State of Michigan Department of Labor and Economic Opportunity – Workforce Development King•Chávez•Parks (KCP) Initiative - Future Faculty Fellowship (FFF) Program

LONG-TERM DISABILITY EXTENSION/SUSPENSION REQUEST

WARNING: Any person who knowingly makes a false statement or misrepresentation with the intent to defraud on this form or any accompanying documents may be subject to criminal prosecution under MCL 750.218.

Section 1: Fellow Identification				
Name:				
Address:				
City/State/Zip:				
Telephone:				
Email:				
Section 2: Fellow Extension/Suspension Request				
Instructions for Fellow: Before signing this form, carefully read the information on this form. A representative may sign this form on your behalf if you are unable to do so because of your disability. Give this form to your doctor of medicine, osteopathy, or psychiatry to complete Section 3 and have him/her return the form directly to the address provided in Section 6.				
Fellow Request, Authorization, Understanding, and Certifications				
I REQUEST that my KCP Fellowship agreement obligations deadline be extended or my KCP Loan payments and interest be suspended by the State of Michigan KCP Initiative. I certify that I am currently unable to either complete my graduate degree by the established deadline or, if applicable, unable to work on a part-time or full-time basis because of a long-term illness or injury.				
I AUTHORIZE any physician, hospital, or other institution having records about the long-term disability for which I am requesting an extension of KCP Fellowship agreement obligations or suspension of KCP Loan payments and interest to provide to the KCP Initiative the required information on this form from those records.				
I UNDERSTAND that this request will not be granted unless (1) all applicable sections of this form are completed, and (2) any additional requested documentation is provided.				
I CERTIFY that I have read, understand, and meet the eligibility criteria in Section 5 for extension or suspension due to long-term disability.				
Signature of Fellow or Fellow's Representative Date Name of Fellow's Representative (if applicable)				
Address of Fellow's Representative (if applicable) Representative's Relationship to Fellow				

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 cor	ndition began (MM-DD-YY)	YY):			
Complete <u>one</u> of th	ne 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 psych	hiatrist		
legally authorized	to practice in the state of		and my professional		
license number issued by that state is					
Physician's Signature		Name (print)	Date		
		ч ,			
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., 5th Floor Lansing, MI 48913

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