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

Patient/Borrower Instructions: This form is ***ONLY*** for your **PHYSICIAN** to complete.
Patient/Borrower - *Do **NOT** complete ANY part of this form!*

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

Once you, **THE PHYSICIAN**, has completed this form, **ONLY** the **Physician's Office** is to 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 Substantial Gainful Activity Definition*:**
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, Physician's name:_____, certify the impairment(s) of the patient/borrower's (name): _____, has improved sufficiently allowing patient/borrower's (name): _____ to engage in Substantial Gainful Activity **now (today)**.

** **Date** the above patient/borrower regained the ability to engage in Substantial Gainful Activity: _____/_____/_____ (mm/dd/yyyy).

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

_____
(PHYSICIAN'S SIGNATURE) (DATE)

_____
(PHYSICIAN'S PRINTED NAME)

_____
(PHYSICIAN'S LICENSE NUMBER *AND* STATE)

_____
(PHYSICIAN'S *DIRECT* 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