Texas Southmost College
TRADITION • INNOVATION • OPPORTUNITY
Financial Aid Office
80 Fort Brown ▪ Brownsville, Texas 78520 ▪ (956) 295-3620▪ Fax (956) 295-3621 ▪ www.tsc.edu

2016-2017

Physician's Certification of Borrower's Ability to Engage in Substantial Gainful Activity

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 of 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 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

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.

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:

TSC Financial Aid Office
Arnulfo Oliveira Student Service Center
80 Fort Brown
Brownsville, Texas 78520
Phone: 956-295-3620
Fax: 956-295-3621
Financialaid@tsc.edu

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.

Borrower's Ability to Engage in Substantial Gainful Activity

The national Student Loan System (NSLDS) indicates that you have one or more students 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 **TSC Financial Aid Office** at the above stated address.

What you must do:

1. If you **DO NOT** want to apply for federal student loans, check this box: [ ]

Student Name: _____ **ID#** _____

Student Signature: _____ **Date**_____/_____/_____

STOP: You do not have to complete the remainder of this form. Return the form to TSC Financial Aid Office at the address stated above.

2. If you want to apply for a federal student loan, complete the remainder of this from.

Consent for Release of Information: I authorize any physician, hospital or other institution having records pertaining to the disability for which I had a loan(s) cancelled to make information from such records available to the U.S. Department of Education or the holder of my loan(s).

Section I – To Be Completed by Borrower (See Instructions). Please print.

Name of borrower (First, Middle Initial, Last)			Borrower's Student ID Number	
Address	City	State	ZIP Code	Telephone Number
By signing this form, I acknowledge that any loans I receive hereafter cannot be cancelled in the future on the basis of any present impairment or condition, unless the impairment or condition, unless the impairment or condition substantially deteriorates to the extent that the definition of total and permanent disability is met.				
Signature		Date		

Section II – To Be Completed by Certifying Physician (See instructions)

1. 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)

   [ ] 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 on back page.)

Date borrower became able to work and earn wages: (MM DD YY)				
Type or print name of physician		I am legally authorized to practice in the state of		
Address	City	State	ZIP Code	5.Telephone number ( )
6. Signature of physician (M.D. or D.O.)	Physician's license number		7. Date	