

## NYU College of Nursing DNP Student / Faculty Health Clearance Checklist

**Students/Faculty are responsible for maintaining up-to-date Health Clearance (HC) documentation for the entire academic year. If HC information expires during the course of the academic year, students/faculty are responsible for submitting updated Health Clearance to the NYUCN Office of Clinical Affairs. Please refer to the checklist below for all required HC documentation.**

A. FORM A-1 & Form A-2:

- Form A-1: Documented date of History & Physical (H&P) - Required Every Year (12 months) ☐
- Form A-2 (required every 12 months):
  - 2 Step PPD (Mantoux) – second PPD is administered 1 to 3 weeks after first PPD ☐
  - OR, documentation of annual TB tests within the previous two years ☐
  - OR, QuantiFERON-TB Gold result with laboratory report attached – required every ☐
  - If positive, copy of Chest X-Ray report attached (one-time only requirement) ☐

B. FORM B: Required One-time Only

- Measles, Mumps, and Rubella **IgG** titer values indicated by HC Provider, lab report attached ☐
- Varicella Titer **IgG** titer values indicated by HC Provider, lab report attached ☐
- Hepatitis B – Proof of vaccination against Hepatitis B inclusive of titer result and laboratory report as proof of immunity to Hepatitis B (indication of **HBsAb** titer value as Immune or Positive (+)); or documentation on FORM D that the student/faculty has either commenced or declined the Hepatitis B vaccine series ☐
- Tetanus/Diphtheria/Pertussis Vaccine (Tdap) – exact date of vaccination within the last 10 years ☐

C. FORM C: Required during Flu Season (September through May) ☐  
(may be obtained at NYU Student Health Center once the academic year begins)

D. CPR/Basic Life Support Certification for Healthcare Providers from American Heart Association ☐

E. Technical Standards: Read, sign last page and submit with health clearance (only required for students) ☐

Current resume and NYS RN License Registration submitted to the Office of Clinical Affairs with health clearance ☐

**Health Clearance may be scanned and emailed, faxed, hand delivered, or mailed to:**

**Office of Clinical Affairs  
NYU College of Nursing  
433 First Avenue, 6th Floor, Room 650  
New York, NY 10010  
Fax: 212-995-4351  
Phone: 212-992-9415  
Email: [nursing.healthclearance@nyu.edu](mailto:nursing.healthclearance@nyu.edu)**

**\*\*KEEP A COPY OF ALL DOCUMENTS FOR YOUR RECORDS\*\***

**FORM A-1****Annual History & Physical Examination Form****To be completed by student/faculty:**Name (Print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(first, mi., last) (mm/dd/yyyy)NYU N Number: \_\_\_\_\_ Email: \_\_\_\_\_  
NXXXXXXXXX

*I understand that the agency to which I am assigned may require more health data than listed below. I hereby authorize New York University to release my health clearance information on this form and all associated documents, including laboratory reports, drug tests, criminal background checks, and immunization waivers, to any health care provider/agency, which may require it in connection with my participation in a clinical course. I also understand that it is my responsibility to update FORM A annually. I agree that if I become ill, have a surgical procedure and/or become hospitalized, develop a condition, or have an exacerbation of a condition that limits my ability to fulfill the NYUCN Program requirements, I will obtain health clearance again from a health care provider before returning to the Program. I have brought the original of the required completed/signed HC documents to: 1) a copy to Office of Clinical Affairs, NYUCN, 433 First Avenue, 6th Floor, Room 650, New York, NY 10010 & 2) kept an additional copy for my own records.*

Student/Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by a Certified Nurse Practitioner or Physician:**

An examination was performed on the above named individual. The following assessments were included:

**Complete history and physical (H&P) examination:****Date of Exam:** \_\_\_\_\_ mm/dd/yyyy

By signing below, the Health Care Provider (Nurse Practitioner or Physician) has determined that the named individual is eligible for clinical practice and agrees with the following statement: I find him/her to be in good physical and mental health; he/she is free from any health impairment which is of potential risk to patients, personnel, students, or faculty and which might interfere with the performance of his/her nursing student/faculty responsibilities, with or without a reasonable accommodation, including the habituation or addiction to depressants, stimulants, narcotics, alcohol or other drugs or substances that may alter the individual's behavior has been considered in this evaluation. If a reasonable accommodation is required, I have identified the accommodation and the basis of the accommodation on a separate attachment.

