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## ESSENTIAL PROGRAM REQUIREMENTS ASSESSMENT FOR PRE-LICENSURE PROGRAMS

PLEASE PRINT:		
_____	_____	_____
Last Name	First Name	Middle Initial

### **ESSENTIAL PROGRAM REQUIREMENTS**

The following are Essential Program Requirements for students enrolled at Riverside College of Health Careers. The ability to meet all of these requirements, with or without accommodation, is necessary to be able to demonstrate clinical competency and to meet program outcomes required for graduation.

For information regarding disabilities accommodations, please contact the College Disabilities Officer, 240-2203.

Intact gross and fine motor skills; precise hand/eye coordination and dexterity. Able to discriminate tactile sensations.
Clear speech.
Congruent verbal/nonverbal behavior; emotional stability; cooperative; no signs of impaired judgment.
Able to walk, bend, stoop, kneel, stand, twist, sit, carry, lift, reach hands overhead. Able to evacuate a 4-story building in less than 3 minutes.
Able to sit and stand long periods of time (4-7 hours in class; 8 hours in clinical).
Able to pull 75 lbs; lift 35 lbs; push 100 lbs.
Able to travel independently to clinical sites as assigned.
Intact short and long-term memory.
Visual color discrimination and depth perception; near and far vision 20/20 (may be corrected with lenses).
Able to hear and discriminate alarms (may be corrected with hearing aid).
Able to detect odors sufficient to maintain environmental safety, including smoke and noxious odors.
Frequent exposure to electricity, electromagnetic fields, electronic media and latex; chemical hazards including but not limited to disinfecting solutions, dyes, acetone, bleach, and alcohol.
Possible exposure to toxic drugs; anesthetic gases; ionizing radiation; infectious agents (blood, urine, mucus, saliva, etc.)

### **MEDICATION MANAGEMENT**

The use of medication/substances that may cause drowsiness or otherwise impair mental or physical functioning, whether prescribed, over-the-counter, or illegal, is prohibited during class, lab and clinical experiences because of the potential safety hazards to self, co-workers, and patients.

### **APPLICANT ACKNOWLEDGEMENT**

<p>I understand that students are further required to inform the school when they can no longer meet the Essential Program Requirements listed above.</p> <p>My signature below indicates my understanding of the above statements regarding Essential Program Requirements.</p> <p>SIGNATURE: _____ DATE: _____</p>
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### TURN IN TO ADMISSIONS OFFICE

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AUTHORIZED BY: Director, College Policy Committee Chair		
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