Bronx Campus
Office of Student Financial Services
2501 Jerome Avenue
Bronx, NY 10468
Phone: (646) 393-8400
Fax: (718) 817-8401

New Rochelle Campus
Office of Student Financial Services
434 Main Street
New Rochelle, NY 10801
Phone: (914) 740-6849
Fax: (914) 813-1275

Physician's Certification of Medical Eligibility for Federal Student Aid

Student Name: _____

Student ID: _____

This certification is for: ☐ Student (named above) ☐ Parent — Direct PLUS Loan borrower

Parent Name *(if this certification is for a parent PLUS Loan borrower):* _____

Instructions to the Physician:

The student listed above previously had federal student loans discharged due to a total and permanent disability determination. The applicant identified above (student or parent, per the selection above) is now applying for a new federal loan. Federal regulations require a licensed physician (M.D. or D.O.) to certify that the applicant's condition has improved enough to enable them to engage in "substantial gainful activity."

- **Substantial Gainful Activity** is defined by the U.S. Department of Education as the ability to work and earn money, or to attend school with the intent to work and earn money, in a full-time or part-time capacity.

Physician's Certification *(To be completed by a licensed Doctor of Medicine or Doctor of Osteopathy only)*

I certify that in my professional medical opinion, the applicant named above (student or parent, as indicated) is capable of engaging in substantial gainful activity, as defined above.

Physician Signature: _____

Date: _____

Physician Name (Printed): _____

Medical License Number: _____ **State of Licensure:** _____

Practice/Facility Name: _____

Phone Number: __(_____) _____ - _____