Function Ability Criteria

The Nursing Assistant Program is highly regulated by state and federal law. OBRA, 1987 and State of WI, HFS 129, 2009 offer specific criteria for how the program will be run, what is taught, how it is taught, mandated hours to be completed, and ability of the nurse aide to do the work required. Northcentral Technical College's (NTC) policy is to comply with Section 504 of the Rehabilitation Act of 1974 and the Americans with Disabilities Act (ADA) of 1990. (In accordance with the ADA and Section 504, NTC does not provide student with personal devices and services.)

In order to assist students to successfully complete the Nursing Assistant Program and achieve certification to work through the State of Wisconsin Caregiver Program, NTC has developed a set of objective functional ability criteria.

Students must sign a form stating whether or not they are able to meet the functional abilities, with or without accommodations, as stated in this document. **If a student enters the Nursing Assistant Program based on falsification of records related to their ability to meet the functional ability requirements, he/she may be dropped from the course.** All documents will be kept in the Nursing Assistant student file at the college.

For students with a disability, reasonable accommodations are available. Reasonable accommodations are defined as modifications or adjustments that allow individuals with disabilities to gain equal access and have equal opportunities to participate in NTC's courses, services, activities, and use of the facilities. To be eligible for disability-related services, students must have a documented disability. This documentation must be provided by a licensed professional qualified in the appropriate specialty area. **NTC is not obligated to provide accommodation that requires substantial change in curriculum or alteration of an essential element or function of the CNA Program as mandated by the State of WI, DHS.** The college is not obligated to provide an accommodation that poses an undue financial or administrative burden to the college or poses a direct threat to the health and safety of others.

**Accommodations allowed without disability documentation:** supportive back braces or other supportive braces that do not impede the required movement or interfere with infection control policies, hearing aids, glasses, contacts. Other student-suggested accommodations will require the approval of the Program Director, the Disabilities Specialist, and the State of WI, Department of Health Services. All requests should be approved **before** the student has enrolled in the program. Any accommodation can not substantially alter the requirements or nature of the program. NTC is not required to approve accommodations that inflict an undue burden on the program or the clinical site.

If you have a documented disability and would like to request accommodations please contact a NTC disability specialist in the Student Success Center (SSC) at 715.803.1194. It is required that you request assistance no later than 3 weeks before the start of your class.
NORTHCENTRAL TECHNICAL COLLEGE
NURSING ASSISTANT PROGRAM

FUNCTIONAL ABILITY CRITERIA
Statement of Understanding

The Americans with Disabilities Act (ADA) of 1990 (42 U.S.C & 12101. et seq.), the ADA Amendment Act of 2008, and Section 504 of the Rehabilitation Act of 1973 (29 U.S.C & 794) prohibits discrimination of persons because of her or his disability. In keeping with these laws, Colleges of the Wisconsin Technical College System make every effort to ensure a quality education for students. The purpose of this document is to ensure that students acknowledge that they have been provided information on the functional abilities required of a student in the Nursing Assistant Program.

__________ I have read and understand the Functional Ability Criteria specific to a student in the Nursing Assistant Program.
(initials/date)

__________ I am able to meet the Functional Abilities Criteria as presented with or without accommodation.
(initials/date)

__________ I was provided with information concerning accommodations or special services if needed at this time.
(initials/date)

Name of Student (Please print)

Signature of Student __________________________ Date __________________________

6/2014