

# Proof of Disability Form

## The Rick & Amanda Hansen Scholarship for Youth with Disabilities

This form is to be completed by an authorized medical practitioner licensed in Canada who is most familiar with your medical condition. For a list of authorized medical practitioners, please visit the Government of Canada's list of [Authorized medical practitioners for the purposes of the medical expense tax credit](#).

### 1. Applicant Details

Legal First Name	
Legal Last Name	
Birthdate (MM/DD/YYYY)	

### 2. Authorized Medical Practitioner Details

Profession	
Full Name	
Specialty (if applicable)	
License Number	
Province/Territory of Registration	
Office Mailing Address	
Primary Phone Number	
Email Address (optional)	

### 3. Disability Information

The Applicant has a disability, defined as a functional limitation – whether permanent or episodic - that, when interacting with barriers, results in a restriction of full and equal participation.	Yes	No
Applicant's Diagnosis (optional)		
Description of disability, including how the disability affects the Applicant's participation in post-secondary education.		

**4. Authorized Medical Practitioner Consent**

By signing this form, I understand that I am providing information which the Rick Hansen Foundation will use to determine the Applicant's eligibility for the Rick & Amanda Hansen Scholarship for Youth with Disabilities. I accordingly confirm that all of the information I have provided is complete, true and accurate to the best of my knowledge.

Authorized Medical Practitioner Signature:

Date (MM/DD/YYYY):

Authorized Medical Practitioner Office Stamp (if applicable):

For information on Rick Hansen Foundation's privacy policy, please visit <https://www.rickhansen.com/legal/privacy-policy>