have been met**.

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 has 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 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.

Borrower Instructions

- 1. The borrower must complete Section I
- 2. Have section II of the form completed and signed by a Doctor of Medicine or Doctor of Osteopathy.
- 3. Return the **original copy of** this completed form to:

Pikes Peak Community College Financial Aid Office 5675 South Academy Boulevard Colorado Springs, CO 80906-5498

OR submit the form to the Financial Aid/Enrollment Service Center at any of our campus locations. Fax and electronic versions of this form will not be accepted.

It is recommended that you keep a copy of this and all other financial aid forms for your records.

Physician Instructions

- 1. You may complete this form for the borrower only if you are a Doctor of Medicine or a 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.

Sources: US Department of Education, "Physician Certification and Borrower's Acknowledgement of Obligation," 7-99