

**Cleveland State University School of Nursing
Safety and Technical Standards
Acknowledgement Form for Nursing Students**

By signing below, I (print name) _____, _____
First, M.I., Last Student ID #

acknowledge that I have reviewed the Cleveland State University School of Nursing Safety and Technical Standards Policy for each of the following essential functional areas. If I had sufficient education I would be able to perform the essential functions, with or without accommodation aids and services.

(Check one box for each essential function)

Essential Function	Yes, without accommodation	Yes, with accommodation	No
1. Sensory/Observation Skills: The student must make accurate and timely sensory observations and interpret them in the context of clinical/laboratory activities and patient care experiences. The student must document these observations accurately.			
2. Essential motor skills: The student must execute movements required to provide general care and treatment to patients in clinical and laboratory settings.			
3. Essential cognitive skills: The student accurately measure, calculate, reason, prioritize, analyze, integrate, synthesize information and act with integrity and judgment within time constraints unique to each setting.			
4. Essential communication skills: The student must communicate effectively and sensitively with other students, faculty, staff, patients, family and other professionals.			
5. Essential emotional, intuitive and empathic skills: The student must possess the emotional, intuitive and empathic qualities required to exercise good judgment in the timely completion of all responsibilities attendant to the nursing care of patients and families.			
6. Essential professional conduct: The student must possess the ability to reason morally and practice nursing in a professional and ethical manner.			

Use this space for explanation should you so desire.

As noted in the School Policy, forms will be reviewed by the School of Nursing Office to assure that students may be safely placed in clinical courses. Cleveland State University is an Affirmative Action/Equal Opportunity institution. No person shall be denied the opportunity for employment or education or be subject to discrimination in any project, program or activity because of race, religion, sex, national origin, age, or disability.

Students should contact the [Office of Disability Services](#) located at Main Classroom 147, 1899 E. 22nd Street, Cleveland, Ohio or by telephone at 216.687.2015 if they have a question or concern about their ability to meet the "Technical Standards" with or without accommodations, or if they would like to arrange reasonable accommodations.

I certify that the information submitted in this document is complete and correct to the best of my knowledge. I understand that submission of false or incorrect information may cause dismissal from the university and/or the school of nursing.

I understand that if my status changes at any time while I am enrolled in a nursing program, I must notify the School of Nursing Office immediately for re-evaluation or face dismissal from the nursing program.

Applicant's Signature

Printed Name

Date

Parent's Signature (if minor)

Printed Name

Date

Witness's Signature

Printed Name

Date