

**TECHNICAL STANDARDS CERTIFICATION FORM**

**August 21, 2002**

**PLEASE SIGN THE STATEMENT BELOW AND RETURN IT WITH YOUR  
“INTENT TO MATRICULATE” FORM**

I certify that I have read the “Technical Standards for Admission and Fulfillment of the Requirement for the M.D. Degree, UCSD School of Medicine,” I understand them, and I am able to fulfill them, with or without reasonable accommodation for physical and/or mental disabilities. I understand that, if I intend to request accommodation under the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, or applicable California law in connection with my attendance at the UCSD School of Medicine, I must register with the UCSD Office for Students with Disabilities (contact Roberta Gimblett, Director; tel. 858: 534-4382; e- mail [rgimblett@ucsd.edu](mailto:rgimblett@ucsd.edu)) **within two (2) weeks** of receipt of this Certification Form. I understand that if I do not return a complete Certification Form with my “Intent to Matriculate” Form, **my acceptance into the UCSD School of Medicine may be revoked.**

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

AMCAS ID #: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_