

Louisiana Tech University
Office of Financial Aid
Post Office Box 7925
Ruston, LA 71272
(318) 257-2641
techaid@latech.edu

PHYSICIAN'S CERTIFICATION

Borrower's Name: _____

Date of Birth: _____

Social Security No: _____

Instructions for Physician: The borrower identified above is applying to receive a Federal Student Aid (FSA) loan. The borrower has previously received a Federal Family Education Loan Program (FFELP) and/or FSA loan cancellation based on a finding that he/she was disabled. You are being asked to complete this form to certify that the borrower is now able to engage in substantial gainful activity (borrower is sufficiently physically recovered to be capable of attending school, successfully completing a program of study, and securing employment). You may complete and sign this form **only** if you are a **doctor of medicine or osteopathy** legally authorized to practice in a state. Please type or print in dark ink. Sign the certificate (a signature stamp is not acceptable) only if the borrower's condition allows him/her to engage in substantial gainful activity. Once complete, return the original completed form to the borrower or the borrower's representative. The borrower will forward the form to the university.

When did you last examine the borrower? (MM-DD-YYYY) _____

Diagnosis of the borrower's present medical condition – specify the nature, duration, and severity of the borrower's present and future impairments:

I certify that in my best professional judgment, the borrower identified above is currently able to engage in substantial gainful activity.

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 that state is _____.

Physician's signature	Name (printed)	Date	
Address	City	State	Zip
Telephone	Facsimile		