

Walden University

Physician's Certification of Borrower's Condition

Student Name:	Walden ID/SSN:
Address:	Phone Number:
City/State/Zip Code:	Date of Birth:

Physician: Please complete Section A OR Section B only. Any person who knowingly makes a false statement or misrepresentation on this form may be subject to fine or imprisonment under Title 20, United States Code, Section 1097.

PHYSICIAN'S ADDRESS MUST BE COMPLETED WITH AN OFFICE STAMP OR FORM WILL BE RETURNED

If the physician's office does not possess a stamp, then this form must be faxed, along with a cover sheet, directly from the physician's office as proof of validity

SECTION A

I certify that, in my best professional judgment of the condition, the person named above **DOES** have the ability to engage in substantial gainful activity*.

Warning: Previous federal student loan debts have been cancelled due to Total and Permanent Disability. Certification of this form enables the borrower to obtain additional federal financial aid.

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

Physician's Name (Must be Medical Doctor or Doctor of Osteopathy) Telephone Number

(STAMP ONLY) Address (Street, City, State and Zip Code)

Certification/AMA Medical License Number State of Professional Registration

OR

SECTION B

I certify that, in my best professional judgment of the condition, the person named above **DOES NOT** have the ability to engage in substantial gainful activity*.

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

Physician's Name (Must be Medical Doctor or Doctor of Osteopathy) Telephone Number

(STAMP ONLY) Address (Street, City, State and ZipCode)

Certification/AMA Medical License Number State of Professional Registration

**Substantial gainful activity is described as "a situation in which a borrower is sufficiently physically recovered to be capable of attending school, successfully completing a program of study and securing employment in order to repay the new loan the borrower is seeking".*