

# Borrower / Physician Checklist for the Total and Permanent Disability Discharge Request

Federal Family Education Loan Program/William D. Ford Federal Direct Loan Program



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**Please read the entire application before completion  
to ensure you qualify for this discharge.**

**Do not include any Social Security disability income paperwork  
because it does not impact this discharge request.**

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## **Section 1 – Applicant Identification**

\_\_\_ Did you complete this section as requested?

## **Section 3 – Applicant’s Discharge Request, Authorization, Understandings and Certifications**

\_\_\_ Did you sign and date the application?

\_\_\_ Did you provide the signature, address and relationship of your representative?  
(if applicable)

\_\_\_ Did you provide your name and Social Security number at the top of page 2?

Your physician is required to complete Section 4 of the application. When you present your application to your physician for completion, please remember to include the checklist on the back of this sheet. Missing or incomplete information will cause your application to be temporarily delayed and can possibly cause your claim to be denied.

If you are a veteran, you only need to complete sections 1 and 3 of this application and provide documentation from the U.S. Department of Veteran Affairs (VA), showing you have been determined to be unemployable or 100% disabled due to a service-connected disability.

## Section 4 – Physician’s Certification

- Did you check “Yes” if the applicant has a medical condition that prevents him/her from engaging in substantial gainful activity?
- Did you provide the diagnosis in layman’s terms, without using abbreviations and insurance codes?
- Did you describe the severity of the patient’s impairment?
- Did you explain the limitations of the applicant due to this medical condition, on 3(a), (b) and (c)? If there are none, please answer with “none” or “N/A”, do not leave blank.
- Did you indicate that you are either a doctor of medicine or osteopathy/osteopathic medicine? (A nurse practitioner or physician assistant may not certify this form. This box must be checked, even if the doctor indicates elsewhere on the application that they are an M.D. or D.O.)
- Did you indicate which state you are authorized to practice in?
- Did you provide your professional license number?
- Did you sign and date the form?
- Did you provide your printed name, address and telephone and fax numbers?

If you have questions, contact OCAP’s Policy, Compliance and Training department at 405.234.4432, 800.247.0420 (toll-free) or [pct@ocap.org](mailto:pct@ocap.org). We’re here to help!