

# PHYSICIAN'S CERTIFICATION

## Borrower's Ability to Engage in Substantial Gainful Activity

**2022-2023 ACADEMIC YEAR**

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

### Definition of Total and Permanent Disability

**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.

**Substantial gainful activity** means a level of work performed for pay that involves doing significant physical or mental activities or a combination of both.

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 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.

### Borrower Instructions

1. The borrower must complete Section I.
2. Have Section II of the form completed and signed by a Doctor of Medicine or Doctor of Osteopathy.
3. Return this completed form to:

University of Central Florida  
Office of Student Financial Assistance  
4000 Central Florida Boulevard  
Millican Hall, Room 107  
Orlando, FL 32816-0113

Note: 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. Please check the box beside the statement applicable to the borrower's condition.

Submit complete forms at [finaid.ucf.edu/upload](https://finaid.ucf.edu/upload). Route this form to Loans

Phone: 407.823.2827 • Fax: 407.823.5241 • Web: [finaid.ucf.edu](https://finaid.ucf.edu) | A Division of Student Success and Well-being

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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 UCF Office of Student Financial Assistance. *Please print legibly.*

1. Name (First, Middle, Last)		2. UCF ID	
3. Address	City	State	Zip
4. Phone Number	5. Knights Email Address		

### Section I. Borrower Acknowledgment

This section is to be completed by the student. Refer to the instructions page.

6. Please read and initial next to each line below:

**Part A.**

- \_\_\_\_\_ I am aware that the new Federal Student loan or the TEACH grant service obligation can't later be discharged for any present impairment unless it deteriorates so that I am again totally and permanently disabled.
- \_\_\_\_\_ By signing this form, I certify that I have the ability to engage in substantial gainful activity.
- \_\_\_\_\_ I am aware that I must sign a new Borrower Acknowledgement Form each semester that I receive a new loan.
- \_\_\_\_\_ I understand that I must successfully complete my courses.

**Part B. All student borrowers are required to complete this section, except for veterans.**

- \_\_\_\_\_ If I request a **NEW LOAN or TEACH Grant** during the conditional discharge or the post-discharge monitoring period (3 years before or after discharge), I am aware that I will be responsible for resuming payment on the discharged loan(s) before receipt of the new loan or TEACH grant.
- \_\_\_\_\_ If the loan on which I must resume payment was in default when it was discharged or conditionally discharged, it remains in default upon reinstatement, and I must make satisfactory repayment arrangements before receiving the new loan. (Satisfactory repayment status is achieved after having made six consecutive, full, voluntary payments on time.)

7. Student Signature	8. Today's Date
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### Section II. Physician Certification

This section is to be completed by the Physician. Refer to the instructions page.

1. Physician's Name (Please Print)	2. I am legally authorized to practice in in the state of:		
3. Address	City	State	Zip
4. Phone Number	5. Hospital, Office or Medical Group:		

6. Please check one of the following statements that apply:

- I certify that in my professional medical judgment, the patient named above is able to engage in substantial gainful activity and can attend school. The date borrower became able to work and earn wages:
- I cannot certify in my professional medical judgment, that the patient named above is able to engage in substantial gainful activity and can attend school.

7. Physician Signature	8. Physician's License Number	9. Today's Date
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