# TABLE OF CONTENTS

## Section 1  Introduction
1.10  Mission Statement and Program Goals

## Section 2  Accreditation, Organizations, and Affiliations
2.10  JRCERT Accreditation
2.20  South Carolina State Certification SCRQSA
2.30  Ethics Requirements for ARRT Certification
2.40  Greenville Technical College
2.50  Venango College Clarion University

## Section 3  Curriculum
3.10  Course Descriptions and Clock Hours
3.11  Clinical Competency Plan
3.12  Clinical Competency Process
3.13  Clinical Competency Repeat Procedure
3.14  Clinical Competency Obtaining Procedure Evaluation Sheet & Final Competency Form
3.15  Clinical Competency Semester Grading
3.20  Grading Scale and Scholastic Requirements
3.30  Graduation Requirements and Terminal Competency
3.40  Student Records Maintenance
3.50  Faculty

## Section 4  Academic Policies, Procedures and Guidelines
4.10  Acceptance Criteria
4.11  Admissions Procedure
4.12  Technical Standards
4.20  Tuition and Refund Policy
4.21  Expenses
4.22  Financial Aid
4.30  Uniform and Dress Code Policy
4.40  Attendance Policy
4.41  Absences Excused and Unexcused
4.42  Tardy Policy
4.43  Excessive Absenteeism
4.44  Extended Leave and Make-Up Policy
4.45  Inclement Weather Policy
4.50  Student Health Policy
4.51  Health Screening and Physician Statement
4.52  Flu Vaccination and TB Policy
4.53  Reporting Communicable Diseases Policy
4.54  Standard Precautions Policy
4.55  Drug Screening and Substance Abuse Policy
4.60  Safety and Training Requirements
4.70  Code of Conduct
4.71  Academic Dishonesty
4.72  Confidentiality
4.73  Communication Policy
4.74 Harassment Policy
4.75 Due Process Policy
4.76 Process for Handling Student Complaints
4.77 Corrective Action Policy
4.78 Termination Policy
4.80 Student Employment Policy
4.90 Student Services
4.99 Evaluations of the Program

Section 5 Clinical Policies, Procedures and Guidelines
5.10 Clinical Plan
5.11 Clinical Scheduling and Objectives
5.12 Clinical Attendance Verification
5.13 Documentation of Clinical Hours
5.14 Clinical Area Expectations
5.15 Clinical Evaluations

Section 6 Radiation Protection Policies
6.10 Pregnancy Policy
6.11 Radiation Safety Policy
6.12 Supervision and Repeat Policy
6.13 Magnetic Resonance (MRI) Safety Screening Protocol

Section 7 Disclaimer Statement

Forms and Appendices
2.10a JRCERT Standards 2014 Radiography
2.30a ASRT Code of Ethics
2.30b ARRT Standards of Ethics
3.40a Consent for Release of Personal Information /Educational Records
4.51a Physician Statement
4.72a Confidentiality Agreement for Clinical Observation
4.72b Confidentiality Agreement for Radiography Students
4.76a Student Complaint Form
4.77a Corrective Action Form
6.11a Radiation Dosimetry Request
6.11b Radiation Request from Previous Employer
6.13a Magnetic Resonance Screening Form
7.0a Signature Confirmation
PURPOSE:
The mission statement clearly defines the purpose of the program and is consistent with the mission statement for AnMed Health.

SCOPE:
Radiologic Technology Program Faculty
Radiography Students

RESPONSIBILITY:
Program Assessment Committee

REFERENCES:
www.jrcert.org

RELATED DOCUMENTS:
JRCERT Accreditation Standards 1.10, 3.1
AnMed Health Mission, Vision & Building Blocks
I am AnMed Health – Performance Standards.pdf

POLICY/PROCEDURE:
The mission of the Radiologic Technology Program is to provide a quality education that enables our students to passionately blend the art of caring with the science of medicine to optimize the health of patients and become a valuable member of the healthcare team. (2011)

Specific goals and student learning outcomes of the program include:

Goal: Students will be clinically competent.
   Student Learning Outcomes: Students will apply positioning skills.
                              Students will select technical factors.
                              Students will utilize radiation protection.

Goal: Students will demonstrate communication skills.
   Student Learning Outcomes: Students will demonstrate written communication skills.
                              Students will demonstrate oral communication skills.

Goal: Students will develop critical thinking skills.
   Student Learning Outcomes: Students will adapt standard procedure for non-routine patients.
                              Students will critique images to determine diagnostic quality.
Goal: Students will model professionalism.

Student Learning Outcomes:
- Students will demonstrate work ethics.
- Students will summarize the value of life-long learning. (2011)

The mission statement is evaluated by the Program Assessment Committee annually.
PURPOSE:
JRCERT accreditation ensures that our program adheres to the highest educational standards of the profession.

SCOPE:
Radiology Students
Radiology Management

RESPONSIBILITY:
Radiologic Technology Program Faculty

REFERENCES:
www.jrcert.org

RELATED DOCUMENTS:
2.10a Standards 2014 Radiography RADIOLOGIC TECHNOLOGY PROGRAM Standard 1.7 JRCERT Certificate of Accreditation

POLICY/PROCEDURE:
The AnMed Health competency-based Radiologic Technology Program is accredited by the Joint Review Committee on Education in Radiologic Technology
20 North Wacker Drive
Suite 2850
Chicago, Illinois 60606.
www.jrcert.org

The JRCERT is recognized by the U.S. Department of Education to evaluate and accredit educational programs in Radiography and Radiation Therapy. JRCERT accreditation demonstrates that a program adheres to national educational standards required to prepare graduates to be eligible to practice in all 50 states.
Standards
for an Accredited Educational Program in Radiography

EFFECTIVE JANUARY 1, 2014

Adopted by:
The Joint Review Committee on Education in Radiologic Technology - October 2013

The Joint Review Committee on Education in Radiologic Technology (JRCERT) is dedicated to excellence in education and to the quality and safety of patient care through the accreditation of educational programs in the radiologic sciences.

The JRCERT is the only agency recognized by the United States Department of Education (USDE) and the Council on Higher Education Accreditation (CHEA) for the accreditation of traditional and distance delivery educational programs in radiography, radiation therapy, magnetic resonance, and medical dosimetry. The JRCERT awards accreditation to programs demonstrating substantial compliance with these STANDARDS.
**Introductory Statement**

The Joint Review Committee on Education in Radiologic Technology (JRCERT) Standards for an Accredited Educational Program in Radiography are designed to promote academic excellence, patient safety, and quality healthcare. The STANDARDS require a program to articulate its purposes; to demonstrate that it has adequate human, physical, and financial resources effectively organized for the accomplishment of its purposes; to document its effectiveness in accomplishing these purposes; and to provide assurance that it can continue to meet accreditation standards.

The JRCERT accreditation process offers a means of providing assurance to the public that a program meets specific quality standards. The process helps to maintain program quality and stimulates program improvement through program assessment.