**NOTE: THIS FORM SHOULD NOT BE SIGNED UNLESS THE INDIVIDUAL IS ABLE TO PARTICIPATE FULLY IN NURSING PRACTICE.**

Date \_\_\_\_\_

Signature of Nurse Practitioner or Physician \_\_\_\_\_

Address: \_\_\_\_\_

Print or Type Name \_\_\_\_\_

Tel. No: \_\_\_\_\_

## FORM A-2

### Annual Tuberculosis Screening Form

**To be completed by student/faculty:**

Name (Print): \_\_\_\_\_ (first, mi., last) Date of Birth: \_\_\_\_\_ (mm/dd/yyyy) Phone #: \_\_\_\_\_  
 NYU N Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 NXXXXXXXXX

*I understand that the agency to which I am assigned may require more health data than listed below. I hereby authorize New York University to release my health clearance information on this form and all associated documents, including laboratory reports, drug tests, criminal background checks, and immunization waivers, to any health care provider/agency, which may require it in connection with my participation in a clinical course.*

**Student/Faculty Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
 mm/dd/yyyy

**To be completed by a Nurse Practitioner or Physician:**

An examination was performed on the above named individual. The following assessments were included:

#### Two Step PPD: Mantoux

**PPD #1 Date Administered:** \_\_\_\_\_ **Date Read:** \_\_\_\_\_ **Result:** \_\_\_\_\_  
 mm/dd/yyyy mm/dd/yyyy

**Second PPD is administered 1 to 3 weeks after the first PPD. OR, documentation of annual TB tests within the previous two years. The student/faculty must have a total of 2 PPDs within a 12 month period as of the date the student/faculty is beginning clinical.**

**PPD #2 Date Administered:** \_\_\_\_\_ **Date Read:** \_\_\_\_\_ **Result:** \_\_\_\_\_  
 mm/dd/yyyy mm/dd/yyyy

**OR** (one QuantiFERON-TB Gold test every 12 months)

**QuantiFERON-TB Gold – Date Reported:** \_\_\_\_\_ **Result:** \_\_\_\_\_ (lab report must be attached)  
 mm/dd/yyyy

#### PPD or QuantiFERON – Positive Findings

**Positive Result:** If positive, negative post positive chest x-ray report is required (a one-time only requirement as long as asymptomatic)

Chest x-ray has been documented post-positive result? ☐ \_\_\_\_\_ ☐ Copy must be attached  
 mm/dd/yyyy

☐ Normal Chest x-ray

☐ Abnormal Chest x-ray

☐ Patient **was/is** treated with prophylactic medication. Date treatment started: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Symptom Check for one (1) year post-positive PPD with annual H&P

**Date:** \_\_\_\_\_

**Signature of Nurse Practitioner or Physician** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Print or Type Name** \_\_\_\_\_

**Tel. No:** \_\_\_\_\_

## FORM B

***To be completed by student/faculty:***

Name (Print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(first, mi., last) (mm/dd/yyyy)

NYU N Number: \_\_\_\_\_ Email: \_\_\_\_\_  
NXXXXXXXXX

*I understand that the agency to which I am assigned may require more health data than listed below. I hereby authorize New York University to release my health clearance information on this form and all associated documents, including laboratory reports, drug tests, criminal background checks, and immunization waivers, to any health care provider/agency, which may require it in connection with my participation in a clinical course. I also understand that it is my responsibility to update FORM A annually. I agree that if I become ill, have a surgical procedure and/or become hospitalized, develop a condition, or have an exacerbation of a condition that limits my ability to fulfill the NYUCN Program requirements, I will obtain health clearance again from a health care provider before returning to the Program. I have brought the original of the required completed/signed HC documents to: 1) a copy to Office of Clinical Affairs, NYUCN, 433 First Avenue, 6th Floor, Room 650, New York, NY 10010 & 2) kept an additional copy for my own records.*

