

# Physician's Certification Form – Post Total & Permanent Disability Discharge



Financial Aid Office  
1700 SW College • Topeka, KS 66621  
(785) 670-1151 • (785) 670-1079 fax  
washburn.edu/financial-aid • financialaid@washburn.edu

Student Name \_\_\_\_\_ WIN \_\_\_\_\_

I grant permission to my doctor to release the information below for the purpose of determining my eligibility for future Direct Loans and/or TEACH grants at Washburn University after a discharge of prior federal loans through the U.S. Department of Education.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

**The following must be completed by an MD or DO only:**

The above named student had prior federal loan(s) discharged under a Total & Permanent Disability, which is defined as *the condition of an individual who is unable to engage in any substantial gainful activity by reason of any 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; or has been determined by the Secretary of Veteran Affairs to be unemployable due to a service-connected disability.* To receive new Direct Loans or TEACH Grant, a physician's certification is required.

Substantial Gainful Activity is defined as *a level of work performed for pay or profit that involves doing significant physical or mental activities, or a combination of both.*

Please respond to the following:

I am a doctor of (check one):  Medicine  Osteopathy

I have seen the above-named patient and certify that in my professional medical judgement this individual  can  cannot engage in substantial gainful activity. (check one)

\_\_\_\_\_  
Physician's Signature Date

\_\_\_\_\_  
Physician's Printed Name Physician's License Number State Legally Authorized to Practice

\_\_\_\_\_  
Address City State Zip Telephone #