There are six (6) standards. Each standard is titled and includes a narrative statement supported by specific objectives. Each objective, in turn, includes the following clarifying elements:

- **Explanation** - provides clarification on the intent and key details of the objective.
- **Required Program Response** - requires the program to provide a brief narrative and/or documentation that demonstrates compliance with the objective.
- **Possible Site Visitor Evaluation Methods** - identifies additional materials that may be examined and personnel who may be interviewed by the site visitors at the time of the on-site evaluation to help determine if the program has met the particular objective. Review of additional materials and/or interviews with listed personnel is at the discretion of the site visit team.

Following each standard, the program must provide a **Summary** that includes the following:
- Major strengths related to the standard
- Major concerns related to the standard
- The program’s plan for addressing each concern identified
- Describe any progress already achieved in addressing each concern
- Describe any constraints in implementing improvements

The submitted narrative response and/or documentation, together with the results of the on-site evaluation conducted by the site visit team, will be used by the JRCERT Board of Directors in determining the program’s compliance with the STANDARDS.
Standards for an Accredited Educational Program in Radiography

Table of Contents

Standard One: Integrity ......................................................................................................................... 4
The program demonstrates integrity in the following: representations to communities of interest and the public, pursuit of fair and equitable academic practices, and treatment of, and respect for, students, faculty, and staff.

Standard Two: Resources .................................................................................................................. 22
The program has sufficient resources to support the quality and effectiveness of the educational process.

Standard Three: Curriculum and Academic Practices ......................................................................... 34
The program’s curriculum and academic practices prepare students for professional practice.

Standard Four: Health and Safety ...................................................................................................... 47
The program’s policies and procedures promote the health, safety, and optimal use of radiation for students, patients, and the general public.

Standard Five: Assessment .................................................................................................................. 57
The program develops and implements a system of planning and evaluation of student learning and program effectiveness outcomes in support of its mission.

Standard Six: Institutional/Programmatic Data .................................................................................. 64
The program complies with JRCERT policies, procedures, and STANDARDS to achieve and maintain specialized accreditation.

Awarding, Maintaining, and Administering Accreditation ................................................................ 74
Standard One

Integrity

Standard One: The program demonstrates integrity in the following:
- Representations to communities of interest and the public,
- Pursuit of fair and equitable academic practices, and
- Treatment of, and respect for, students, faculty, and staff.

Objectives:
In support of Standard One, the program:

1.1 Adheres to high ethical standards in relation to students, faculty, and staff.
1.2 Provides equitable learning opportunities for all students.
1.3 Provides timely, appropriate, and educationally valid clinical experiences for each admitted student.
1.4 Limits required clinical assignments for students to not more than 10 hours per day and the total didactic and clinical involvement to not more than 40 hours per week.
1.5 Assures the security and confidentiality of student records, instructional materials, and other appropriate program materials.
1.6 Has a grievance procedure that is readily accessible, fair, and equitably applied.
1.7 Assures that students are made aware of the JRCERT Standards for an Accredited Educational Program in Radiography and the avenue to pursue allegations of non-compliance with the STANDARDS.
1.8 Has publications that accurately reflect the program’s policies, procedures, and offerings.
1.9 Makes available to students, faculty, and the general public accurate information about admission policies, tuition and fees, refund policies, academic calendars, clinical obligations, grading system, graduation requirements, and the criteria for transfer credit.
1.10 Makes the program’s mission statement, goals, and student learning outcomes readily available to students, faculty, administrators, and the general public.
1.11 Documents that the program engages the communities of interest for the purpose of continuous program improvement.
1.12 Has student recruitment and admission practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.
1.13 Has student recruitment and admission practices that are consistent with published policies of the sponsoring institution and the program.
1.14 Has program faculty recruitment and employment practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.

1.15 Has procedures for maintaining the integrity of distance education courses.
1.1 Adheres to high ethical standards in relation to students, faculty, and staff.

Explanation:
High ethical standards help assure that the rights of students, faculty, and staff are protected. Policies and procedures must be fair, equitably applied, and promote professionalism.

Required Program Response:
- Describe the procedure for making related policies and procedures known.
- Provide copies of policies and procedures that assure equitable treatment of students, faculty, and staff.

Possible Site Visitor Evaluation Methods:
- Review of student handbook
- Review of employee/faculty handbook
- Review of course catalog
- Review of student records
- Interviews with faculty
- Interviews with students
- Interviews with staff
1.2 Provides equitable learning opportunities for all students.

Explanation:
The provision of equitable learning activities promotes a fair and impartial education and reduces institutional and/or program liability. The program must provide equitable learning opportunities for all students regarding learning activities and clinical assignments. For example, if an opportunity exists for students to observe or perform breast imaging, then all students must be provided the same opportunity. If evening and/or weekend rotations are utilized, this opportunity must be equitably provided for all students.

Required Program Response:
Describe how the program assures equitable learning opportunities for all students.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of master plan of education
- Review of course objectives
- Review of student clinical assignment schedules
- Interviews with faculty
- Interviews with clinical instructors
- Interviews with clinical staff
- Interviews with students
1.3 Provides timely, appropriate, and educationally valid clinical experiences for each admitted student.

**Explanation:**
Programs must have a process in place to provide timely, appropriate, and educationally valid clinical experiences to all students admitted to the program. Students must have sufficient access to clinical settings that provide a wide range of procedures for competency achievement including mobile, surgical, and trauma examinations. Clinical settings may include hospitals, clinics, specialty/imaging centers, orthopedic centers, and other facilities. With the exception of observation site assignments, students must be provided the opportunity to complete required program competencies during clinical assignments. Clinical placement must be non-discriminatory in nature and solely determined by the program.

A meaningful clinical education plan assures that activities are educationally valid and prevents the use of students as replacements for employees. The maximum number of students assigned to a clinical setting must be supported by sufficient human and physical resources. The number of students assigned to the clinical setting must not exceed the number of clinical staff assigned to the radiography department. The student to radiography clinical staff ratio must be 1:1. However, it is acceptable that more than one student may be temporarily assigned to one technologist during uncommonly performed procedures.

Students assigned to advanced imaging modalities, such as computed tomography, magnetic resonance, angiography, and sonography, are not included in the calculation of the authorized clinical capacity (unless the clinical setting is recognized exclusively for advanced imaging modality rotations). Once the students have completed the advanced imaging assignments, the program must assure that there are sufficient clinical staff to support the students upon reassignment to the radiography department.

The utilization of clinical assignments such as file room, reception area, and patient transportation should be limited. Additionally, traditional programs that require students to participate in clinical education during evenings and/or weekends must assure that:

- students’ clinical clock hours spent in evening and/or weekend assignments must not exceed 25% of the total clinical clock hours.
- program total capacity is not increased through the use of evening and/or weekend assignments.

The JRCERT defines the operational hours of traditional programs as Monday - Friday, 5:00 a.m. - 7:00 p.m.

Programs may permit students to make up clinical time during term or scheduled breaks; however, they may not be assigned to clinical settings on holidays that are observed by the sponsoring institution. Program faculty need not be physically present; however, students must be able to contact program faculty during makeup assignments. Also, the program must assure that its liability insurance covers students during these makeup assignments.

