



Physician Certification

Name:	_____		
Date of Birth:	_____	MSU Denver ID #:	_____
E-mail:	_____	Phone Number:	_____
I affirm that I have read, understood, and agreed to this form in its entirety and that the information supplied is true and complete.			
Signature:	_____	Date:	_____

TO BE COMPLETED BY A CERTIFYING PHYSICIAN

The student has had a discharge of their previously borrowed Student Loan(s) or TEACH Grant service obligation due to a Total and Permanent Disability (TPD) as determined by either the Social Security Administration (SSA), the Department of Veteran Affairs or by a health care authorized professional.

The student is requesting to receive another Federal Student Loan or TEACH Grant from Metropolitan State University of Denver. In order to be eligible for either of these financial aid awards, the student must have a Doctor of Medicine or Osteopathy who is licensed to practice in the U.S certify that the student is now eligible to engage in gainful activity by signing this form.

Instructions for Physician:

- Please use blue or black ink while completing this form.
- If you make changes or revisions to any part of the form, please initial these items.
- Please return the completed form to the applicant.

General Information:

- This form is used to obtain a physician’s certification from either a Doctor of Medicine or Osteopathy licensed to practice in the U.S. that the student's condition has improved, and they are now able to engage in substantial gainful activity.
- Definition of Total and Permanent Disability: To be totally and permanently disabled, an individual is unable to engage in any 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 not less than 60 months, or can be expected to last for a continuous period of not less than 60 months.
- Substantial gainful activity is used to describe a level or work activity and earnings. Work is "substantial" if it involves doing significant physical or mental activities or a combination of both. "Gainful" work activity is work performed for pay or profit.
- Any new loan or TEACH Grant service obligation cannot later be discharged by the student for any present impairment unless it deteriorates so that the student is again totally and permanently

disabled.

Physician's Certification: (Check One **ONLY**)

I certify that, in my professional medical judgment, the patient/borrower named above **is able to** engage in substantial gainful activity.

In my professional medical judgment of the patient/borrower named above, **I cannot certify** that the patient/borrower is able to engage in substantial gainful activity.

I am a doctor of medicine/osteopathy/osteopathic medicine. I am legally authorized to practice in the state of _____, and my professional license number is _____ . (Subject to verification through state records)

Physician's Signature (ink signature required)

Date

Physician's Printed Name

Phone

Address: _____