Student/Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

### Submit Titer Results & All Laboratory Reports Must be Attached

**Measles (Rubeola) Titer:** Date Drawn \_\_\_\_\_ IgG Titer Value \_\_\_\_\_ ☐ Positive Revaccination Date: \_\_\_\_\_  
☐ Negative (If Titer is Negative or Equivocal)

**Mumps** Titer: Date Drawn \_\_\_\_\_ IgG Titer Value \_\_\_\_\_ ☐ Positive Revaccination Date: \_\_\_\_\_  
☐ Negative (If Titer is Negative or Equivocal)

**Rubella** Titer: Date Drawn \_\_\_\_\_ IgG Titer Value \_\_\_\_\_ ☐ Positive Revaccination Date: \_\_\_\_\_  
☐ Negative (If Titer is Negative or Equivocal)

**Varicella** Titer: Date Drawn \_\_\_\_\_ IgG Titer Value \_\_\_\_\_ ☐ Positive Revaccination #1 Date: \_\_\_\_\_  
☐ Negative Revaccination #2 Date: \_\_\_\_\_  
(If Titer is Negative or Equivocal)

**\*Past Titer Results are Acceptable. Titers do not need to be repeated.**

**\*\*Required: Vaccination History Must be Attached in the case of Negative Titers**

**Hepatitis B:** Dates of Vaccinations: # 1 \_\_\_\_\_ # 2 \_\_\_\_\_ # 3 \_\_\_\_\_  
AND  
(HBsAb) Titer: Date Drawn \_\_\_\_\_ HBsAb Value \_\_\_\_\_ ☐ Positive / Immune  
OR ☐ Negative / Not Immune

Signed Waiver of Declination: FORM D ☐

**Tetanus/Diphtheria/Pertussis Vaccine (Tdap)** has been administered within ten (10) years

☐ Yes – Date \_\_\_\_\_  
☐ No – Tdap administration is required. Date Administered \_\_\_\_\_

\_\_\_\_\_  
Signature of Nurse Practitioner or Physician

Date \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Print or Type Name

Tel. No: \_\_\_\_\_

**FORM C**

**Seasonal Flu Vaccination Documentation  
Mandatory During Flu Season (September through May)**

Please complete all data requested below

Name of Student/Faculty: \_\_\_\_\_  
(first, mi., last)

Date of Birth: \_\_\_\_\_  
(mm/dd/yyyy)

Date of Vaccine Administration: \_\_\_\_\_  
(mm/dd/yyyy)

Manufacturer: \_\_\_\_\_

Lot: \_\_\_\_\_

Dose: \_\_\_\_\_

Person Administering (Name and Title): \_\_\_\_\_

Signature of Person Administering: \_\_\_\_\_ License #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completed Flu Vaccination Documentation may be scanned and emailed, faxed, hand delivered, or mailed to:

Office of Clinical Affairs  
NYU College of Nursing  
433 First Avenue, 6th Floor, Room 650  
New York, NY 10010  
Fax: 212-995-4351  
Phone: 212-992-9415  
Email: nursing.healthclearance@nyu.edu

**FORM D****Hepatitis B Vaccine Waiver**  
(if vaccine is waived, submit one-time only)

I understand that during my clinical learning experiences I may be exposed to blood or other potentially infectious materials, and I may be at risk of acquiring hepatitis B virus (HBV) infection, a serious disease. I have been given the opportunity to be vaccinated with hepatitis B vaccine. I am aware of the risks associated with acquiring Hepatitis B.

**Please check the appropriate statement:**

\_\_\_\_\_ I decline hepatitis B vaccination at this time. I have been informed and understand the possible risks of acquiring hepatitis B.

\_\_\_\_\_ I am currently in the process of receiving the 3-dose series of hepatitis B vaccine at 0-, 1-, and 6-month intervals. I will obtain anti-HB serologic testing 1-2 months after dose #3. Until this process is completed, I have been informed and understand that I continue to be at risk of acquiring hepatitis B.