**Required Program Response:**

- Describe the process for student clinical placement.
- Provide current student assignment schedules in relation to student enrollment.
- Describe how the program assures a 1:1 student to radiography clinical staff ratio at all clinical settings.
- Describe how the program assures that all students have access to a sufficient variety and volume of procedures to achieve program competencies.
- Submit evening and/or weekend rotation(s) calculations, if applicable.
Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review listing of enrolled students in relation to clinical assignments, including evening and/or weekend, if applicable
- Review of clinical placement process
- Review of student clinical records
- Interviews with faculty
- Interviews with clinical instructors
- Interviews with students
1.4 **Limits required clinical assignments for students to not more than 10 hours per day and the total didactic and clinical involvement to not more than 40 hours per week.**

*Explanation:*  
This limitation helps assure that students are treated ethically. For the safety of students and patients, not more than ten (10) clinical hours shall be scheduled in any one day. Scheduled didactic and clinical hours combined cannot exceed forty (40) hours per week. Hours exceeding these limitations must be voluntary on the student’s part.

*Required Program Response:*  
- Describe the process for assuring that time limitations are not exceeded.
- Provide documentation that required student clinical assignments do not exceed ten (10) hours in any one day and the total didactic and clinical involvement does not exceed forty (40) hours per week.

*Possible Site Visitor Evaluation Methods:*  
- Review of master plan of education  
- Review of published program materials  
- Review of student schedules  
- Interviews with faculty  
- Interviews with clinical instructor(s)  
- Interviews with clinical staff  
- Interviews with students
1.5 Assures the security and confidentiality of student records, instructional materials, and other appropriate program materials.

Explanation:
Appropriately maintaining the security and confidentiality of student records and other program materials protects the student’s right to privacy. Student records must be maintained in accordance with the Family Education Rights and Privacy Act (Buckley Amendment). If radiation monitoring reports contain students’ dates of birth and/or social security numbers, this information must be maintained in a secure and confidential manner.

Required Program Response:
Describe how the program maintains the security and confidentiality of student records and other program materials.

Possible Site Visitor Evaluation Methods:
- Review of institution’s/program’s published policies/procedures
- Review of student academic and clinical records
- Tour of program offices
- Tour of clinical setting(s)
- Interviews with administrative personnel
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with clinical staff
- Interviews with students
1.6 Has a grievance procedure that is readily accessible, fair, and equitably applied.

**Explanation:**
A grievance is defined as a claim by a student that there has been a violation, misinterpretation, or inequitable application of any existing policy, procedure, or regulation. The program must have procedures to provide students an avenue to pursue grievances. The procedure must outline the steps for formal resolution of any grievance. The final step in the process must not include any individual(s) directly associated with the program (e.g., program director, clinical coordinator, clinical instructors, diagnostic imaging department director). The procedure must assure timely resolution. The program must maintain a record of all formal grievances and their resolution. Records must be retained in accordance with the institution’s/program’s retention policies/procedures. The records must include information on how the grievance was resolved and assurance that there are no trends that could negatively affect the quality of the educational program.

Additionally, the program must have a procedure to address any complaints apart from those that require invoking the grievance procedure. The program must determine if a pattern of complaint exists that could negatively affect the quality of the educational program (e.g., cleanliness of the classroom).

**Required Program Response:**
Describe the nature of any formal grievance(s) that would jeopardize the program’s ability to meet its mission. Describe the nature of any complaint(s) that would jeopardize the program’s ability to meet its mission. Provide a copy of the grievance procedure. Provide a copy of any formal grievance(s) resolution.

**Possible Site Visitor Evaluation Methods:**
- Review of institutional catalog
- Review of student handbook
- Review of formal grievance(s) record(s), if applicable
- Review of complaint(s) record(s), if applicable
- Interviews with faculty
- Interviews with students
1.7 Assures that students are made aware of the JRCERT Standards for an Accredited Educational Program in Radiography and the avenue to pursue allegations of non-compliance with the STANDARDS.

Explanation:
The program must assure students are cognizant of the STANDARDS and must provide contact information for the JRCERT.

Students have the right to submit allegations against a JRCERT-accredited program if there is reason to believe that the program has acted contrary to JRCERT accreditation standards or that conditions at the program appear to jeopardize the quality of instruction or the general welfare of its students.

Contact of the JRCERT should not be a step in the formal institutional/program grievance procedure. The individual must first attempt to resolve the complaint directly with institution/program officials by following the grievance procedures provided by the institution/program. If the individual is unable to resolve the complaint with institution/program officials or believes that the concerns have not been properly addressed, he or she may submit allegations of non-compliance directly to the JRCERT.

Required Program Response:
- Describe the procedure for making students aware of the STANDARDS.
- Describe how students are provided contact information for the JRCERT.

Possible Site Visitor Evaluation Methods:
- Review of program publications
- Interviews with faculty
- Interviews with students
1.8 Has publications that accurately reflect the program’s policies, procedures, and offerings.

**Explanation:**
Maintaining published information regarding the program’s current policies, procedures, and offerings provides interested parties with an accurate overview of program requirements and expectations.

**Required Program Response:**
Provide program publications that reflect program policies, procedures and offerings.

**Possible Site Visitor Evaluation Methods:**
- Review of published program materials
- Review of student handbook
- Interviews with faculty
- Interviews with students
1.9 Makes available to students, faculty, and the general public accurate information about admission policies, tuition and fees, refund policies, academic calendars, clinical obligations, grading system, graduation requirements, and the criteria for transfer credit.

Explanation:
The institutional and/or program policies must be published and made readily available to students, faculty, and the general public on the institution’s/program’s Web site to assure transparency and accountability of the educational program. For example, requiring the general public to contact the institution/program to request program information is not adequate. Policy changes must be made known to students, faculty, and the general public in timely fashion. It is recommended that revision dates be identified on program publications.

The institution and/or program must establish and publicly disclose the criteria used when determining the transfer of credit earned from other institutions and/or programs. Also, programs must publicly disclose a list of institutions with which the program has established an articulation agreement.

The program’s academic calendar must be published and, at a minimum, identify specific start and end dates for each term, holidays recognized by the sponsoring institution, and breaks.

Student clinical obligations (e.g., drug screening, background checks, and associated fees) must be clearly identified in appropriate program publications. Additionally, if evening and/or weekend clinical assignments are required or if students must travel to geographically-dispersed clinical settings, this information must also be included.

Required Program Response:
- Describe how institutional and/or program policies are made known to students, faculty, and the general public.
- Provide publications that include these policies.

Possible Site Visitor Evaluation Methods:
- Review of institutional materials
- Review of published program materials
- Review of institutional and/or program Web site
- Interviews with faculty
- Interviews with Admissions personnel
- Interviews with Registrar
- Interviews with students
1.10 Makes the program’s mission statement, goals, and student learning outcomes readily available to students, faculty, administrators, and the general public.

Explanation:
Program accountability is enhanced by making its mission statement, goals, and student learning outcomes available to the program’s communities of interest on the institution’s/program’s Web site to assure transparency and of the educational program. Requiring the general public to contact the institution/program to request program information is not adequate.

