

Student Name _____

Student ID# _____



**TECHNICAL STANDARD FORM
DENTAL ASSISTANT PROGRAM**

Current valid licensed healthcare provider (physician, physician assistant, or nurse practitioner) evaluate a student's capacity and performance related to their healthcare program within the Technical Standards Form. Students with eligible disability documentation may request reasonable accommodations by contacting the center for accessibility.

PHYSICAL CAPACITY

1a. SIT YES NO

Example: Sit for a long time on a dental stool in a small space (opposite side of the dentist in the operatory).

1. LIFT YES NO

Example: Move and position patients from a flat surface (floor or bed) to a wheelchair or stretcher in varied situations.

2. BEND AND SQUAT YES NO

Example: Assist patients with daily living activities; plug in patient care electrical equipment.

3. STAND AND KNEEL YES NO

Example: Assist patients who fall or faint, perform CPR.

4. STAND AND WALK YES NO

Example: Recurrent on and off duration of walk and stand regularly up to eight (8) hours.

5. FULL BODY RANGE OF MOVEMENT YES NO

Example: Ability to perform actions using muscles in chest, stomach, hips, back, arms, hands, and fingers.

Example: Remove, carry, and attach medical equipment (oxygen, suction, IVs) about 5 inches above ground floor.

Example: Push, pull, and move equipment, beds, stretchers, wheelchairs, etc.

6. FLEXIBILITY AND STRENGTH IN FINGERS, HANDS, AND ARMS YES NO

Example: Able to hold and use a pen tool to write; note patient information.

Example: Handle medical instruments such as needles and syringes for injections. Handle small wires for equipment operation.

7. TOUCH SENSORY YES NO

Example: Palpate (feel) pulses; veins for venipuncture, and assess patient skin temperature/moisture/texture/integrity.

8. HEARING CLARITY YES NO

Example: Hear and listen to verbal directions or requests from healthcare team, patients, phone messages, and other technology.

Example: Hear different level of patient breathing, pain, and bowel sounds. Hear blood pressure sounds through stethoscope.

9. VISION CLARITY YES NO

Example: Recognize different colors in equipment graphics alerts, codes, signs, tags, and markings.

Example: Differentiate between white, gray, and black colors on computer screen.

Example: Assess patient condition; monitor patient safety and comfort. Read and track patient body movement and breathing.

Example: Read small prints on dials, gauges, syringes, vials, and other similar instruments.

10. VERBAL COMMUNICATION YES NO

Example: Articulate information to staff, patients, and peers.

BEHAVIORAL AND EMOTIONAL STABILITY

11. Function safely, effectively, and calmly under stressful conditions?

YES NO

12. Exhibit social skills necessary to interact effectively and respectfully with patients, families, supervisors, and co-workers of the same or different cultures?

YES NO

13. Maintain personal hygiene consistent with close personal contact associated with patient care?

YES NO

SIGNATURES

14. HEALTHCARE PROVIDER SIGNATURE

With my signature, I certify as true that I have a current valid license as a healthcare provider and to the best of my knowledge, the above evaluation of the Technical Standards is accurate and was performed within twelve (12) months of anticipated start date of the academic healthcare professions program.

Signature of Physician, PA-C, or NP *Date*

Name of Physician, PA-C, or NP

Name of Healthcare Facility City and State

15. STUDENT SIGNATURE

With my signature, I certify as true that I have reviewed these Technical Standards and I understand the physical abilities and behavioral emotional characteristics necessary to complete this program. I am responsible to notify my program coordinator of any changes.

Signature of Student *Date*

Student Name

Student ID #

16. COMMENTS Written explanation required for any responses evaluated as **NO** in sections 1 to 13.

RETURN FORM

Technical Standard Form is two-sided (2 pages).
Student send completed form to the college by email, in-person, or postal mail.
Expedite processing time by email (scan both pages, upload attachment in email message, and send to college email address).

EMAIL

nbakeba@necc.mass.edu

POSTAL MAIL

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