



Student Name: _____ Student ID Number: _____

The purpose of this form is to have a licensed physician certify that the student borrower is able to engage in substantial gainful activity and to have the borrower acknowledge that any federal loans and/or Teach Grant, 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 or permanent disability is met. This form will allow the borrower to secure additional loans and/or grants under one or more of the following Federal Loan Programs: Federal Direct Student Loans, Parent PLUS Loans, Consolidation Loans, and/or Teach Grant.

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 the borrower's disability. The physician is to assess the impact of the borrower's disability on their ability to earn income in light of what the borrower would normally be able to earn if they 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 post-secondary 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. Receipt of this completed form with the appropriate physician's certification satisfies the federal requirements (34 CFR 682.201(A)(5)) for affected borrowers.

Warning: If you receive student aid based on incorrect information, you may have to return it and/or pay fines and fees. Providing false or misleading information on this form may result in a fine of \$20,000 and/or a prison sentence.

STUDENT'S ACKNOWLEDGEMENT (to be completed and signed by student)

Indicate whether you would like to be considered for Federal Student Loans and/or Teach Grant by checking the appropriate box(es) below.

_____ **No**, I do not wish to be considered for Federal Student Loans and/or Teach Grant. I only want to apply for Pell Grant. If you select this option, sign and date below, and submit to the IRSC Financial Aid Office.

_____ **Yes**, I am applying for one or more Federal Loans and/or TEACH grants.

If you select this option, acknowledge the following by checking the box below, then return both pages to IRSC Student Financial Aid Office after obtaining certification from your physician (only a Doctor of Medicine or a Doctor of Osteopathy, who is legally authorized to practice in your state, may complete this form).

_____ I am aware that the new Federal Student Loan and/or Grant cannot later be discharged for any present impairment unless it deteriorates so that I am again permanently disabled.

_____ I am aware that collection activity will resume on any loans in a conditional discharge period.

_____ I am attempting to obtain new loans within the three-year conditional discharge period, I acknowledge that the suspension of collection activity on the conditionally discharged loan will be lifted.

_____ The suspension of collection activity on the conditionally discharged loan must be lifted before I, the borrower, can receive the new loan. (This means that the loan is no longer conditionally discharged, and I am responsible for repaying it.)

_____ Unless my condition substantially deteriorates, the old loan cannot be discharged in the future for any impairment present when I began the conditional discharge or when I tried to get the new loan.

_____ I understand that the Physician's Certification (Section II) states that I have the ability to engage in substantial gainful/activity and that I am sufficiently physically recovered from my previous condition, such that I am capable of attending school, successfully completing a program of study, and securing employment in order to repay the new loan(s) I am seeking.

I, the undersigned, certify that all the information reported to qualify for federal student aid is complete and accurate.

ONLY HANDWRITTEN SIGNATURES ARE ACCEPTABLE FOR THIS FORM. NO ELECTRONIC SIGNATURES.

STUDENT'S SIGNATURE

DATE