Example:

Mission:
The mission of the radiography program is to prepare competent, entry-level radiographers able to function within the healthcare community.

Goal: Students will be clinically competent.
Student Learning Outcomes: Students will apply positioning skills.  
Students will select technical factors.  
Students will utilize radiation protection.

Goal: Students will demonstrate communication skills.
Student Learning Outcomes: Students will demonstrate written communication skills.  
Students will demonstrate oral communication skills.

Goal: Students will develop critical thinking skills.
Student Learning Outcomes: Students will adapt standard procedures for non-routine patients.  
Students will critique images to determine diagnostic quality.

Goal: Students will model professionalism.
Student Learning Outcomes: Students will demonstrate work ethics.  
Students will summarize the value of life-long learning.

Required Program Response:
- Describe how the program makes its mission statement, goals, and student learning outcomes available to students, faculty, administrators, and the general public.
- Provide copies of publications that contain the program’s mission statement, goals, and student learning outcomes.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of institutional and/or program Web site
- Interviews with administrative personnel
- Interviews with faculty
- Interviews with students
1.11 **Documents that the program engages the communities of interest for the purpose of continuous program improvement.**

**Explanation:**
Communities of interest are defined as institutions, organizations, groups, and/or individuals interested in educational activities in radiography. Obtaining formal feedback on program operations, student progress, employer needs, etc. from communities of interest allows the program to determine if it is meeting expectations and assures continuous program improvement. The program can use a variety of tools to obtain this feedback.

**Required Program Response:**
- Describe the process of obtaining feedback.
- Provide representative samples of appropriate meeting minutes, evaluations (e.g., course and faculty), and surveys (e.g., graduate and employer).

**Possible Site Visitor Evaluation Methods:**
- Review of meeting minutes
- Review of evaluations
- Review of surveys
- Interviews with members of various communities of interest
1.12 Has student recruitment and admission practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.

Explanation:
Non-discriminatory practices assure applicants have equal opportunity for admission. Statistical information such as race, color, religion, gender, age, disability, national origin, and any other protected class may be collected; however, this information must be voluntarily provided by the student. Use of this information in the student selection process is discriminatory.

Required Program Response:
- Describe how admission practices are non-discriminatory.
- Provide institutional and/or program admission policies.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Interviews with faculty
- Interviews with Admissions personnel
- Interviews with students
1.13 Has student recruitment and admission practices that are consistent with published policies of the sponsoring institution and the program.

**Explanation:**
Defined admission practices facilitate objective student selection. In considering applicants for admission, the program must follow published policies and procedures.

**Required Program Response:**
- Describe the implementation of institutional and program admission policies.
- Provide institutional and program admission policies.

**Possible Site Visitor Evaluation Methods:**
- Review of published program materials
- Interviews with faculty
- Interviews with Admissions personnel
- Interviews with students
1.14 Has program faculty recruitment and employment practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.

Explanation:
Recruitment and employment practices that are non-discriminatory assure fairness and integrity. Equal opportunity for employment must be offered to each applicant. Employment practices must be applied equitably to all faculty.

Required Program Response:
- Describe how non-discriminatory employment practices are assured.
- Provide copies of employment policies and procedures that assure non-discriminatory practices.

Possible Site Visitor Evaluation Methods:
- Review of employee/faculty handbook
- Review of employee/faculty application form
- Review of institutional catalog
- Interviews with faculty
1.15 Has procedures for maintaining the integrity of distance education courses.

Explanation:
Programs that offer distance education must have processes in place that assure that the students who register in the distance education courses are the same students that participate in, complete, and receive the credit. Programs must verify the identity of students by using methods such as, but not limited to: secure log-ins, pass codes, and/or proctored exams. These processes must protect the student’s privacy. Student costs associated with distance education must be disclosed.

Required Program Response:
- Describe the process for assuring the integrity of distance education courses.
- Provide published program materials that outline procedures for maintaining integrity of distance education courses.
- Provide published program materials that identify associated fees for students enrolled in distance education courses.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review the process of student identification
- Review of student records
- Interviews with faculty
- Interviews with students
Summary for Standard One

1. List the major strengths of Standard One, in order of importance.

2. List the major concerns of Standard One, in order of importance.

3. Provide the program’s plan for addressing each concern identified.

4. Describe any progress already achieved in addressing each concern.

5. Describe any constraints in implementing improvements.
Standard Two:  
*Resources*

**Standard Two:** The program has sufficient resources to support the quality and effectiveness of the educational process.

**Objectives:**

In support of **Standard Two**, the program:

**Administrative Structure**

2.1 Has an appropriate organizational structure and sufficient administrative support to achieve the program’s mission.

2.2 Provides an adequate number of faculty to meet all educational, program, administrative, and accreditation requirements.

2.3 Provides faculty with opportunities for continued professional development.

2.4 Provides clerical support services, as needed, to meet all educational, program, and administrative requirements.

**Learning Resources/Services**

2.5 Assures JRCERT recognition of all clinical settings.

2.6 Provides classrooms, laboratories, and administrative and faculty offices to facilitate the achievement of the program’s mission.

2.7 Reviews and maintains program learning resources to assure the achievement of student learning.

2.8 Provides access to student services in support of student learning.

**Fiscal Support**

2.9 Has sufficient ongoing financial resources to support the program’s mission.

2.10 For those institutions and programs for which the JRCERT serves as a gatekeeper for Title IV financial aid, maintains compliance with United States Department of Education (USDE) policies and procedures.
2.1 Has an appropriate organizational structure and sufficient administrative support to achieve the program’s mission.

Explanation:
The program’s relative position in the organizational structure helps facilitate appropriate resources and assures focus on the program. To operate effectively, the program must have sufficient institutional administrative support. Both organizational structure and administrative support enable the program to meet its mission and promote student learning.

Required Program Response:
- Describe the program’s relationship to the organizational and administrative structures of the sponsoring institution and how this supports the program’s mission.
- Provide institutional and program organizational charts.

Possible Site Visitor Evaluation Methods:
- Review of organizational charts of institution and program
- Review of meeting minutes
- Review of published program materials
- Review of master plan of education
- Interviews with faculty and institutional officials
- Interviews with clinical instructor(s)
2.2 Provides an adequate number of faculty to meet all educational, program, administrative, and accreditation requirements.

Explanation:
An adequate number of faculty promotes sound educational practices. A full-time program director is required. Faculty teaching loads and release time must be consistent with those of comparable faculty in other health science (allied health) programs in the same institution.

Additionally, a full-time equivalent clinical coordinator is required if the program has more than five (5) active clinical settings or more than thirty (30) students enrolled in the clinical component. The clinical coordinator position may be shared by no more than four (4) appointees. If a clinical coordinator is required, the program director may not be identified as the clinical coordinator. The clinical coordinator may not be identified as the program director.

The program director and clinical coordinator may perform clinical instruction; however, they may not be identified as clinical instructors.

