

**PHYSICIAN'S CERTIFICATION OF
BORROWER'S ABILITY TO ENGAGE IN SUBSTANTIAL GAINFUL ACTIVITY**

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form **(MAY BE SUBJECT TO FINE OR IMPRISONMENT UNDER SECTION 1001 OF THE UNITED STATES CRIMINAL CODE)** or on any accompanying documents shall be subject to penalties which may include fines, imprisonment or both under the U.S. Criminal Code and 20 U.S.C. Section 1097.

SECTION I – TO BE COMPLETED IN INK BY BORROWER

Name of Borrower: _____

Borrower's Social Security Number: _____

CONSENT FOR RELEASE OF INFORMATION – I authorize any physician, hospital or other institution having records pertaining to the disability for which I previously received cancellation of my loan(s) to make information from such records available to the U.S. Department of Education or to the holder of my loan(s).

ACKNOWLEDGEMENT OF INABILITY TO CANCEL LOAN AND RESUMING PAYMENT – I hereby acknowledge that any Federal Direct Loan which I receive subsequent to this statement cannot be canceled in the future on the basis of any impairment present when the new loan is made, unless that impairment substantially deteriorates. I also acknowledge I may be required to resume payment on previously discharged Federal Family Education Loan or Federal Direct Loan due to total and permanent disability if it is within three years from the discharge date.

ACKNOWLEDGEMENT OF SUBSTANTIAL GAINFUL ACTIVITY – I hereby acknowledge that I have the ability to engage in substantial gainful activity. The U.S. Department of Education defines "substantial gainful activity" as, "a situation in which a borrower is sufficiently fully recovered to be capable of attending school, successfully completing a program of study, and securing employment in order to repay the loan the borrower is seeking."

Signature of Borrower: _____

SECTION II –

THIS SECTION MUST BE COMPLETED IN INK BY A DOCTOR OF MEDICINE OR DOCTOR OF OSTEOPATHY ONLY.

NO OTHER SIGNATURES WILL BE ACCEPTED.

Instructions to Physician – You are being asked to certify that the borrower named above is able to engage in substantial gainful activity. **The U.S. Department of Education defines "substantial gainful activity" as, "a situation in which a borrower is sufficiently fully recovered to be capable of attending school, successfully completing a program of study, and securing employment in order to repay the loan the borrower is seeking."**

The borrower for which you are completing this certification has previously had loans discharged due to total and permanent disability. At the time of that discharge, a physician certified that the borrower was unable to engage in substantial gainful activity due to a medically determinable impairment which was expected to continue for a long and indefinite period of time or to result in death.

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I certify that in my best professional judgment, the borrower identified above is able to engage in substantial gainful activity as defined by the U.S. Department of Education.

I am a (check one) **doctor of medicine** **doctor of osteopathy** legally authorized to practice in the State of _____ and my professional license number issued by the state is:

Professional license number: _____

Signature of Physician (M.D. or D.O.) _____

Name (printed): _____ Date: _____

Address: _____

City, State, Zip _____ Telephone: () _____

Nondiscrimination Statement Hawkeye Community College does not discriminate on the basis of sex; race; color; creed; national origin; religion; disability; sexual orientation; gender identity; genetic information; political affiliation; or actual or potential parental, family, or marital status in its programs, activities, or employment practices. Veteran status is also included to the extent covered by law. Any person alleging a violation of equity regulations shall have the right to file a formal complaint. Inquiries concerning application of this statement should be addressed to: Equity Coordinator and Title IX Coordinator for employees, (319) 296-4405; or Title IX Coordinator for students, (319) 296-4448; Hawkeye Community College, 1501 East Orange Road, P.O. Box 8015, Waterloo, Iowa 50704-8015; or email equity_titleIX@hawkeyecollege.edu, or the Director of the Office for Civil Rights, U.S. Department of Education, Citigroup Center, 500 W. Madison, Suite 1475, Chicago, IL 60661, phone number 312-730-1560, fax 312-730-1576, email: OCR.Chicago@ed.gov.