



2022-2023 Physician Certification Form

STUDENT INFORMATION:

_____, _____, _____, _____
Last Name First Name M.I. Student ID#

Student's Complete Mailing Address

PHYSICIAN CERTIFICATION

I certify the impairment of my patient, whose information is listed above, has improved sufficiently to allow the borrower/patient to engage in substantial gainful activity. Substantial gainful activity is defined as the patient's/borrower's ability to work and earn money.

This patient/borrower regained the ability to engage in substantially gainful activity as of

_____.
MM/DD/YYYY

_____, _____, _____
Physician's Last Name Physician's First Name Physician's License#

_____, _____, _____
Physician's Signature Date Physician's Phone#

I am a doctor of (check one): Medicine Osteopathy

Please Note:

- If a physician's certification does not appear to support the status, the school should contact the physician for clarification.
- The phrase *substantial activity* generally describes a situation in which a borrower is sufficiently physically recovered to be capable of attending school, successfully completing a program of study, and securing employment in order to repay the new loan the borrower is seeking.