A minimum of one clinical instructor must be designated at each recognized clinical setting. The same clinical instructor may be identified at more than one site as long as a ratio of one full-time equivalent clinical instructor for every ten (10) students is maintained.

Required Program Response:
- Provide, if available, institutional policies in relation to teaching loads and release time.
- Describe faculty teaching loads and release time in relation to a comparable health science (allied health) program within the institution.
- Describe the adequacy of the number of faculty and clinical staff to meet identified accreditation requirements and program needs.

Possible Site Visitor Evaluation Methods:
- Review institutional policies in relation to teaching loads and release time
- Review of master plan of education
- Review of position descriptions
- Review of clinical settings
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with students
2.3 Provides faculty with opportunities for continued professional development.

**Explanation:**
Continued professional development results in more knowledgeable, competent, and proficient faculty. Opportunities that enhance and advance educational, technical, and professional knowledge must be available to program faculty.

**Required Program Response:**
Describe how continued professional development opportunities are made available to faculty.

**Possible Site Visitor Evaluation Methods:**
- Review of institutional and program policies
- Review of program budget or other fiscal appropriations
- Review of evidence of faculty participation in professional development activities
- Interviews with administrative personnel
- Interviews with faculty
2.4 Provides clerical support services, as needed, to meet all educational, program, and administrative requirements.

Explanation:
Clerical support services necessary to assist in meeting educational, program, and administrative requirements of the program must be provided as appropriate.

Required Program Response:
Describe the availability and use of clerical support services.

Possible Site Visitor Evaluation Methods:
- Review of program’s staffing plan
- Interviews with administrative personnel
- Interviews with faculty
- Interviews with students
2.5 Assures JRCERT recognition of all clinical settings.

Explanation:
JRCERT recognition helps assure an appropriate learning environment for student clinical education. All clinical settings must be recognized by the JRCERT. Recognition of a clinical setting must be obtained prior to student placement. A minimum of one (1) clinical instructor must be identified for each recognized clinical setting.

An observation site is used for student observation of the operation of equipment and/or procedures. If the program uses observation sites, these sites do not require recognition by the JRCERT. These sites provide opportunities for observation of clinical procedures that may not be available at recognized clinical settings. Students may not assist in, or perform, any aspects of patient care during observational assignments.

Facilities where students are participating in service learning projects or community-based learning opportunities do not require recognition.

Required Program Response:
- Assure all clinical settings are recognized by the JRCERT.
- Describe how observation sites, if used, enhance student clinical education.

Possible Site Visitor Evaluation Methods:
- Review of JRCERT database
- Review of clinical records
- Interviews with faculty
- Interviews with clinical instructors
- Interviews with clinical staff
- Interviews with students
2.6 Provides classrooms, laboratories, and administrative and faculty offices to facilitate the achievement of the program’s mission.

Explanation:
Learning environments are defined as places, surroundings, or circumstances where knowledge, understanding, or skills are studied or observed such as classrooms and laboratories. Learning environments must be consistent with those of comparable health science programs in the same institution. Provision of appropriate learning environments facilitates achievement of the program’s mission. Although a dedicated classroom and/or laboratory are not required, scheduled accessibility to facilities conducive to student learning must be assured. Faculty office space should be conducive to planning and scholarly activities. Space should be made available for private student advisement.

Required Program Response:
Describe how classrooms, laboratories, and administrative and faculty offices facilitate the achievement of the program’s mission.

Possible Site Visitor Evaluation Methods:
- Tour of the classroom, laboratories, and administrative and faculty offices
- Interviews with faculty
- Interviews with students
2.7 Reviews and maintains program learning resources to assure the achievement of student learning.

Explanation:
The review and maintenance of learning resources promotes student knowledge of current and developing imaging technologies. The program must provide learning resources to support and enhance the educational program. These resources must include:

- a print or electronic library with a variety of materials published within the last five years,
- computer access, and
- additional learning aids (e.g., educational software, classroom/laboratory accessory devices, etc.).

The JRCERT does not endorse any specific learning resources.

Required Program Response:
- Describe the available learning resources.
- Describe the procedure for review and maintenance of learning resources.

Possible Site Visitor Evaluation Methods:
- Tour of learning facilities
- Review of learning resources
- Review of surveys
- Review of meeting minutes
- Interviews with faculty
- Interviews with students
2.8 Provides access to student services in support of student learning.

Explanation:
The provision of appropriate student services promotes student achievement. At a minimum, the program must provide access to information for:

- personal counseling,
- requesting accommodations for disabilities as defined by applicable federal (Americans with Disabilities Act) and state laws, and
- financial aid.

Additional student services may be provided at the discretion of the program. These services should be sufficient to assure student learning.

All services provided must be made known to students and the general public.

Required Program Response:
- Describe the students’ access to student services.
- Provide published program materials that outline accessibility to student services.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Interviews with faculty
- Interviews with students
2.9 Has sufficient ongoing financial resources to support the program’s mission.

Explanation:
Adequate, ongoing funding is necessary to accomplish the program’s mission and to support student learning. The sponsoring institution must demonstrate ongoing financial commitment to the program and its students by providing adequate human and physical resources.

Required Program Response:
- Describe the adequacy of financial resources.
- Provide copies of the program’s budget and/or expenditure records.

Possible Site Visitor Evaluation Methods:
- Review of program budget and/or other fiscal appropriations
- Interviews with administrative personnel
- Interviews with faculty
2.10 For those institutions and programs for which the JRCERT serves as gatekeeper for Title IV financial aid, maintains compliance with United States Department of Education (USDE) policies and procedures.

Explanation:
A gatekeeper is defined as an agency holding responsibility for oversight of the distribution, record keeping, and repayment of Title IV financial aid. The program must comply with USDE requirements to participate in Title IV financial aid.

If the program has elected to participate in Title IV financial aid and the JRCERT is identified as the gatekeeper, the program must: maintain financial documents including audit and budget processes confirming appropriate allocation and use of financial resources, have a monitoring process for student loan default rates, have an appropriate accounting system providing documentation for management of Title IV financial aid and expenditures, and inform students of responsibility for timely repayment of Title IV financial aid.

Required Program Response:
- Provide evidence that Title IV financial aid is managed and distributed according to the USDE regulations to include:
  - recent student loan default data and
  - results of financial or compliance audits.
- Describe how the program informs students of their responsibility for timely repayment of financial aid.

Possible Site Visitor Evaluation Methods:
- Review of records
- Interviews with administrative personnel
- Interviews with faculty
- Interviews with students
Summary for Standard Two

1. List the major strengths of Standard Two, in order of importance.

2. List the major concerns of Standard Two, in order of importance.

3. Provide the program’s plan for addressing each concern identified.

4. Describe any progress already achieved in addressing each concern.

5. Describe any constraints in implementing improvements.
Standard Three
*Curriculum and Academic Practices*

**Standard Three:** The program’s curriculum and academic practices prepare students for professional practice.

**Objectives:**
In support of *Standard Three*, the program:

3.1 Has a program mission statement that defines its purpose and scope and is periodically reevaluated.

3.2 Provides a well-structured, competency-based curriculum that prepares students to practice in the professional discipline.

