

## **Health Certification - Nursing Program**

LAST NAME (print),	FIRST,	MIDDLE	
STUDENT NUMBER	DATE OF B	IRTH PHONE	
Technical	Standards for Health Science P	rograms at Washtenaw Community College (WCC)	
technical standard requirements, wh is minimally required to perform the College deems necessary. Students apply to any student enrolling in any	ich must be met to complete all cou tasks necessary, with a few assoc s enrolled in a Health Science pro- one of the health sciences program	ealth Sciences Certificate and Degree Program at WCC with the bare minimal resework objectives and student outcomes. The listed standards encompass what iated examples provided. This list is not exhaustive and can be modified as the gram at WCC must provide safe and effective care. These technical standards s. To meet program technical standards, the student must demonstrate sufficient abilities, with or without accommodation.	
Critical Thinking, Emotional, and Cognitive Competencies	☐ Sufficient critical thinking	ng and cognitive abilities in classroom and clinical settings	
Professionalism		☐ Interpersonal skills sufficient for professional interaction with a diverse population of individuals, families, and groups	
Communication	☐ Communication sufficie	□ Communication sufficient for professional interactions	
Mobility	☐ Physical abilities suffic	☐ Physical abilities sufficient for movement from room to room and in small spaces	
Motor Skills	☐ Gross and fine motor a Health Care	☐ Gross and fine motor abilities that are sufficiently effective and safe for providing Allied Health Care	
Sensory	<ul><li>Auditory and visual abineeds</li></ul>	lity sufficient for observing, monitoring, and assessing health	
Observation		☐ Ability to sufficiently make observations in a healthcare environment, consistent with program competencies	
Tactile Sense	☐ Tactile ability sufficient	☐ Tactile ability sufficient for physical assessment	
learningsupport@wccnet.edu to sche  Student is aware of the above tec  Emergency Information In the eve	edule an appointment with an LSS (		
	<i>•</i> .	Home Phone	
Address		Business Phone	
addition, new vaccines may be adde program.	d to these requirements, and I (the m not in compliance with the Healtl	ecommendations for medical and dental professionals regarding COVID-19. In a student) will be responsible for obtaining them as instructed to continue in the contification (s) as specified in my program regulations, I will not be permitted to m.	
I hereby consent to the Washtenaw C clinical site personnel.	Community College Health Sciences	s program sharing the health information on this form with appropriate college and	
		STUDENT SIGNATURE AND DATE	
Examiner's Statement: ☐ I have re to fully participate in all classroom an address)	viewed the Technical Standards re d clinical activities including comple	quirements of the student on and I do hereby give my consent for the individual ste patient care. (Please affix sticker or stamp with Provider name and	
EXAMINER NAME (	(PLEASE PRINT)	EXAMINER SIGNATURE/TITLE	
DATE OF EXA	MINATION	STREET ADDRESS	
TELEPHONE		CITY, STATE, ZIP CODE	

Revised: August 2024