



## Medical Professional Attestation for a Medical Leave

### Information for the Medical Professional

You are requested to provide a medical attestation about your patient, who is applying for the Medical Leave. The Government of Canada and the Provinces of New Brunswick, Newfoundland and Labrador, Saskatchewan, Manitoba and British Columbia offer Medical Leave to borrowers who leave school for medical reasons, including mental health reasons. During that leave, interest does not accrue and repayment is not required on Canada Student Loans and provincial student loans from the mentioned provinces.

We do not require any medical information. We only require you to **attest** that your patient meets the medical eligibility criteria.

### Medical eligibility

The Canada Student Financial Assistance Program (CSFA Program) and any applicable provincial or territorial student loans program require the applicant to provide the attestation of a medical professional that the applicant has a medical problem, including a problem related to mental health, that, in the opinion of a medical professional, would significantly interfere with the applicant's ability to pursue their program of studies.

The medical professional should take into account the nature of the program of studies in assessing whether a borrower's medical problem would significantly interfere with their ability to pursue their program of study.

**Note:** For the purposes of the Medical Leave, a medical professional is a member in good standing of a medical or health care profession, including mental health care professions, that is recognized by the province or territory in which the professional is practising.

### Important - Please read before completing this form

The personal information that is collected and used for administration of the CSFA Program is authorized by the *Canada Student Financial Assistance Act* (CSFAA) and the *Canada Student Loans Act* (CSLA), and is administered in accordance with the *Privacy Act* and, **upon request, may be accessed by the applicant.**

Please note that the patient is responsible for any fees incurred to complete this *Medical Professional Attestation for a Medical Leave*.

**Section B must be completed by a medical professional. Please write legibly.**

### Mail the attestation

Note to the applicant: Mail the completed, signed, and dated *Medical or Parental Leave Benefit Application* (if applicable) along with the *Medical Professional Attestation for a Medical Leave* to the National Student Loans Service Centre (NSLSC) to:

National Student Loans Service Centre  
P.O. Box 4030  
Mississauga (ON) L5A 4M4

The original version of the completed attestation must be submitted. Please keep a copy for your records.



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A. Applicant (Patient) Information		
Family Name	Given Name	
Address		
City	Province or Territory	Postal Code
Telephone Number	Date of Birth (YYYY-MM-DD)	
B. Medical Professional Identification and Attestation		
<p>I attest that my patient has a medical problem that, in my opinion, would significantly interfere with my patient's ability to pursue their program of studies, and that this medical problem began on _____</p> <p style="text-align: center;">Date (YYYY-MM-DD)</p>		
<p><b>By signing below, you certify that the information you provide in this attestation is accurate and complete, to the best of your knowledge. You understand that it is an offence to make a false or misleading statement.</b></p> <p><b>Medical professional identification and signature.</b></p> <p><b>Please print and use a stamp (if possible) where indicated.</b></p>		
Medical Professional's Full Name		
Provincial/Territorial Licence Number		
Address (please use stamp if possible)	Type of Practice <input type="radio"/> Physician - General Practice <input type="radio"/> Nurse Practitioner <input type="radio"/> Specialist (please state area of specialty) <input type="radio"/> Other (please specify) _____	
Signature	Date (YYYY-MM-DD)	Telephone Number

**The original version of the completed attestation must be submitted. Please keep a copy for your records.**