1. **Intellect.** Students must be able to use critical thinking skills to problem solve and make decisions regarding assessment, planning and intervening in the care of clients/families.

2. **Behavioral and social attributes.** Students must possess the emotional health required for providing care to clients/families in a timely and safe manner. Students must be able to exercise good judgment, adapt to change, be flexible and learn to function in stressful situations. They should show empathy, integrity, compassion and concern for others.

3. **Assessment.** In order to independently and accurately assess a client, the student must possess the functional use of the senses of sight, smell, hearing and touch.

4. **Communication.** Students must possess communication skills in order to assess, plan, and deliver effective and therapeutic care to clients/families. Students must be able to communicate effectively to members of the health care team.

5. **Psycho-motor skills.** Students must possess sufficient psycho-motor functioning in order to independently assess clients/families and provide nursing care in a safe and reasonable manner.

Students with disabilities must follow the procedures for special accommodations.

1. The student will be evaluated by the Counseling and Student Development Center at UNMC, or UNMC’s designee, for official declaration of the specific accommodations required.

2. The faculty may not grant accommodations to students without this official declaration.

3. In order to be granted accommodations for NCLEX examinations, students must have these accommodations documented during their BSN educational years.
Has a disability that necessitates accommodation to meet the University of Nebraska Medical Center, College of Nursing's Technical Standards Policy and shall proceed in accordance with the policy and will provide documentation of the disability including appropriate medical records and a description of the accommodation requested to the University of Nebraska Medical Center, College of Nursing.

DATED this ____________________ day of ____________________________, 20________.

________________________________________
Signature of Accepted Applicant