



### Section 3: Physician's Certification

**Instructions for Physician:** The Fellow identified above is applying for an extension of his/her fellowship obligations or suspension of loan obligations based on a long-term disability. You are being asked to complete this section of this form to certify that the Fellow is currently disabled.

You may complete and sign this form **only** if you are a doctor of medicine, osteopathy or psychiatry legally authorized to practice in a state. Provide all requested information. Please type or print in dark ink. Sign the certification (a signature stamp is not acceptable) only if the Fellow's condition meets the definition of Long-Term Disability (see Section 5).

**Return the completed form to the address identified in Section 6.**

The Fellow's condition began (MM-DD-YYYY): \_\_\_\_\_

Complete **one** of the following:

a) The Fellow became unable to work part- or full-time on (MM-DD-YY): \_\_\_\_\_

or b) The condition began to affect the Fellow's degree completion on (MM-DD-YY): \_\_\_\_\_

Has the disabling condition been continuous since the condition began? (circle one) YES NO

**I certify that, in my best professional judgment, (Fellow's name) \_\_\_\_\_, identified in Section 1, currently has an injury or illness that either prevents part- or full-time employment or, if applicable, affects the rate of degree completion. The condition is expected to continue until (MM-DD-YY)\_\_\_\_\_.**

I am a (check one) doctor of medicine \_\_\_\_\_ doctor of osteopathy \_\_\_\_\_ psychiatrist \_\_\_\_\_

legally authorized to practice in the state of \_\_\_\_\_ and my professional

license number issued by that state is \_\_\_\_\_ .

\_\_\_\_\_  
Physician's Signature Name (print) Date

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Telephone

#### Section 4: King•Chávez•Parks Initiative Certification

I certify that I have reviewed the application and find that it is complete and supports the conclusion that the Fellow has a Long-Term Disability as defined in Section 5.

(check one)

The deadline for all KCP Fellowship agreement obligations has been extended to \_\_\_\_\_.

KCP Loan payments and interest have been suspended, effective on the date of this KCP Initiative Certification, and shall resume on \_\_\_\_\_.

King•Chávez•Parks Initiative Representative Signature

Print Name and Title

Date

#### Section 5: Definitions/Eligibility Criteria for Long-Term Disability Extension/Suspension

**Definition:** The condition of an individual who is unable to complete their degree by the established deadline or work on a part-time or full-time basis because of an injury or illness that is not expected to continue indefinitely.

##### Fellow Eligibility Criteria

- Your extension/suspension may not be based on a condition that existed at the time you applied for your KCP Fellowship unless the condition has since substantially deteriorated so that you are currently disabled.
- If you are granted an extension/suspension due to Long-Term Disability, you are not eligible for future KCP Fellowships unless you (1) obtain a certification from a physician that you are able to work/pursue degree completion and (2) acknowledge in writing that the new Fellowship cannot be cancelled on the basis of any condition present when the Fellowship is made, unless the condition substantially deteriorates.
- If you are unable to work/pursue degree completion on a part- or full-time basis because of an injury or illness that is expected to continue indefinitely, you may be eligible for cancellation of your KCP Fellowship agreement obligation and/or KCP Loan based on Total and Permanent Disability. You may request that form from the State KCP Initiative Office.

#### Section 6: Submission of Long-Term Disability Extension/Suspension Request

This form must be mailed by the physician's office directly to:

KCP Initiative - FFF  
 Workforce Development  
 Michigan Department of Labor and Economic Opportunity  
 201 N. Washington Sq., 5<sup>th</sup> Floor  
 Lansing, MI 48913

If you need help completing this form, call the KCP Initiative Office at (517) 241-9898.