



Southern Union State Community College Veterinary Technology Program

Essential Functions for Veterinary Technology

The American with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 ensure that qualified applicants have the ability to pursue program admission. In accordance with College policy, reasonable accommodations will be provided for individuals with disabilities. Every student will be held to the same standards with or without accommodations. For more information on accommodations

<https://www.suscc.edu/students/accessibility-services>

Physical, cognitive, psychomotor, affective and social abilities are required in unique combinations to provide veterinary care. Student admission, progression, and successful completion of the program are contingent upon the ability to demonstrate the essential functions outlined for the profession of veterinary technology by the American Veterinary Medical Association Committee on Veterinary Technician Education and Activities (AVMA CVTEA).

The veterinary technology program and /or its affiliated clinical agencies may identify additional essential functions and reserve the right to amend the essential functions as deemed necessary. In order to progress in the veterinary technology program, one must possess and demonstrate a functional level of ability to perform the duties required of a veterinary technician. Admission or progression may be denied if a student is unable to demonstrate the essential functions with or without reasonable accommodations. Any reasonable accommodations made will be determined and applied to the respective aspect(s) of the veterinary technology program and may vary from reasonable accommodations made by veterinary employers.

Physical Requirements

- Walking and standing for at least fifteen minutes at a time, multiple times per hour
- Lift and carry, with or without assistance, up to 50 pounds from floor to waist level or higher several times per day, and carry an object or animal for a distance of 5-6 feet
- Handle, install, position and move materials, equipment, and supplies
- Fine motor skills and sufficient tactile ability necessary to perform essential functions of the profession
- Restrain, position, and lead live animals of a variety of species
- Animal or environmental allergies should be minimal or medically managed sufficiently as to not prevent sustained contact with allergens that would prohibit completion of clinical rotations.
- Adequate visual ability, with or without correction, to detect variations in color and in fine detail, as well as adequate depth perception
- Adequate visual ability, with or without correction, to allow for animal observation and assessment, from a distance and close up
- Adequate auditory ability, with or without correction, necessary to perform essential functions of the profession

Cognitive Ability

- Function in a structured environment within time constraints and be capable of making sound decisions rapidly in urgent situations.
- Perform work under stressful and/or unpredictable conditions, including medical emergencies and adverse weather events
- Prioritize, organize, and utilize time-management skills
- Deduce, analyze, and communicate diagnostic and clinical information

Communication, Professionalism and

Interpersonal Skills

- Read, write, speak the English language
- Comprehend and complete complex, multi-step written and oral instructions

- Professionally communicate with other individuals, in person, on the telephone, and in writing
- Demonstrate empathy
- Demonstrate professional behavior in a variety of settings and under stressful
- Maintain personal hygiene

MEDICAL VERIFICATION TO BE COMPLETED BY MD/PA/NP

Is this person's mental and physical health sufficient to perform the classroom and clinical duties as described on this document?

YES ____ NO ____ If no, please explain on back of form

MD/PA/NP Signature

Date

Printed Name

STUDENT VERIFICATION

Read the declarations below and check only one option. Sign in the space provided. If you are unable to fully meet any criterion, you will need to direct your request to the Coordinator of Disability Services.

_____ I have reviewed the Essential Functions for this program and I certify that to the best of my knowledge **I currently have the ability to fully perform these functions**. I understand that further evaluation of my ability may be required prior to admission to the program, and for retention and progression through the program.

_____ I have read the Essential Functions for this program and **I am unable to fully perform certain items without accommodations**. I will contact the Coordinator of Disability Services to discuss reasonable accommodations to these requirements.

Student Signature

Date

Student Printed Name

Identification #