

2023-2024 Physician's Certification and Borrower's Acknowledgment of Obligation

CHAMBERLAIN UNIVERSITY

Student's Name (Last, First, MI)	Student ID Number	Student's Phone Number
tudent Instructions		
		student loans discharged because of a total and rm must be completed and returned to the Chamberlain
Vould you like to be considered for a	Federal Title IV student loan?	
lease place an "X" on one of the responsible fithe page.	onses below, follow the instructions that corres	pond to your response and sign the form at the bottom
No, I do not wish to receive Federa form does not automatically make		the Pell Grant. I understand that submission of this
	your first bachelor's degree, you do not have a	neeting SAP (Satisfactory Academic Progress), a graduate qualifying Expected Family Contribution (EFC), or you
Yes, I wish to be considered for Fe	deral Title IV student loans.	
Please have your physician complet certifying:	e the Physician Certification on the second page	e of this form. You must initial each section below
☐1. I am aware that the new Feder that I am again permanently di		or any present impairment unless it deteriorates so
2. I am aware that collection active	rity will resume on any loans in a conditional dis	charge period.
	n new loans within the three-year conditional deconditional deconditionally discharged loan will be lifted.	ischarge period, I acknowledge that the suspension
	This means that the loan is no longer condition	arged loan must be lifted before I (the borrower) ally discharged and I am responsible for re paying
	antially deteriorates, the old loan cannot be disconditional discharge or when I tried to get the I	
substantial gainful activity and		fication states that I have the ability to engage in evious condition to be capable of attending school, ar to repay the new loan I am seeking.
		actice in your state may complete this form. sional letterhead as long as it certifies that student
ignature and Affirmation		
		<u> </u>
Student's Signature A digital signature cannot be accepted)		Date



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Student's ID Number

Signature and Affirmation

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: Stafford Loans, PLUS Loans for Parents, PLUS Loans for Graduate Students, Consolidation Loans and Federal Perkins Loans.

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 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.

Privacy Act Notice: The Privacy Act of 1974 (5 U.S.C. 522a) requires that an agency provide the following notice to each individual whom it asks to supply information.

The authority for collecting the information requested on this form is found in 20 U.S.C. 1087, 42 U.S.C. 209 4k and 22 U.S.C. 2601.

- The principal purpose of this information is to verify the identity of the borrower; determine that the borrower is able to engage in substantial gainful activity, and in the event it is necessary, to locate the borrower's certifying physician.
- The routine uses of this information include its disclosure to Federal, State or local agencies, to guaranty agencies, to educational and financial institutions and to agency contractors for the purpose of: verifying the identity of the borrower and the borrower's physician; determining that the borrower is able to engage in substantial gainful ctivity; investigating possible fraud and verifying compliance with program regulations. Failure to provide therequested information may result in denial of the borrower's new loan request.
- This information is necessary to process requests for new Federal Loan Programs.

To Be Completed By Certifying Official

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 and can attend school. (Refer to Physician's Instructions below).							
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 and can attend school. (Refer to Physician's Instructions below).							
Date borrower became able to work and earn wages (MM DD YYY)	Y): _/_/						
Name of Physician (Last, First, MI)	State of Legal Authorization to Practice						
Physician's Address (City, State, Zip)	Phone Number						

Physician's License Number

Physician's Signature (M.D. or D.O.)