

# VENTURA COLLEGE

SET YOUR COURSE

## FINANCIAL AID OFFICE

4667 TELEGRAPH ROAD, VENTURA, CA 93003

Phone: (805) 289-6369 Fax: (805) 289-6383

[www.venturacollege.edu/finaid](http://www.venturacollege.edu/finaid)

### 2017-18 Loan Request Deadlines

Fall Only: **November 14, 2017**

Spring Only: **April 17, 2018**

Summer Only: **TBD**

Loan requests received after the  
deadline will not be processed.

## 2017-2018 PHYSICIAN'S CERTIFICATION OF BORROWER'S ABILITY TO ENGAGE IN SUBSTANTIAL GAINFUL ACTIVITY

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 apply for additional Direct Loans this form must be completed and returned to the Financial Aid Office.

### Section 1: TO BE COMPLETED BY THE BORROWER

If you DO NOT want to apply for a Federal Direct Loan, check this box: ☐ (complete Section 1 only, submit to Financial Aid Office)

| Borrower Section  |                  | Please Print Neatly or Type |              |
|---|------------------|-----------------------------|--------------|
| <i>Social Security Number</i>   | <i>Last Name</i> | <i>First Name</i>           | <i>M.I.</i>  |
| <i>Permanent Home Address (include Apt. #) NO PO Boxes!</i>   |                  | <i>City</i>                 | <i>State</i> |
| <i>Phone Number (include area code)</i>   |                  | <i>Zip</i>                  |              |
| <i>Email Address</i>  |                  |                             |              |
| <b>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.</b> |                  |                             |              |
| <i>Student Signature</i>  |                  | <i>Date</i>                 |              |

### Section 2: TO BE COMPLETED BY THE CERTIFYING PHYSICIAN

☐ I certify that in my professional medical judgement, the patient/borrower named above is able to engage in substantial gainful activity (see instructions on page 2).

☐ I certify that in my professional medical judgement, the patient/borrower named above is not able to engage in substantial gainful activity (see instructions on page 2).

| Physician Section                       |  | Please Print Neatly or Type |            |
|---|--|-----------------------------|------------|
| <i>Physician Name</i>                   | <i>State legally authorized to practice medicine</i> |                             |            |
| <i>Address</i>                          | <i>City</i>  | <i>State</i>                | <i>Zip</i> |
| <i>Phone Number (include area code)</i> | <i>Physician License Number</i>                      |                             |            |
| <i>Physician Signature</i>              | <i>Date</i>  |                             |            |

# PHYSICIAN'S CERTIFICATION OF BORROWER'S ABILITY TO ENGAGE IN SUBSTANTIAL GAINFUL ACTIVITY

## GENERAL INFORMATION

This form is used to obtain a physician's certification and a borrower's acknowledgment. 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 apply for additional loan(s) under one or more of the following Federal Direct Loans Program: Stafford Loans (subsidized and unsubsidized), PLUS Loans for Undergraduate Students.

## 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 1.

Have Section 2 of the form completed and signed by a Doctor of Medicine or Doctor of Osteopathy.

Return this completed form to:

**Ventura College Financial Aid Office**  
**4667 Telegraph Road**  
**Ventura, CA 93003**

It is recommended that you keep a copy of this and all other financial aid forms for your records.

## 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.