

Austin Peay State University

PHYSICIAN’S CERTIFICATION & BORROWER’S ACKNOWLEDGEMENT OF OBLIGATION

According to the National Student Loan Data System (NSLDS), 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 APSU Office of Student Financial Aid.

SECTION I: COMPLETED BY STUDENT NOT APPLYING FOR FEDERAL LOANS.

Check this box if you DO NOT want to apply for Federal student loans and would like to be considered for other Federal student aid for which you might be eligible. No physician’s certification is necessary for this option.

Student Name: _____ APSU Student ID#: A_____

Student Signature: _____ Date: _____

STOP: You do not have to complete the remainder of this form if you do not plan to apply for Federal student loans. Return the form to the APSU Office of Student Financial Aid.

SECTION II: COMPLETED BY STUDENT APPLYING FOR FEDERAL LOANS (SEE REVERSE FOR INSTRUCTIONS)

Check this box if you want to apply for federal student loans.

Student Name: _____ APSU Student ID#: A_____

By signing this form, I acknowledge any 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.

Student Signature: _____ Date: _____

SECTION III: COMPLETED BY PHYSICIAN (SEE REVERSE FOR INSTRUCTIONS)

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. Date borrower became able to engage in gainful activity: _____

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.

Physician Name (Print): _____ State of Legal Practice: _____

Office Address: _____

Office Phone: _____

Physician Signature: _____ Date: _____

Instructions

General Information

This form is used to obtain a physician's certification and a borrower's acknowledgment. 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 Loan Programs: Direct Student Loans, PLUS Loans for Parents, and PLUS Loans for Graduate Students.

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 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 he 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, 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 II.
2. Have Section III of the form completed and signed by a Doctor of Medicine or Doctor of Osteopathy.
3. Return this completed form to:

Austin Peay State University
Financial Aid Office
601 College Street
Clarksville, TN 37044

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 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.

Source: U.S. Department of Education, "Physician Certification and Borrower's Acknowledgment of Obligation," 7-99 (L-54).