\_\_\_\_\_  
**Student/Faculty Signature**\_\_\_\_\_  
**Print or Type Name**\_\_\_\_\_  
**NYU N Number****Date:** \_\_\_\_\_

Adapted from Occupational Safety & Health Administration  
US. Department of Labor  
Standard Number: 1910.1030 App A

*Can be waived; If a student/faculty has waived the Hepatitis B vaccination, the student/faculty indicates that he/she is aware of the risks of not receiving the Hepatitis B vaccination. Female students/faculty who believe they are pregnant must provide a letter from their health care provider indicating their expected delivery date and the lab result for Anti-Hepatitis B; although Hepatitis B vaccine is not contraindicated during pregnancy, the decision to receive the vaccination should be made in consultation with one's health care provider. Students/Faculty are advised that some health care/clinical agencies will not allow anyone who has not received the Hepatitis B vaccination, and/or demonstrated immunity to Hepatitis B, to participate in a clinical rotation at their site.*

**THE NEW YORK UNIVERSITY COLLEGE OF NURSING  
TECHNICAL STANDARDS FOR CORE PROFESSIONAL NURSING COMPETENCY  
PERFORMANCE (DLT Approved: August 19, 2014)**

New York University College of Nursing (“NYUCN”) is committed to producing lifelong learners who will excel in their careers and be recognized as outstanding nurses who will be leaders in practice, research, policy, and education at the pre- and post-professional levels ( BS, MS, Post-MS Advanced Certificate, DNP, and PhD).

The [NYUCN Technical Standards for Core Professional Nursing Competency Performance](#) (“Technical Standards”) are an integral component of NYUCN academic requirements that identify core professional nursing competencies in five specific domains – Communication, Observation, Cognitive, Motor, and Behavioral and Social Attributes. Nursing students must meet all the requirements of the Technical Standards, with or without reasonable accommodations, in order to successfully progress through and graduate from their respective curricula. These requirements pertain to all student conduct regardless of setting (e.g. classroom/didactic, office, on-campus simulation or off-campus clinical, email communication, etc.).

Individuals interested in applying for admission to NYUCN are encouraged to review the Technical Standards to become familiar with the skills, abilities, and behavioral characteristics required to complete the programs as well as the related policy found at [https://nursing.nyu.edu/academics/technical\\_standards#policy](https://nursing.nyu.edu/academics/technical_standards#policy) .

All NYUCN students must review the Technical Standards, sign the acknowledgment on the last page, and return this document to NYUCN Office of Clinical Affairs, 726 Broadway, 10<sup>th</sup> Floor.

**Reasonable Accommodations for Qualified Individuals with Disabilities**

NYUCN is committed to providing educational opportunities to otherwise qualified students with disabilities to afford such students an opportunity equal to that provided to non-disabled students to achieve a desired educational outcome. A “qualified individual” with a disability is one who, with or without reasonable accommodations, meets NYUCN’s academic requirements and Technical Standards. Students with disabilities are not required to disclose their disability to NYUCN. However, students wishing to request reasonable accommodations must register with NYU’s Henry and Lucy Moses Center for Students with Disabilities (CSD) to initiate the process.

Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act define a person with a disability as someone who: (1) has a physical or mental impairment that substantially limits one or more major life activities; OR (2) has a record of such an impairment; OR (3) is regarded as having such an impairment. Students are encouraged to meet with a CSD representative when unsure if a condition qualifies as a disability.

CSD determines qualified disability status and assists students in obtaining appropriate accommodations and services. Decisions regarding reasonable accommodation are determined on a case by case basis taking into consideration each student’s disability-related needs, disability

documentation and program requirements. While the process for requesting reasonable accommodations may be started at any time, reasonable accommodations may not be implemented retroactively. It therefore is important that students allow ample time for their accommodation requests to be processed. While NYUCN will make every effort to work with students with disabilities to accommodate their disability-related needs, NYUCN is not required to provide accommodations that fundamentally alter or waive essential program requirements.

Students should review the information found on the CSD website (<http://www.nyu.edu/life/safety-health-andwellness/students-with-disabilities.html>) or contact the CSD directly at: Henry and Lucy Moses Center for Students with Disabilities, 726 Broadway, 2nd Floor, New York, NY 10003, Phone: 212-998-4980, Fax: 212-995-4114, email: [mosescsd@nyu.edu](mailto:mosescsd@nyu.edu).