3.3 Provides learning opportunities in current and developing imaging and/or therapeutic technologies.

3.4 Assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.

3.5 Measures the length of all didactic and clinical courses in clock hours or credit hours.

3.6 Maintains a master plan of education.

3.7 Provides timely and supportive academic, behavioral, and clinical advisement to students enrolled in the program.

3.8 Documents that the responsibilities of faculty and clinical staff are delineated and performed.

3.9 Evaluates program faculty and clinical instructor performance and shares evaluation results regularly to assure instructional responsibilities are performed.
3.1 Has a program mission statement that defines its purpose and scope and is periodically reevaluated.

Explanation:
The program’s mission statement should be consistent with that of its sponsoring institution. The program’s mission statement should clearly define the purpose or intent toward which the program’s efforts are directed. Periodic evaluation assures that the program’s mission statement is effective.

Required Program Response:
- Provide a copy of the program’s mission statement.
- Provide meeting minutes that document periodic reevaluation of the mission statement.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of meeting minutes
- Review of master plan of education
- Interviews with faculty
3.2 Provides a well-structured, competency-based curriculum that prepares students to practice in the professional discipline.

Explanation:
The well-structured curriculum must be comprehensive, appropriately sequenced, include current information, and provide for evaluation of student achievement. A competency-based curriculum allows for effective student learning by providing a knowledge foundation prior to performance of procedures. Continual refinement of the competencies achieved is necessary so that students can demonstrate enhanced performance in a variety of situations and patient conditions. In essence, competency-based education is an ongoing process, not an end product.

Programs must follow a JRCERT-adopted curriculum. An adopted curriculum is defined as:

- the latest American Society of Radiologic Technologists professional curriculum and/or
- another professional curriculum adopted by the JRCERT Board of Directors following review and recommendation by the JRCERT Standards Committee.

Use of a standard curriculum promotes consistency in radiography education and prepares the student to practice in the professional discipline. At a minimum, the curriculum should promote qualities that are necessary for students/graduates to practice competently, make good decisions, assess situations, provide appropriate patient care, communicate effectively, and keep abreast of current advancements within the profession. Expansion of the curricular content beyond the minimum is at the discretion of the program.

The program must submit the latest curriculum analysis grid (available at www.jrcert.org).

Required Program Response:

- Describe how the program’s curriculum is structured.
- Describe the program’s competency-based system.
- Submit current curriculum analysis grid.
- Describe how the program's curriculum is delivered, including the method of delivery for distance education courses.
- Identify which courses, if any, are offered via distance education.
- Describe alternative learning options, if applicable (e.g., part-time, evening and/or weekend curricular track).

Possible Site Visitor Evaluation Methods:

- Review of master plan of education
- Review of didactic and clinical curriculum sequence
- Review of analysis of graduate and employer surveys
- Interviews with faculty
- Interviews with students
- Observation of a portion of any course offered via distance delivery
- Review of part-time, evening and/or weekend curricular track, if applicable
3.3 Provides learning opportunities in current and developing imaging and/or therapeutic technologies.

Explanation:
The program must provide learning opportunities in current and developing imaging and/or therapeutic technologies. It is the program’s prerogative to decide which technologies should be included in the didactic and/or clinical curriculum. Programs are not required to offer clinical rotations in developing imaging and/or therapeutic technologies; however, these clinical rotations are strongly encouraged to enhance student learning.

Required Program Response:
Describe how the program provides opportunities in developing technologies in the didactic and/or clinical curriculum.

Possible Site Visitor Evaluation Methods:
- Review of master plan of education
- Interviews with faculty
- Interviews with students
3.4 Assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.

**Explanation:**
Program length must be consistent with the terminal award. The JRCERT defines program length as the duration of the program, which may be stated as total academic or calendar year(s), total semesters, trimesters, or quarters.

**Required Program Response:**
Describe the relationship between the program length and the terminal award offered.

**Possible Site Visitor Evaluation Methods:**
- Review of course catalog
- Review of published program materials
- Review of class schedules
- Interviews with faculty
- Interviews with students
3.5 Measures the length of all didactic and clinical courses in clock hours or credit hours.

Explanation:
Defining the length of didactic and clinical courses facilitates student transfer of credit and the awarding of financial aid. The formula for calculating assigned clock/credit hours must be consistently applied for all didactic and all clinical courses, respectively.

Required Program Response:
- Describe the method used to award credit hours for lecture, laboratory and clinical courses.
- Provide a copy of the program’s policies and procedures for determining credit hours and an example of how such policy has been applied to the program’s coursework.
- Provide a list of all didactic and clinical courses with corresponding clock or credit hours.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of class schedules
- Interviews with faculty
- Interviews with students
3.6 Maintains a master plan of education.

Explanation:
A master plan provides an overview of the program and allows for continuity among, and documentation of, all aspects of the program. In the event of new faculty and/or leadership to the program, the master plan provides the information needed to understand the program and its operations.

The plan should be evaluated annually, updated, and must include the following:
- course syllabi (didactic and clinical courses) and
- program policies and procedures.

While there is no prescribed format for the master plan, the component parts should be identified and readily available. If the components are not housed together, the program must list the location of each component. If the program chooses to use an electronic format, the components must be accessible by all program faculty.

Required Program Response:
- Identify the location of the component parts of the master plan of education.
- Provide a Table of Contents for the program’s master plan.

Possible Site Visitor Evaluation Methods:
- Review of master plan of education
- Interview with program director
- Interviews with faculty
3.7 Provides timely and supportive academic, behavioral, and clinical advisement to students enrolled in the program.

Explanation:
Appropriate advisement promotes student achievement. Student advisement should be formative, summative, and must be shared with students in a timely manner. Programs are encouraged to develop written advisement procedures.

Required Program Response:
- Describe procedures for advisement.
- Provide sample records of student advisement.

Possible Site Visitor Evaluation Methods:
- Review of students’ records
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with students
3.8 Documents that the responsibilities of faculty and clinical staff are delineated and performed.

- Full-time Program Director:
  
  Assures effective program operations,

  Oversees ongoing program assessment,

  Participates in budget planning,

  Maintains current knowledge of the professional discipline and educational methodologies through continuing professional development, and

  Assumes the leadership role in the continued development of the program.

- Full-time Clinical Coordinator:
  
  Correlates clinical education with didactic education,

  Evaluates students,

  Participates in didactic and/or clinical instruction,

  Supports the program director to help assure effective program operation,

  Coordinates clinical education and evaluates its effectiveness,

  Participates in the assessment process,

  Cooperates with the program director in periodic review and revision of clinical course materials,

  Maintains current knowledge of the discipline and educational methodologies through continuing professional development, and

  Maintains current knowledge of program policies, procedures, and student progress.

- Full-time Didactic Program Faculty:
  
  Prepares and maintains course outlines and objectives, instructs and evaluates students, and reports progress,

  Participates in the assessment process,

  Supports the program director to help assure effective program operation,

  Cooperates with the program director in periodic review and revision of course materials, and

  Maintains appropriate expertise and competence through continuing professional development.

