

**Technical Standards for Admission and Continuation in the  
Anesthesia Technology Program**

**School of Health Technology and Management  
Health Science Program  
Stony Brook University**

I certify that I have read and understood the Anesthesia Technology Program's Technical Standards for Admission and Continuation, and that I meet each of these standards with or without reasonable accommodations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

If you have questions concerning the aforementioned Technical Standards, please contact the Anesthesia Technology Program. If you believe that you cannot meet one, or more, of the Technical Standards, contact the Office of Disability Support Services at Stony Brook University.