

Certificate of Borrower's Condition



If your physician has completed this document for Northern Kentucky University for a prior aid year, you only need to complete the "Learner Section" and submit.

Physician Section (M.D. or D.O.)

Note: Physician, please complete Section A or Section B, as applicable.

Section A

I certify that, in my best professional judgement, the condition of _____ (name of borrower) has improved enough to allow him or her to engage in substantial gainful activity. I further certify that this improvement of condition could not have been reasonably foreseen on _____ (date of original certification of total and permanent disability).

Section B

I certify that, in my best professional judgement, the condition of _____ (name of borrower) has **not** improved enough to allow him or her to engage in substantial gainful activity.

Definitions:

Total and permanent disability is 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 or 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** who has been determined by the Department of Veteran Affairs (VA) to be unemployable due to a service-connected disability.

Substantial gainful activity means a level of work performed for pay that involves doing significant physical or mental activities or a combination of both.

Warning: Previous student loan debts have been canceled due to total and permanent disability. Certification by this form enables the borrower to obtain additional financial aid. Any person who knowingly makes a false statement or misrepresentation on this form shall be subject to penalties which may include fines or imprisonment under the United States Criminal Code and 20USC1097.

Signature of physician (M.D. or D.O. – must be signed in ink)

Date

Physician's name (please print)

Phone number

Learner Section

Note: Please read the statement below and sign

I understand that any new student loans awarded by Northern Kentucky University may not be canceled due to the same disability or any existing disability at the time the new loan is made, unless the disabling condition substantially deteriorates to the extent that the definition of total and permanent disability is met.

Learner signature (required – must be signed in ink)

Date

Name of learner (please print)

Last four digits of SSN