2025–2026

Physician's Certification and Borrower's Acknowledgement of Obligation

North Central Missouri College (NCMC) | 1301 Main Street | Trenton, MO 64683 1-660-359-3948

The National Student Loan Data System (NSLDS) indicates that you have one or more student loans discharged because of a total and permanent disability. **Before you can receive additional federal student loans,** this form must be completed and returned to the NCMC Financial Aid Office.

Warning: If you receive student aid based on incorrect information, you may have to return it and/or pay fines and fees. If you purposely give false or misleading information on this form, you may be fined $20,000, receive a prison sentence, or both.
Affirmation: By signing below, I certify that all information I have submitted is accurate and verified with supporting documentation.

SECTION I: TO BE COMPLETED BY STUDENT – If you **DO NOT** want to apply for federal student loans, check this box: [ ] (If you **DO** want federal student loans, skip Section I and proceed to Section II)

1. Name of student (first, mi, last)	2. NCMC ID #
3. Signature	4. Date

STOP: You do not have to complete the remainder of this form if you DO NOT want federal student loans. Return the form to the NCMC Financial Aid Office.

SECTION II: TO BE COMPLETED BY BORROWER (SEE REVERSE FOR INSTRUCTIONS AND PRIVACY ACT NOTICE)

Consent for Release of Information: I authorize any physician, hospital or other institution having records pertaining to disability for which I had a loan(s) cancelled to make information from such records available to the U.S. Department of Education or the holder of my loan(s).

1. Name of borrower (first, mi, last)				2. NCMC ID #
3. Address	City	State	Zip Code	4. Telephone Number

By signing this form, I acknowledge that any loans I receive hereafter cannot be canceled in the future on the basis of any present impairment or condition, unless the impairment or condition substantially deteriorates to the extent that the definition of total and permanent disability is met.

5. Signature	6. Date

SECTION III: TO BE COMPLETED BY CERTIFYING PHYSICIAN (SEE REVERSE FOR INSTRUCTIONS AND PRIVACY ACT NOTICE)

1. **Physician's Certification** (check only one)

[ ] I certify that in my professional medical judgment, the patient/borrower named above is able to engage in substantial gainful activity and can attend school. I have attached my statement on official office letterhead. *(Refer to Physician's Instructions on back page.)*

[ ] In my professional medical judgment of the patient/borrower named above, I cannot certify that he/she is able to engage in substantial gainful activity and can attend school. I have attached my statement on official office letterhead. *(Refer to Physician's Instructions on back page.)*

2. Date borrower became able to work and earn wages: (MM DD YYYY)

3. Type or print name of physician			4. I am legally authorized to practice in the state of	
5. Address	City	State	Zip Code	6. Telephone Number
7. Signature of physician (M.D. or D.O.)		8. Physician's license number		9. Date

Source: U.S. Department of Education, "Physician Certification and Borrower's Acknowledgment of Obligation," 7-99 (L-54). (Revised 11/2019)

Physician's Certification and Borrower's Acknowledgment of Obligation

Federal Loan Programs: Stafford Loans, PLUS Loans for Parents

GENERAL INFORMATION

This form is used to obtain a physician's certification and a borrower's acknowledgement. The purpose is to have a licensed physician certify that the borrower is able to engage in substantial gainful activity and to have the borrower acknowledge that any federal student loans received as a result of this physician's certification cannot be canceled based on any present impairment or condition, unless that impairment or condition substantially deteriorates to the extent that the definition of total and permanent disability is met. This form will allow the borrower to secure additional loan(s) under one or more of the following Federal Loan Program: Stafford Loans, PLUS Loans for Parents.

DEFINITION OF TOTAL AND PERMANENT DISABILITY

To be totally and permanently disabled the borrower must be unable to work and earn money or attend school because of an injury or illness that is expected to continue indefinitely or result in death. This definition calls for a judgment decision as to the borrower's ability to earn income despite his or her disability. The physician is to assess the impact of the borrower's disability on his or her ability to earn income in light of what the borrower would normally be able to earn if he or she were not disabled. If the disability appears to have a significant adverse effect the borrower's earning potential, not only in the type of work performed before the impairment but for any substantial gainful employment, and the disability is expected to last for a long and indefinite period of time, then the borrower shall be considered permanently disabled under this definition. If, however, the borrower's condition has improved so that the borrower is able to engage in substantial gainful activity or attend an institution of postsecondary education, a reaffirmation (reinstatement, no longer in discharge status) can be processed to allow the borrower to complete procedures for eligibility for Title IV Federal Student Aid.

BORROWER INSTRUCTIONS

- The borrower must complete Section II.
- Have Section III of the form completed and signed by a Doctor of Medicine or Doctor of Osteopathy.
- Return this completed form to NCMC Financial Aid Office along with Doctor's statement on their office letterhead.

North Central Missouri College
Financial Aid Office
1301 Main Street
Trenton, MO 64683

It is recommended that you keep a copy of this and all other financial aid forms for your records. You may need to provide a copy of this statement as evidence of your eligibility for future student loans.

PHYSICIAN INSTRUCTIONS

- You may complete this form for the borrower only if you are a Doctor of Medicine or Doctor of Osteopathy legally authorized to practice in your state.
- You are being asked to complete, sign and date this form to certify whether the borrower does or does not meet the above definition of total and permanent disability. Please check the box [ ] beside the statement applicable to the borrower's condition.
- Please include a typed/written statement on official physician's office letterhead signed by you, the certifying physician.

PRIVACY ACT NOTICE: The Privacy Act of 1974 (5 U.S.C. 522a) requires that an agency provide the following notice to each individual whom it asks to supply information.

The authority for collecting the information requested on this form is found in 20 U.S.C. 1087, 42 U.S.C. 209 4k and 22 U.S.C. 2601.

- The principal purpose of this information is to verify the identity of the borrower; determine that the borrower is able to engage in substantial gainful activity, and in the event it is necessary, to locate the borrower's certifying physician.
- The routine uses of this information include its disclosure to Federal, State or local agencies, to guaranty agencies, to educational physician; determining that the borrower is able to engage in substantial gainful activity; investigating possible fraud and verifying compliance with program regulations. Failure to provide the requested information may result in denial of the borrower's new loan request.
- This information is necessary to process requests for new Federal Loan Programs.