

## Nurse Practitioner Certification For Disability Insurance Benefits

**This form must be completed, signed, dated and the following information provided:**

**1. Claimant's Full Name**

\_\_\_\_\_

**2. Claimant's Social Security Number**

\_\_\_\_\_

Nurse Practitioners certifying State Disability Insurance claims for a disability other than normal pregnancy or childbirth must comply with Section 2835.7 of the Business and Professions Code (BPC) and with Section 2708 of the California Unemployment Insurance Code (CUIC). In order to determine the above named claimant's eligibility for benefits, the certifying Nurse Practitioner must complete and sign the following statement.

I \_\_\_\_\_, certify that I performed a physical  
(Nurse Practitioner's Full Name) (Print)  
examination of the above named claimant and that I collaborated with a physician and surgeon pursuant to the requirements of Section 2835.7(a)(2) of the BPC, prior to certifying the disability of the above named claimant.

I understand that I am signing this certification voluntarily and that the claimant's payment or eligibility for disability benefits will be affected if I do not sign this certification.

Nurse Practitioner's Signature (Do Not Print)	License Number	Date Signed