



***Medical Student
Technical Standards 2025-2026
Acknowledgement Form***

University of California Riverside School of Medicine (UCR SOM) seeks to produce highly skilled and compassionate doctors. Students are expected to develop a robust medical knowledge base and their knowledge and contribute to patient centered decisions across a variety of medical situations and settings. A candidate for the M.D. degree at UCR SOM must demonstrate the ability to acquire UCR SOM educational objectives and academic standards, including those Technical Standards in this document and be able to graduate as skilled and effective practitioners of medicine with or without reasonable accommodations.

UCR SOM Academic Standards should not serve as a deterrent to any candidate with disabilities who decides to pursue education at the UCR SOM. Candidates with disabilities bring unique perspectives which contribute to the diversity of the UCR SOM and university community and will create a diverse health-care workforce of culturally competent practitioners who are able to meet the needs of their patients. Candidates with disabilities are encouraged to contact [Student Disability Resource Center \(SDRC\)](#) prior to starting Year 3 to begin a confidential conversation about possible reasonable accommodations candidates may need to meet these standards.

For purposes of this document and related procedures, “reasonable accommodations” means academic adjustments and auxiliary aids that enable students with disabilities to have equal access to education equivalent to that of their peers which do not fundamentally alter the nature of the educational program. Candidates with disabilities should review the Student Disability Resource Center’s policy and procedures and familiarize themselves with the reasonable accommodations process. Candidates should also review the School of Medicine policy on the [Impact of Disease or Disability on Medical Student Learning](#).

Please review the full policy on technical standards by [using this link](#).

My signature acknowledges my understanding and, to the best of my knowledge, agreement that I meet these standards with or without reasonable accommodations. If the need should arise during my studies, I understand it is my responsibility to contact, in writing, the [Student Disability Resource Center](#) to determine if any specific accommodations may be necessary and can be made.

Full Name (Print)

Full Name (Signature)

Date Signed