

Federal regulations require that, in order to qualify for additional Federal Family Education Program (FFELP) loans, a statement must be signed by a borrower who has had prior FFELP loans canceled due to total and permanent disability. The statement must acknowledge that new FFELP loans cannot be cancelled based on the borrower's present condition. Regulations also require that the borrower's physician certify that the condition that caused the loan(s) to be cancelled is no longer an impairment to gainful activity.

INSTRUCTIONS: *You are being asked to complete and sign this form to certify that your patient's condition has improved to the extent that he/she is able to engage in substantial gainful activity. You may complete this form only if you are a doctor of medicine or doctor of osteopathy legally authorized to practice in your state and the patient meets the criteria stated below.*

PLEASE RETURN THIS FORM TO THE ADDRESS INDICATED BELOW

PHYSICIAN'S CERTIFICATION

My patient, _____, was certified to be Totally and Permanently disabled. As a result, I understand that FFELP loan(s) for the above patient were canceled. FFELP regulations define *Totally and Permanently Disabled* as "the condition of an individual who is 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."

I hereby certify that the above-referenced patient's condition is now such that he/she is able to engage in substantial gainful activity. I understand that the patient must sign a statement that any new FFELP loans he/she receives cannot be canceled in the future on the basis of any impairment present when the new FFELP loan is made, unless that impairment substantially deteriorates.

Signature of Physician: _____ Date: _____

Type or print name, address, and telephone number of Physician:

() _____ - _____

School/Agency Use Only

School/Agency: Please complete this section before submitting to Physician.

Return this form to:

Borrower's Name: _____

Borrower's SSN: _____ - _____ - _____

Notice: This form is prepared for your use as a courtesy by the Oregon Student Assistance Commission to help determine eligibility for FFELP loan(s).

School/Agency Address or Stamp