

**Physician's Certification Form**  
**as required by the Department of Education**

**Patient/Borrower Instructions:** Do not complete ANY part of this form. This form is **ONLY** for your physician to complete.

**Physician Instructions:** *Please complete this form with the patient.* The patient/borrower shows as being certified as totally and permanently disabled through records from the Department of Education. You are being asked to complete this form certifying that the patient/borrower's condition has now **sufficiently improved** to permit him/her to engage in Substantial Gainful Activity **now (today)**. Please contact WNC Financial Assistance Office at 775-445-3264 with any questions.

Once completed, mail this form along with any additional documentation you wish to provide to the following address:

Western Nevada College  
Financial Assistance Office  
Attention: Assistant Director  
2201 W. College Parkway, Bristlecone Bldg., Room 102  
Carson City, NV 89703

**Department of Education's Definition of Substantial Gainful Activity:**

The phrase "Substantial Gainful Activity" means a level of work performed for pay that involves doing significant physical or mental activities or a combination of both.

**Physician's Certification:**

\*\* I, \_\_\_\_\_, certify that the impairment(s) of: patient/borrower,  
(PHYSICIAN'S NAME)

\_\_\_\_\_, has improved sufficiently to allow the patient/borrower to  
(PATIENT/BORROWER'S NAME)

engage in Substantial Gainful Activity **now (today)**.

\*\* The patient/borrower regained the ability to engage in Substantial Gainful Activity as of:

\_\_\_\_\_ (mm/dd/yyyy).

DATE

\*\* Check One: I am a Doctor of: \_\_\_ Medicine \_\_\_ Osteopathy.

\_\_\_\_\_  
(PHYSICIAN'S SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(PHYSICIAN'S PRINTED NAME)

\_\_\_\_\_  
(PHYSICIAN'S LICENSE NUMBER)

\_\_\_\_\_  
(PHYSICIAN'S TELEPHONE NUMBER)

**WARNING!!** If you purposely give false or misleading information on this document, you may be fined, sentenced to jail, or both and your license may, or may not, be affected