San Diego City College Nursing Education Program

DISABILITY CERTIFICATION FORM

The following form is provided to the applicant in order to verify a documented disability for the purpose of awarding points toward their application (1 point). Specific diagnosis should not be disclosed. The form should be completed by the applicant's care provider. This can also be signed by a counselor from the Disability Support Programs and Services from an educational institution.

NAME: _____

Last First

Disability Certification	
Provider/Counselor Name:	
Provider/Counselor Address:	
Provider/Counselor Contact Info:	
By providing my signature below, I certify that the above-named patient has a documented disability.	
Provider /Counselor Signature:	Date:

San Diego City College promotes equity in our admission practices but does not require applicants to disclose their individual disability.