

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

S \_\_\_\_\_  
Student ID

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

You are required to complete this form because the National Student Loan Data System indicates that you have one or more prior federal student loans discharged due to a total and permanent disability. **Before you can receive additional federal student loans, your eligibility to engage in substantial gainful activity must be documented.** Please return the completed form to the PPSC Financial Aid Office.

*Consent for Release of Information: I authorize any physician or hospital having records pertaining to the disability for which I had a loan or loans discharged/cancelled to make information from such records available to the US Department of Education or the holder of my loan(s).*

**SECTION I- TO BE COMPLETED BY THE BORROWER (See page 2 for instructions)  
PLEASE PRINT**

Name: \_\_\_\_\_  
First M.I. Last

\_\_\_\_\_  
Mailing Address City, State, Zip Code

(\_\_\_\_\_) \_\_\_\_\_  
Daytime Phone Number

- I affirm that I have read, understand and agree to this form in its entirety and that the information supplied is true and complete.
- I acknowledge that my previously discharged loans will be reinstated and that I 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 I must make satisfactory repayment arrangements before receiving any new loans.
- I acknowledge that if I am in default on any student loans, I am not eligible to receive any other Title IV aid.
- By signing this form, I acknowledge that any loans I receive hereafter cannot be cancelled/discharged in the future on the basis of any present impairment or condition, unless the impairment or condition substantially deteriorates to the extent that the definition of the total and permanent disability is met.

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Today's Date

**SECTION II-TO BE COMPLETED BY CERTIFYING PHYSICIAN (See page 2 for instructions)  
PLEASE PRINT**

**Physician's Certification (Check One)**

[ ] I certify that, in my professional medical judgment, the patient/borrower named above is able to engage in substantial gainful activity and can attend school. (Refer to Physician's Instructions on back of page.)

[ ] In my professional medical judgment of the patient/borrower named above, I **cannot** certify that patient/borrow is able to engage in substantial gainful activity and can attend school. (Refer to Physician's Instructions on back of page.)

Date borrower became able to work and earn wages: (MM/DD/YYYY)

Physician's License Number:

Name of physician-(Please print or type)

I am legally authorized to practice in the State of:

Physician's Address

City

State

Zip Code

Physician's Signature:

Physician's Phone:

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 State 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