



PARK
UNIVERSITY

2026-2027 Physician's Certification Statement

Student ID _____

Student Name _____

The National Student Loan Data System has alerted our office that you have loan(s) that were discharged due to your total and permanent disability (TPD).

If, after a prior loan(s) was discharged due to a total and permanent disability, you want to take out another FSA loan or want to receive a TEACH grant, you must obtain a Physician's Certification Statement. The Physician's Certification Statement confirms that you have the ability to engage in substantial gainful activity (paid employment).

Please upload this completed form within your Financial Aid Student Portal at: <https://finaid.park.edu/NetPartnerStudent>

Section A. – To be completed by the student (borrower)

Consent for Release of Information:

By signing below, I authorize any physician, hospital, or other institution having records pertaining to the disability for which I had FSA loan(s) canceled to make those records and the information therein available to the U.S. Department of Education (ED) or holder of my loan(s).

Student (Wet Ink Signature - No digital signatures)

Date

Section B. – To be completed by the certifying physician

The above referenced student borrower was previously determined to be totally and permanently disabled and received a discharge of federal student loan debt as a result of the determination. The student borrower is requesting additional federal student loans from the U.S. Department of Education. Please respond to the following questions to assist with our determination of the student borrower's eligibility for federal student aid.

For federal student loan purposes, "totally and permanently disabled" is defined as the condition of an individual who:

- is unable to engage in substantial gainful activity by reason of a medically determinable physical or mental impairment that can be expected to result in death; has lasted for a continuous period of at least 60 months; or can be expected to last for a continuous period of at least 60 months; OR
- has been determined by the Department of Veterans Affairs (VA) to be unemployable due to a service-connected disability.

Is the individual **totally and permanently disabled**, and, therefore, **unable** to work and earn money?

- ☐ Yes. The individual identified above is **unable** to engage in substantial gainful activity in **any** field of work by reason of a medically determinable physical or mental impairment.
- ☐ No. The individual identified above is **able** to engage in substantial gainful activity as of today's date.

I am a doctor of (check one)

- ☐ Medicine
- ☐ Osteopathy/Osteopathic Medicine

I am legally authorized to practice in the state identified below and I have provided my professional license number below.

U.S. State Legally Authorized to Practice

Professional License Number (stamp is acceptable)

Printed Name of Physician

Physician's Signature (wet ink only)

Date (MM DD YYYY)

Address

City, State, Zip Code

Telephone

Email Address