

Office of Student Financial Aid & Scholarships
Physician's Certification and Borrower's
Acknowledgement of Obligation

OFFICE USE ONLY

Revised: 12/16/20

Student Name: _____ NSHE ID: _____

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 and to have the borrower acknowledge that any federal loans received as a result of the 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. This form will allow the borrower to secure additional loans under one or more of the following Federal Loan Programs: Federal Direct Student Loans, Parent PLUS Loans, and 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 the borrower's disability. The physician is to assess the impact of the borrower's disability on their ability to earn income in light of what the borrower would normally be able to earn if they 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 post-secondary education, a reaffirmation (reinstatement, no longer in discharge status) can be processed to allow the borrower to complete procedure for eligibility for Title IV (federal) student aid. Receipt of this completed form with the appropriate physician's certification repaying it.)

Unless my condition substantially deteriorates, the old loan cannot be discharged in the future for any impairment present when I began the conditional discharge or when I tried to get the new loan.

I understand that the Physician's Certification (section 2) states that I have the ability to engage in substantial gainful activity, and that I am sufficiently physically recovered from my previous condition, such that I am capable of attending school, successfully completing a program of study, and securing employment in order to repay the new loan(s) I am seeking.

Student Signature: _____ Date: _____

Office of Student Financial Aid & Scholarships
Physician's Certification and Borrower's
Acknowledgement of Obligation

OFFICE USE ONLY

Student Name: _____ NSHE ID: _____

Privacy Act Notice: