



TECHNICAL STANDARDS
for
SLEEP TECHNOLOGY

Student Name: _____ Student ID # / SSN#: _____
Telephone #: _____

To the examining physician or nurse practitioner: As you complete this form, please consider the applicant’s physical ability and behavioral characteristics. In doing so, please review carefully the General Job Description as you evaluate the applicant’s ability to meet the Technical Standards specified for the health professions program that he/she is preparing to enter. The College complies with the requirements and spirit of Section 504 of the Rehabilitation Act and the Americans with Disabilities Act of 1990. Therefore, to the extent practical, the College will endeavor to make a reasonable accommodation for an applicant with a disability who is otherwise qualified.

General Job Description: Under the direction of a physician, polysomnographers (sleep technicians) perform overnight sleep studies, assess and record physiologic sleep parameters, and apply therapeutic interventions when a sleep disorder has been diagnosed.

Directions: Check the appropriate box for each of the following physical standards. All “No” responses require a written explanation in the space provided below, and will be used by the College during its review for reasonable accommodation.

Frequency Key: O = Occasionally (1-33%) F=Frequently (34-66%) C=Constantly (67-100%)

Physical Standards: Can the applicant perform the following physical actions listed in column one needed to perform the example(s) listed in column two?					
Physical Standards	Example	Frequency	Yes	No	Unable to Determine
LIFT	Transfer and position child or adult patients in various situations.	O			
BEND or STOOP/CROUCH	When fitting various masks and other adjunctive equipment to the patient’s face.	F			
	To plug in electrical equipment, and to adjust electric and pneumatic equipment.	F			
KNEEL/STAND	To perform CPR.	O			
	To assist patients who may fall or faint.	F			
MOVE	Torso, arms, hands and fingers to demonstrate dexterity.	C			
REACH	Approximately 5’ above floor to relocate or attach various equipment (e.g., oxygen, suction).	O			
MANUAL DEXTERITY	To manipulate small pieces of equipment used while providing therapeutic or diagnostic modalities.	C			
TACTILE	To palpate pulse, head anatomical landmarks.	C			
PUSH/PULL	To move equipment, beds, stretchers, and wheelchairs.	O			

Physical Standards	Example	Frequency	Yes	No	Unable to Determine
AUDITORY	Hear verbal directions/requests from members of the health care team, patients, voice pages, telephone messages, and blood pressures.	F			
	Hear distress sounds from patients.	F			
	Hear and respond to various alarms (e.g., oximeters, cardiac monitors).	F			
VISUAL	Assess patient for comfort and safety.	C			
	Read small print (e.g., computers, gauges, etc.)	C			
	Monitor motion and respiration of the patient.	C			
FINE MOTOR SKILLS	Ability to hold and use a writing instrument for recording patient history or other pertinent information.	C			
VERBAL	Articulates information to staff, patients and peers.	C			
WAKEFULNESS/ALERTNESS	Ability to remain awake and alert during overnight hours.	C			
BEHAVIORAL STANDARDS: In your professional opinion, can the applicant be responsible for the following behavior(s)?					
Function safely, effectively, and calmly under stressful conditions?		C			
Maintain composure while managing multiple tasks simultaneously?		C			
Prioritize multiple tasks?		C			
Exhibit social skills necessary to interact effectively and respectfully with patients, families, supervisors, and co-workers of the same or different cultures?		C			
Maintain personal hygiene consistent with close personal contact associated with patient care?		C			

Please provide an explanation for any "No" answers: _____

STUDENT SIGNATURE
I have reviewed the Technical Standards outlined on this form, and I understand the physical abilities and behavioral characteristics necessary to complete this program.

HEALTH CARE AGENT SIGNATURE
I certify that to the best of my knowledge, the above assessment is accurate and was performed within twelve months from anticipated start of educational program.

Signature of Student

Date

Signature of Physician or NP

Date

 PRINT of Student Name

 PRINT of Physician or NP name.

RETURN THIS FORM TO:
Northern Essex Community College
Division of Health Professions
ATTN: Natacha Tshibangu
45 Franklin Street
Lawrence, MA 01841
Fax: 978-738-7146