Walden University

Physician's Certification of Borrower's Condition

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

Physician: **Please only complete Section A *OR* Section B.** *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 Zip Code)

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".