



## Physician Certification

Student \_\_\_\_\_ NCC ID (N#) \_\_\_\_\_

The above student has had one or more federal loans discharged due to permanent disability and would like to borrow a new federal loan for the 20\_\_\_/20\_\_\_ academic year. Federal rules require that the College obtain a physician certification that the student/borrower is able to engage in substantial gainful activity\* before the student/borrower is allowed to borrow a new federal loan.

\*For Title IV aid purposes, the phrase “substantial gainful activity” means a level of work performed for pay that involves doing significant physical or mental activities or a combination of both.

### PHYSICIAN’S CERTIFICATION

I certify, in my best professional judgment, that \_\_\_\_\_  
(Print Patient’s Name)

has the ability to engage in substantial gainful activity. I also certify that I am a physician and am legally authorized to practice.

\_\_\_\_\_  
Physician’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician’s typed or printed name

\_\_\_\_\_  
Street address

\_\_\_\_\_  
Physician’s telephone number

\_\_\_\_\_  
City, State, and Zip code



Physician Stamp or Raised Seal