



**Office of Student Financial Aid**  
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 Waco, GA 30182  
 Fax: 770-537-7995  
 Email: FinancialAid@westgatech.edu

A Unit of the Technical College System of Georgia

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

\_\_\_\_\_  
 Student's Name

\_\_\_\_\_  
 Student ID/SSN

Our office has received information from the National Student Loan Data System (NSLDS) indicating that you have one or more student loans that have been discharged due to **Total and Permanent Disability**. If you wish to apply for additional federal student loans, you will need to complete and return this form to the Financial Aid Office. To view your current student loan history, please visit [nslds.ed.gov](http://nslds.ed.gov).

### Part I – To be completed by student: Student Certification Statement

I acknowledge that any additional loans I receive from the federal loan programs must be repaid and cannot be later discharged for any present impairment, unless my condition substantially deteriorates to the extent that the definition of the total and permanent disability is met again (as determined by my physician). I understand that obtaining a new student loan may reactivate any previous loans that were discharged due to total and permanent disability. Additionally, I agree to reaffirm any previously discharged loans if I am still in the post-discharge monitoring period (3 years from the date of discharge). I understand that I must complete this form each time I receive a new loan.

I, also, acknowledge that I must provide a signed certification from my physician that I have the ability to engage in substantial gainful activity. I understand that I will only need to provide the physician's certification once.

*Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.*

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Telephone Number

**Part II – To be completed by licensed physician: Physician Certification Statement**

The borrower identified in Part I of this form was previously classified as Total and Permanently Disabled and received a discharge of his/her student loans as a result of this classification. The borrower is now requesting additional financial aid from a federal education loan program.

You are being asked to complete, sign, and date this form to certify whether the borrower is able to engage in substantial gainful activity including ability to work and earn money or attend school. Please refer to the instructions and definition on the next page.

Please **check one** of the statements that best describes the borrower's current condition below:

I certify that in my professional medical judgment, the patient/borrower **can** engage in substantial gainful active and attend school.

In my professional medical judgment of the patient/borrower, I **cannot** certify that he/she is able to engage in substantial gainful activity and attend school.

\_\_\_\_\_  
Physician's Name (please type/print)

\_\_\_\_\_  
State legally authorized to practice medicine

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Physician License Number

\_\_\_\_\_  
Physician Signature (M.D. or D.O.)

\_\_\_\_\_  
Date

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

## General Information

This form is used to obtain a borrower's acknowledgment and a physician's certification. The purpose is to have a licensed physician certify that the borrower is able to engage in substantial gainful activity (**see definition below**) and to have the borrower acknowledge that any federal student loans received as a result of this 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 (**see definition below**) is met. This form will allow the borrower to secure additional loan(s) under the Federal Direct Loan Program.

## Definitions

For federal student aid purposes, 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.

**Total and permanent disability** is 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.

This definition calls for a judgment decision as to the borrower's ability to earn income despite his or her disability. The physician is 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 her or she 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, 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 can be processed to allow the borrower to complete procedures for eligibility for Title IV Federal Student Aid.

## Borrower Instructions for Part I

1. The borrower must complete **Part I** of this form
2. Have Section II of the form completed and signed by a Doctor of Medicine or Doctor of Osteopathy
3. Return the completed form via email, fax, or hand-deliver to:

Office of Student Financial Aid  
West Georgia Technical College  
1 College Circle  
LaGrange, GA 30240  
Fax: 706-756-4635  
Email: [FinancialAid@westgatech.edu](mailto:FinancialAid@westgatech.edu)

***It is recommended that you retain a copy of this form for your records.***

## Physician Instructions for Part II (only)

1. You may complete of this form for the borrower only if you are a Doctor of Medicine or Doctor of Osteopathy legally authorized to practice in your state.
2. You are being asked to complete, sign, and date of this form to certify whether the borrower does or does not meet the above definition of total and permanent disability. Please check the box next to the statement applicable to the borrower's condition.