



2017 – 2018 PHYSICIAN’S CERTIFICATION AND BORROWER’S ACKNOWLEDGEMENT OF OBLIGATION

We’ve reviewed your 2017-18 FAFSA and it indicates that you have one or more loans discharged because of a total and permanent disability. **Before you can receive additional Federal Student Aid**, this form must be completed and returned to the Humphreys University Financial Aid Department for further eligibility determination.

Please read and check ONE of the following options pertaining to your situation:

- I **DO NOT** want to apply for federal student loans and wish to be considered for all other types of financial aid for which I am eligible to receive. **Complete only Section 1.**
- I want to apply for federal student loans and have previously provided an approved physician’s certification. Complete only **Section 2.**
- I want to apply for federal student loans and have **NOT** previously provided a physician’s certification and or my physician’s certification did not meet the federal requirements to obtain a FSA loan. **Complete Section 2 and 3.**

A licensed physician must certify that you are able to engage in substantial gainful activity, **AND** you must annually acknowledge that any federal student loans received as a result of this physician’s certification cannot be discharged 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.

Warning: Any person who knowingly makes a false statement or other institution on this form may be subject to a fine or imprisonment under Title 20, United States Code, and Section 1097.

Section 1 – Loan Discharge Affirmation

Last Name, First Name	Social Security Number XXX - XX - [] [] []	Date of Birth / /	Student ID#
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I do not wish to be considered for federal student loans for the 2017-18 award year. However, I would like to be considered for all other types of financial aid for which I am eligible to receive.

Signature	Date / /
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Section 2 – Borrower’s Acknowledgement of Obligation

Last Name, First Name	Social Security Number	Date of Birth / /	Student ID#
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Initial

Consent for Release of Information: I authorize any physician, hospital or other institution having records pertaining to the disability for Initial which I had a loan(s) discharged to make information from such records available to the U.S. Department of Education or holder of my loans(s).

Borrower’s Acknowledgement of Obligation: By signing this form, I acknowledge that any loans I receive hereafter cannot be 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 total and permanent disability is met.

Signature	Date / /
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Section 3 – To be completed by Certifying Physician (See reverse for instructions and Privacy Act Notice)

Physician Certification (check ONLY one):

- I certify that in my professional medical judgment, the patient/borrower named above is able to engage in substantial gainful activity, as defined by the U.S. Department of Education. (Refer to Physician’s instructions on the back page.)
- In my professional medical judgment of the patient/borrower named above, I **cannot** certify that he/she is able to engage in substantial gainful activity. (Refer to Physician’s instructions on the back page.)

Name of Institution			
Print full name of physician	<input type="checkbox"/> M.D. <input type="checkbox"/> D.O.	I am legally authorized to practice in the state of	
Institution Address	City/St/Zip	Phone Number () -	
Signature of physician	Physician License No.	Date / /	

Definition of Total and Permanent Disability

The condition of an individual who:

- is unable to engage in substantial gainful activity by reason of a medically determinable physical or mental impairment that can be expected to result in death; has lasted for a continuous period of at least 60 months; or can be expected to last for a continuous period of at least 60 months; OR
- has been determined by the Department of Veterans Affairs (VA) to be unemployable due to a service-connected disability.

Physician Instructions

- You are being asked to complete, sign and date this form to certify that the borrower is able to engage in substantial gainful employment activity (e.g., able to work and earn money or attend school).
- You may complete this form for the borrower only if you are a doctor of medicine or doctor of osteopathy legally authorized to practice in your state.

Definition of Substantial Gainful Activity:

- The phrase “substantial gainful activity” means a level of work performed for pay that involves doing significant physical or mental activities or a combination of both. If a physician’s certification does not appear to support this status, the school should contact the physician for clarification.

Privacy Act Notice

The Privacy Act of 1974 (522a) requires that an agency provide the following notice to each individual whom it asks to supply information.

- The authority for collecting the information requested on this form is found in 20 U.S.C. 1087, 42 U.S.C. 209 4k and 22 U.S.C. 2601.
- The principal purpose of this information is to verify the identity of the borrower, determine that the borrower is able to engage in substantial gainful activity and, in the event it is necessary, to locate the borrower’s certifying physician. The SSN is used as a loan account number (identifier) in order to accurately record necessary information.
- This information is used for disclosure to federal, state and local agencies, to guaranty agencies, to educational and financial institutions and to agency contractors for the purpose of: verifying the identity of the borrower and the borrower’s physician, determining that the borrower is able to engage in substantial gainful activity, investigating possible fraud and verifying compliance with program regulations. Failure to provide the requested information may result in denial of the borrower’s new loan request.
- This information is necessary to process requests for loan reaffirmation.
- Physician’s signature is necessary to process requests for loan reaffirmation.
- Medical License number is necessary to process requests for loan reaffirmation.
- Date Physician signed is necessary to process requests for loan reaffirmation.

Financial Aid Use Only

1. Loan Discharge Date: ____/____/____

- If a borrower’s discharge application is received on or after July 1, 2010, a final discharge will occur after a **post-discharge monitoring period** that begins on the date the discharge was granted and lasts up to three years ending on: ____/____/____.
- If a borrower’s discharge application was received before July 1, 2010, a conditional discharge was granted followed by a **conditional discharge period** that begins on the date the borrower’s physician certified the disability discharge application and lasts up to three years.

If the borrower requests a new loan or Teach Grant during the *post-discharged* or *the conditional discharge period*, he/she must also resume payment on the old loan(s) before receipt of the new loan or Teach grant. If the loan on which the borrower must resume payment was in default when it was discharged or conditionally discharged, it remains in default upon reinstatement, and the student must make satisfactory repayment arrangements before receiving the new loan, in addition to meeting the other requirements described. AVG 12-13, Volume 1, Chapter 3- NSLDS Financial Aid History, Pg 50-51.

2. Recertification New Certification

____ **ELIGIBLE** – Physician’s Certification Form received on: ____/____/____ Award Yr: ____/____
New Loan Period: ____/____/____ to ____/____/____ Award Yr: ____/____

____ **ELIGIBLE – NO LOAN**

____ **NOT ELIGIBLE** – Explain: _____

Reviewed by (print): _____ FAD FAS Signature: _____ Date: ____/____/____