## **TECHNICAL STANDARDS COMPETENCY DOMAINS**

I. **COMMUNICATION Competencies:** The Technical Standards include the ability to communicate effectively with a wide variety of individuals. **Rationale: communication competencies include knowledge, attitude, and skills necessary to provide quality and safe patient care in all health care settings.** Examples of communication competencies include, without limitation, the ability to:

- communicate clearly in English, in a professional and sensitive manner, to patients or to a patient language interpreter ( if the patient and/or family members/significant others do not speak English), and their family members/significant others, health team members, faculty, and peers of diverse ethnic, religious, and cultural backgrounds in professional nursing practice settings as well as in the academic setting.
- elicit accurate information from patients, family member/significant others, health team members, and/or faculty related to a patient's medical history and current status necessary to adequately and effectively evaluate a patient's condition.
- use and comprehend standard professional nursing and medical terminology when using and/or documenting a patient's print or electronic health record.
- convey appropriate information to patients and the health care team and teach, direct and counsel a wide variety of individuals, including explaining treatment procedures and initiating health education.

II. **OBSERVATION Competencies:** The Technical Standards include the ability to make observations in connection with other identified professional nursing student competencies. **Rationale: Nursing student observation competencies include the knowledge, attitude, and skills necessary to provide quality and safe patient care to patients in all health care settings.** Examples of observation competencies include, without limitation, the ability to accurately:

- use and interpret information obtained from digital, analog, and waveform diagnostic tools (e.g., sphygmomanometer, otoscope, stethoscope, ophthalmoscope, EKG, IVs) and other diagnostic tools that monitor or obtain physiological phenomena.



- observe a patient during the course of a comprehensive or focused physical assessment to determine signs and symptoms of disease, pain, and infection.
- observe and interpret normal and deviations from normal the following: e.g., a patient's heart and body sounds, body language, color of wounds, drainage, urine, feces, expectoration, and sensitivity to heat, cold, pain, and pressure.

III. **COGNITIVE Competencies:** The Technical Standards include the ability to demonstrate cognitive abilities in connection with the other identified professional nursing student competencies. **Rationale: Nursing student cognitive competencies include demonstrating the knowledge, attitude, and skills necessary to provide quality and safe patient care to patients in all health care settings.** Examples of cognitive competencies include, without limitation, the ability to:

- demonstrate cognitive abilities related to course and program outcomes, which include intellectual, conceptual, integrative, quantitative, critical thinking, and comprehension skills that indicate that the student is able to carry out the nursing process in the care of patients.
- measure, calculate, reason, analyze, and synthesize subjective and objective data to carry out the nursing process in relation to patient assessment, diagnosis, goals, plan of care/interventions, and evaluation.
- retrieve and critically appraise patient related research to determine the best available research evidence (quantity and quality) to use in a patient's nursing plan of care.
- comprehend extensive information from written documents, visual and/or oral presentations, and patient computer information systems in order to carry out the nursing process.
- analyze and prioritize all aspects of patient care in a prompt and timely fashion.
- synthesize objective and subjective findings and diagnostic studies in order to formulate nursing diagnoses.
- use synthesized data to initiate a nursing plan of care which appropriately integrates patient preferences in order to provide appropriate, quality, and safe patient care.
- accurately follow course syllabi, assignment directions, patient protocols, and any action plan(s) developed by deans, faculty, administrators, or health care agency staff.

IV. **MOTOR Competencies:** The Technical Standards include the ability to perform or assist with nursing interventions to provide comprehensive general nursing care and treatment in connection with other identified professional nursing student competencies. **Rationale: Nursing student motor competencies include the knowledge, attitude, and skills necessary to provide quality and safe patient care to patients in all health care settings.** Examples motor competencies include, without limitation, the ability to:

- obtain accurate information from patients using gross and fine motor skills appropriate to the technique (e.g., palpation, auscultation, and percussion) and common medical/nursing digital, analog, and waveform diagnostic tools and equipment (e.g., sphygmomanometer,

otoscope, stethoscope, ophthalmoscope, EKG, IVs) that monitor or obtain physiological phenomena or data.

