Student Name _____

Student ID# _____

Northern Essex Community College
DIVISION OF HEALTH PROFESSIONS

TECHNICAL STANDARD FORM
SLEEP TECHNOLOGIST 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

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: Long 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 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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Division of Health Professions
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Lawrence MA 01840