



SAN DIEGO MESA COLLEGE

**San Diego Mesa College
Allied Health Program
Disability Certification Form**

This form is provided to the applicant in order to verify a documented disability for the multi-criterion screening process for their allied health application.

Specific diagnosis should not be disclosed.

The form should be completed by the applicant’s care provider and can also be signed by a counselor from the Disability Support Programs and Services at an educational institution.

APPLICANTS NAME: _____
Last First CSID #

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

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