CHAMPLAIN COLLEGE

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2020-21 PHYSICIAN CERTIFICATION FORM

PHYSICIAN CERTIFICATION OF BORROWER'S ABILITY TO ENGAGE IN SUBSTANTIAL GAINFUL ACTIVITY

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form (MAY BE SUBJECT TO FINE OR IMPRISONMENT UNDER SECTION 1001 OF THE UNITED STATES CRIMINAL CODE) or on any accompanying documents shall be subject to penalties which may include fines, imprisonment or both under the U.S. Criminal Code and 20 U.S.C. Section 1097.

SECTION I – TO BE COMPLETED IN INK BY BORROWER

Name of Borrower (PLEASE PRINT): ______________________________

Borrower's Social Security Number: ______________________________

CONSENT FOR RELEASE OF INFORMATION – I authorize any physician, hospital or other institution having records pertaining to the disability for which I previously received cancellation of my loan(s) to make information from such records available to the U.S. Department of Education or to the holder of my loan(s).

ACKNOWLEDGEMENT OF INABILITY TO CANCEL LOAN – I hereby acknowledge that any Federal Direct Loans which I receive subsequent to this statement cannot be canceled in the future on the basis of any impairment present when the new loan is made, unless that impairment substantially deteriorates.

Signature of Borrower:______________________________

SECTION II – TO BE COMPLETED BY CERTIFYING PHYSICIAN

Instructions to Physician – You are being asked to certify that the borrower named above is able to engage in substantial gainful activity. The U.S. Department of Education defines "substantial gainful activity" as, "a situation in which a borrower is sufficiently fully recovered to be capable of attending school, successfully completing a program of study, and securing employment in order to repay the loan the borrower is seeking."

The borrower for which you are completing this certification has previously had loans discharged due to total and permanent disability. At the time of that discharge, a physician certified that the borrower was unable to engage in substantial gainful activity due to a medically determinable impairment which was expected to continue for a long and indefinite period of time or to result in death.

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I certify that in my best professional judgment, the borrower identified above is able to engage in substantial gainful activity as defined by the U.S. Department of Education.

I am a (check one) ☐ **doctor of medicine** ☐ **doctor of osteopathy** legally authorized to practice in the State of _________and my professional license number issued by the state is ______________________.

Signature of Physician (M.D. or D.O.): ______________________________Date:____________

Name (printed):______________________________
Address: ______________________________
City: ____________________ State: __________Zip Code:____________

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.