

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

The National Student Loan Data System (NSLDS) indicates that you have one or more student loans discharged because of a total and permanent disability. Before you can receive additional federal student loans, this form must be completed and returned to the HCC Financial Aid Office.

SECTION 1: STUDENT

By signing this form, I acknowledge that any federal student loans I receive hereafter cannot be canceled 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.

1. Last Name	2. First Name	3. Student ID#
4. Email	5. Phone #	6. Date of Birth
7. Signature		8. Date

SECTION 2: CERTIFYING PHYSICIAN INFO

1. Type or print name of physician:		
2. Company/Agency Name:		
3. Office address:		
4. City	5. State	6. Zip Code
7. Phone:		

SIGNATURE / CERTIFICATION OF PHYSICIAN

8. Please mark ONE:	
<input type="checkbox"/> I certify that in my professional medical judgement, the patient/loan borrower named above is able to engage in substantial gainful activity and can attend school.	
<input type="checkbox"/> In my professional medical judgement of the patient/loan borrower named above, I CANNOT certify that he/she is able to engage in substantial gainful activity and can attend school.	
9. Date borrower became able to work and earn wages: (MM/DD/YY):	
10. Signature:	11. Date:

Student or Physician may submit by upload link to Miramar Financial Aid Office; or mail to/drop off at San Diego Miramar College, Financial Aid Office, 10440 Black Mountain Road, San Diego, CA 92126

FINANCIAL AID OFFICE USE ONLY

Approved	Denied	Unable to Process	Staff Name:	Date:
Comments:				
(MDSCHG-#49)				

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 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 loan(s) under one or more of the following Federal Direct Loan Program: Stafford Loans (subsidized or unsubsidized), PLUS Loans for Undergraduate Students, PLUS Loans for Graduate Students, Consolidation Loans.

PHYSICIAN INSTRUCTIONS

- 1. You may complete this form for the borrower only if you are a Doctor of Medicine and legally authorized to practice in your state.*
- 2. You may be 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 line beside the statement applicable to the borrower's condition.*