

ID # _____

Name _____

DISCHD 26/27

PHYSICIAN CERTIFICATION

To be completed by student

Student's Signature: _____

Date: _____

(Student's signature authorizes release of the information requested below.)

Please note: This document, like all student financial aid records, is protected for privacy by the Family Education Rights & Privacy Act (FERPA) (1974), the Financial Modernization Act of 1999, also known as the Gramm-Leach-Bliley Act, and by the Fair and Accurate Credit Transactions Act of 2003.

To be completed by Medical Professional

A signature AND date are required from a Doctor of Osteopathic Medicine (DO), Doctor of Medicine (MD), Nurse Practitioner, (NP), Physician Assistant (PA), or Doctor of Psychology (Psy.D) below.

Medical Professional:

The student named above will be attending Liberty University and would like to receive federal student aid. Because the student has had previous federal student aid discharged on the basis of total and permanent disability, federal regulations require the student to obtain certification from a Doctor of Osteopathic Medicine, Doctor of Medicine, Nurse Practitioner, Physician Assistant, or Doctor of Psychology (Psy.D) below before regaining eligibility for certain types of federal student aid.

By signing this form, you are certifying that the **above named** student is your patient and is capable of substantial gainful activity. As defined in federal regulations, "substantial gainful activity" means a level of work performed for pay that involves doing significant physical or mental activities or a combination of both. You are also certifying that you are a doctor of medicine or osteopathy, a nurse practitioner, a physician's assistant, or a doctor of psychology, who is legally authorized to practice in a state of the United States or its territories,.

Please fill out all sections below.

Name (print): _____	DO, MD, NP, PA, or Psy.D: _____	
Signature: _____	Date: _____	
Practice Name: _____	National Provider Identifier (NPI): _____	
Address: _____		
City: _____	State: _____	Zip Code: _____
Phone _____	Email _____	

***State includes the 50 United States, the District of Columbia, American Samoa, the Commonwealth of Puerto Rico, Guam, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, the Republic of the Marshall Islands, the Federated States of Micronesia, and the Republic of Palau**

Please return the completed form to the Financial Aid Office by uploading it through your [Student Checklist](#). You can also scan and email the form to our office using the contact information below.