- Part-time Didactic Program Faculty:
Prepares and maintains course outlines and objectives, instructs and evaluates students, and reports progress,

Participates in the assessment process, when appropriate,

Cooperates with the program director in periodic review and revision of course materials, and

Maintains appropriate expertise and competence through continuing professional development.

- **Clinical Instructor(s):**

  Is knowledgeable of program goals,

  Understands the clinical objectives and clinical evaluation system,

  Understands the sequencing of didactic instruction and clinical education,

  Provides students with clinical instruction and supervision,

  Evaluates students’ clinical competence,

  Maintains competency in the professional discipline and instructional and evaluative techniques through continuing professional development, and

  Maintains current knowledge of program policies, procedures, and student progress.

- **Clinical Staff:**

  Understand the clinical competency system,

  Understand requirements for student supervision,

  Support the educational process, and

  Maintain current knowledge of program policies, procedures, and student progress.

*Explanation:*
The clear delineation of responsibilities facilitates accountability. Faculty and clinical staff responsibilities must be clearly delineated and must support the program’s mission.

Full- and part-time status is determined by, and consistent with, the sponsoring institution’s definition. At all times when students are enrolled in didactic and/or clinical components, the program director and/or clinical coordinator must assure that their program responsibilities are fulfilled.

*Required Program Response:*
Provide documentation that faculty and clinical staff positions are clearly delineated.

*Possible Site Visitor Evaluation Methods:*
- Review of position descriptions
- Review of handbooks
- Interviews with faculty and clinical staff to assure responsibilities are being performed
- Interviews with students
3.9 Evaluates program faculty and clinical instructor performance and shares evaluation results regularly to assure instructional responsibilities are performed.

Explanation:
The performance of program faculty and clinical instructor(s) must be evaluated minimally once per year. Evaluation assures that instructional responsibilities are performed and provides administration and faculty with information to evaluate performance. Evaluation promotes proper educational methodology and increases program effectiveness. Evaluation results must be shared minimally once per year with the respective program faculty and clinical instructor(s) being evaluated to assure continued professional development. Any evaluation results that identify concerns must be discussed with the respective individual(s) as soon as possible.

Required Program Response:
- Describe the evaluation process.
- Describe how evaluation results are shared with program faculty and clinical instructor(s).
- Provide samples of evaluations of program faculty.
- Provide samples of evaluations of clinical instructor(s).

Possible Site Visitor Evaluation Methods:
- Review of program evaluation materials
- Review of clinical instructor evaluation
- Interviews with administrative personnel
- Interviews with program faculty
- Interviews with clinical instructor(s)
- Interviews with students
Summary for Standard Three

1. List the major strengths of Standard Three, in order of importance.

2. List the major concerns of Standard Three, in order of importance.

3. Provide the program’s plan for addressing each concern identified.

4. Describe any progress already achieved in addressing each concern.

5. Describe any constraints in implementing improvements.
Standard Four

Health and Safety

Standard Four: The program’s policies and procedures promote the health, safety, and optimal use of radiation for students, patients, and the general public.

Objectives:

In support of Standard Four, the program:

4.1 Assures the radiation safety of students through the implementation of published policies and procedures that are in compliance with Nuclear Regulatory Commission regulations and state laws as applicable.

4.2 Has a published pregnancy policy that is consistent with applicable federal regulations and state laws, made known to accepted and enrolled female students, and contains the following elements:
   - Written notice of voluntary declaration,
   - Option for student continuance in the program without modification, and
   - Option for written withdrawal of declaration.

4.3 Assures that students employ proper radiation safety practices.

4.4 Assures that medical imaging procedures are performed under the direct supervision of a qualified radiographer until a student achieves competency.

4.5 Assures that medical imaging procedures are performed under the indirect supervision of a qualified radiographer after a student achieves competency.

4.6 Assures that students are directly supervised by a qualified radiographer when repeating unsatisfactory images.

4.7 Assures sponsoring institution’s policies safeguard the health and safety of students.

4.8 Assures that students are oriented to clinical setting policies and procedures in regard to health and safety.
4.1 Assures the radiation safety of students through the implementation of published policies and procedures that are in compliance with Nuclear Regulatory Commission regulations and state laws as applicable.

Explanation:
Appropriate policies and procedures help assure that student radiation exposure is kept as low as reasonably achievable (ALARA). The program must maintain and monitor student radiation exposure data. This information must be made available to students within thirty (30) school days following receipt of data. The program must have a published protocol that identifies a threshold dose for incidents in which dose limits are exceeded. Programs are encouraged to identify a threshold dose below those identified in NRC regulations.

Required Program Response:
- Describe how the policies are made known to enrolled students.
- Describe how radiation exposure data is made available to students.
- Provide copies of appropriate policies.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Review of student dosimetry reports
- Interviews with faculty
- Interviews with students
4.2 Has a published pregnancy policy that is consistent with applicable federal regulations and state laws, made known to accepted and enrolled female students, and contains the following elements:

- Written notice of voluntary declaration,
- Option for student continuance in the program without modification, and
- Option for written withdrawal of declaration.

Explanation:
Appropriate radiation safety practices help assure that radiation exposure to the student and fetus are kept as low as reasonably achievable (ALARA). The policy must include appropriate information regarding radiation safety for the student and fetus. The program must allow for student continuance in the clinical component of the program without modification. The program may offer clinical component options such as: (1) clinical reassignments and/or (2) leave of absence.

Required Program Response:
- Describe how the pregnancy policy is made known to accepted and enrolled female students.
- Provide a copy of the program’s pregnancy policy.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with students
4.3 Assures that students employ proper radiation safety practices.

Explanation:
The program must assure that students are instructed in the utilization of imaging equipment, accessories, optimal exposure factors, and proper patient positioning to minimize radiation exposure to patients, selves, and others. These practices assure radiation exposures are kept as low as reasonably achievable (ALARA).

Students must understand basic radiation safety practices prior to assignment to clinical settings. Students must not hold image receptors during any radiographic procedure. Students should not hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care. As students progress in the program, they must become increasingly proficient in the application of radiation safety practices.

The program must also assure radiation safety in energized laboratories. Students’ utilization of energized laboratories must be under the supervision of a qualified radiographer who is readily available. If a qualified radiographer is not readily available to provide supervision, the radiation exposure mechanism must be disabled.

Programs are encouraged to develop policies regarding safe and appropriate use of energized laboratories by students.

Required Program Response:
- Describe how the curriculum sequence and content prepares students for safe radiation practices.
- Provide the curriculum sequence.
- Provide policies/procedures regarding radiation safety.

Possible Site Visitor Evaluation Methods:
- Review of program curriculum
- Review of radiation safety policies/procedures
- Review of student handbook
- Review of student records
- Review of student dosimetry reports
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with clinical staff
- Interviews with students
4.4 Assures that medical imaging procedures are performed under the direct supervision of a qualified radiographer until a student achieves competency.