- perform and/or assist appropriately with expected nursing student procedures, treatments, and medication administration using sterile or clean techniques appropriate to the type of procedure, treatment or medication administration (e.g., drawing medications into syringes in precise measurements; giving a medication IV, IM, or subcutaneously using the appropriate syringe or apparatus; performing tracheotomy care and suctioning; inserting urinary catheters; creating sterile fields; sterile and clean dressing changes) and administering basic life support (BLS) cardiopulmonary resuscitation or advanced cardiopulmonary life support (ACLS), depending upon the nursing student's program level.
- move, transfer, and position patients or equipment safely under a variety of circumstances with or without a lift team or assistive devices during the delivery of general nursing care or in emergency situations.
- have the endurance to complete all required tasks during the assigned period of clinical practice in order to carry out the nursing process in the context of patient care delivery.
- navigate patients' rooms, work spaces, and treatment areas with appropriate precision and speed to carry out the nursing process during the delivery of general nursing care or in emergency situations.

**V. BEHAVIORAL AND SOCIAL ATTRIBUTES Competencies:** The Technical Standards include the ability to demonstrate behavioral and social attributes in academic and in on-campus clinical and off-campus clinical settings in connection with other identified professional nursing student competencies included in the [\*AACN's Essentials of Baccalaureate, Master's and Doctoral Education for Professional Nursing Practice\*](#), the National Student Nurses' Association, Inc.® *Code of Ethics: Part II Code of Academic and Clinical Conduct and Interpretive Statements*, and [NYU/NYUCN's student academic integrity policy](#). **Rationale: Nursing student behavioral and social attributes competencies include the knowledge, attitude, and skills necessary to provide quality and safe patient care in all health care settings.** Examples of behavioral and social attributes competencies include, without limitation, the ability to:

- conform to all requirements set forth by NYU/health care agency's affiliation agreements as well as any additional requirements of any clinical setting.
- uphold professional nursing standards related to the student's scope of practice.
- conform to NYUCN's attendance and clinical dress code/professional appearance requirements for on-campus clinical simulation and off-campus clinical learning sessions.
- communicate in a mature, professional, culturally sensitive, therapeutic, accurate and effective manner with patients, patients' family members/significant others, members of the health care team, faculty, staff, and peers.
- maintain effective, appropriate, and sensitive relationships with patients, patients' family members/significant others, peers, faculty, staff, and other health care professionals.
- work cooperatively and with honesty and integrity with peers, faculty, and members of the healthcare team.

- adapt to changing environments and exhibit flexibility and composure in the face of uncertainties inherent in the clinical problems of diverse patients.
- use conflict resolution strategies effectively in University, on-campus clinical simulation, and off-campus clinical learning settings
- integrate constructive criticism received in University, on-campus clinical simulation and off-campus clinical learning settings.
- correctly judge when a nursing intervention requires additional assistance and seek help from the NYUCN clinical instructor, preceptor, or appropriate agency health care team member.

**I certify that I have read, understand, and will adhere to the NYUCN Technical Standards for Core Professional Nursing Competency Performance for progression in and graduation from the respective NYUCN Nursing Program. I understand that if I do not adhere to one or more of the competencies outlined in the Technical Standards, NYUCN may take one of the following actions pursuant to the Policy for Assessing Students' Ability to Meet or Continue to Meet Technical Standards:<sup>1</sup> (a) involuntarily withdraw the student from a course(s), (b) assign the student a grade of "F" in the course(s), or (c) dismiss the student from the respective nursing program.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
NYU ID Number

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Program Admitted: BS, MS, MS Ad. Cert., DNP, PhD (please circle one)

Matriculation Term: Fall, Spring, Summer 20\_\_\_\_ (please circle the semester and insert year)

Please return the signed form to: New York University College of Nursing,  
Office of Clinical Affairs  
433 First Ave.  
New York, NY 10010

Or fax signed page to Fax: 212-995-4351 or sign, scan, & email form to  
[nursing.healthclearance@nyu.edu](mailto:nursing.healthclearance@nyu.edu)

Subject: **TECHNICAL STANDARDS FOR CORE PROFESSIONAL NURSING  
COMPETENCY**

If you have any questions, please call the Office of Clinical Affairs at (212)992-9415.

<sup>1</sup> See [https://nursing.nyu.edu/academics/technical\\_standards#policy](https://nursing.nyu.edu/academics/technical_standards#policy)