PHYSICIAN'S CERTIFICATION OF BORROWER'S CONDITION

(This form is to be completed ONLY if the patient's condition HAS improved.)

Borrower Name: _____ **SSN:** _____

TO BE COMPLETED BY THE ATTENDING PHYSICIAN

I, _____, certify that in my best professional judgment, the condition of my patient,
Physician's Name (M.D. or D.O.)

_____, has improved substantially and my patient can now engage in "**substantial**
Name of Patient
gainful activity." I understand that "substantial gainful activity" generally describes 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.

Certified on this _____ day of _____, _____. _____
Date **Month** **Year** **Physician's Original Signature (no stamps)**

Type or print the physician's name, address and telephone number in the space below:

TO BE COMPLETED BY THE PATIENT

I, _____, acknowledge that any new Federal Family Education Loan Program (FFELP)
Name of Patient
loan guaranteed on my behalf after the date of this document may not be discharged due to the same or any disability existing at the time my new loan is made unless that condition substantially deteriorates to the extent that the definition of total and permanent disability is met.

_____ _____
Borrower's Signature **Date**

This original form must be **completed by both Physician and Patient** and returned to the following address:

Oklahoma Guaranteed Student Loan Program
Policy and Compliance Department
PO Box 3000
Oklahoma City, OK 73101-3000
(405) 234-4296 • (800) 247-0420 (toll-free) • fax (405) 234-4459