



PALOMAR COLLEGE NURSING PROGRAM

DISABILITY CERTIFICATION

This form 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 is to certify that the applicant _____
(Last Name, First Name)

has a documented disability.

Provider Name: _____

Provider Address: _____

Email Address / Phone Number: _____

Signature / Date: _____

Palomar College Nursing Program promotes equity in its admission practices but does not require applicants to disclose their individual disability.