Explanation:
Direct supervision assures patient safety and proper educational practices. The JRCERT defines direct supervision as student supervision by a qualified radiographer who:
- reviews the procedure in relation to the student's achievement,
- evaluates the condition of the patient in relation to the student’s knowledge,
- is physically present during the conduct of the procedure, and
- reviews and approves the procedure and/or image.

Students must be directly supervised until competency is achieved.

Required Program Response:
- Describe how the direct supervision requirement is enforced and monitored in the clinical setting.
- Provide documentation that the program’s direct supervision requirement is made known to students, clinical instructors, and clinical staff.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Review of meeting minutes
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with clinical staff
- Interviews with students
4.5 Assures that medical imaging procedures are performed under the indirect supervision of a qualified radiographer after a student achieves competency.

Explanation:
Indirect supervision promotes patient safety and proper educational practices. The JRCERT defines indirect supervision as that supervision provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement. “Immediately available” is interpreted as the physical presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use on patients.

Required Program Response:
- Describe how the indirect supervision requirement is enforced and monitored in the clinical setting.
- Provide documentation that the program’s indirect supervision requirement is made known to students, clinical instructors, and clinical staff.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Review of meeting minutes
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with clinical staff
- Interviews with students
4.6 Assures that students are directly supervised by a qualified radiographer when repeating unsatisfactory images.

Explanation:
The presence of a qualified radiographer during the repeat of an unsatisfactory image assures patient safety and proper educational practices. A qualified radiographer must be physically present during the conduct of a repeat image and must approve the student’s procedure prior to re-exposure.

Required Program Response:
- Describe how the direct supervision requirement for repeat images is enforced and monitored in the clinical setting.
- Provide documentation that the program’s direct supervision requirement for repeat images is made known to students, clinical instructors, and clinical staff.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Review of meeting minutes
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with clinical staff
- Interviews with students
4.7 Assures sponsoring institution’s policies safeguard the health and safety of students.

Explanation:
Appropriate sponsoring institutional policies and procedures assure that students are protected. These policies must, at a minimum, address emergency preparedness, harassment, communicable diseases, and substance abuse. Policies and procedures must meet federal and/or state requirements as applicable. Enrolled students must be informed of policies and procedures.

Required Program Response:
Provide program policies that safeguard the health and safety of students.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Interviews with faculty
- Interviews with students
4.8 Assures that students are oriented to clinical setting policies and procedures in regard to health and safety.

Explanation:
Appropriate orientation assures that students are cognizant of clinical policies and procedures. The policies and procedures must, at a minimum, address the following: hazards (fire, electrical, chemical), emergency preparedness, medical emergencies, HIPAA, and Standard Precautions.

Required Program Response:
- Describe the process for orienting students to clinical settings.
- Provide documentation that students are apprised of policies and procedures specific to each clinical setting.

Possible Site Visitor Evaluation Methods:
- Review of orientation process
- Review of student records
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with students
Summary for Standard Four

1. List the major strengths of **Standard Four**, in order of importance.

2. List the major concerns of **Standard Four**, in order of importance.

3. Provide the program’s plan for addressing each concern identified.

4. Describe any progress already achieved in addressing each concern.

5. Describe any constraints in implementing improvements.
Standard Five
Assessment

Standard Five: The program develops and implements a system of planning and evaluation of student learning and program effectiveness outcomes in support of its mission.

Objectives:
In support of Standard Five, the program:

Student Learning

5.1 Develops an assessment plan that, at a minimum, measures the program’s student learning outcomes in relation to the following goals: clinical competence, critical thinking, professionalism, and communication skills.

Program Effectiveness

5.2 Documents the following program effectiveness data:
- Five-year average credentialing examination pass rate of not less than 75 percent at first attempt within six months of graduation,
- Five-year average job placement rate of not less than 75 percent within twelve months of graduation,
- Program completion rate,
- Graduate satisfaction, and
- Employer satisfaction.

5.3 Makes available to the general public program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.

Analysis and Actions

5.4 Analyzes and shares student learning outcome data and program effectiveness data to foster continuous program improvement.

5.5 Periodically evaluates its assessment plan to assure continuous program improvement.
5.1 Develops an assessment plan that, at a minimum, measures the program’s student learning outcomes in relation to the following goals: clinical competence, critical thinking, professionalism, and communication skills.

Explanation:
Assessment is the systematic collection, review, and use of information to improve student learning and educational quality. An assessment plan helps assure continuous improvement and accountability. Minimally, the plan must include a separate goal in relation to each of the following: clinical competence, critical thinking, professionalism, and communication skills. The plan must include student learning outcomes, measurement tools, benchmarks, and identify timeframes and parties responsible for data collection.

For additional information regarding assessment, please refer to www.jrcert.org.

Required Program Response:
Provide a copy of the program’s current assessment plan.

Possible Site Visitor Evaluation Methods:
- Review of assessment plan
- Review of assessment tools
- Interviews with faculty
5.2 Documents the following program effectiveness data:
- Five-year average credentialing examination pass rate of not less than 75 percent at first attempt within six months of graduation,
- Five-year average job placement rate of not less than 75 percent within twelve months of graduation,
- Program completion rate,
- Graduate satisfaction, and
- Employer satisfaction.

Explanation:
Credentialing examination, job placement, and program completion data must be reported annually to the JRCERT. Graduate and employer satisfaction data must be collected as part of the program’s assessment process.

Credentialing examination pass rate is defined as the number of student graduates who pass, on first attempt, the American Registry of Radiologic Technologists (ARRT) certification examination or an unrestricted state licensing examination compared with the number of graduates who take the examination within six months of graduation.

Job placement rate is defined as the number of graduates employed in the radiologic sciences compared to the number of graduates actively seeking employment in the radiologic sciences. The JRCERT has defined not actively seeking employment as: 1) graduate fails to communicate with program officials regarding employment status after multiple attempts, 2) graduate is unwilling to seek employment that requires relocation, 3) graduate is unwilling to accept employment due to salary or hours, 4) graduate is on active military duty, and/or 5) graduate is continuing education.

Program completion rate is defined as the number of students who complete the program within 150% of the stated program length. The program must establish a benchmark for its program completion rate. The program specifies the entry point (e.g., required orientation date, final drop/add date, final date to drop with 100% tuition refund, official class roster date, etc.) used in calculating program’s completion rate.

Graduate and employer satisfaction may be measured through a variety of methods. The methods and timeframes for collection of the graduate and employer satisfaction data are the prerogative of the program.

Required Program Response:
Provide actual outcome data in relation to program effectiveness.

Possible Site Visitor Evaluation Methods:
- Review of program effectiveness data
- Interviews with faculty
5.3 Makes available to the general public program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.

Explanation:
Program accountability is enhanced by making its effectiveness data available to the program’s communities of interest and the general public. In efforts to increase accountability and transparency, the program must publish, at a minimum, its five-year average credentialing examination pass rate, five-year average job placement rate, and program completion rate data on its Web site to allow the public access to this data. The program effectiveness data should clearly identify the sample size associated with each associated measure (i.e., number of first time test takers, number of graduates actively seeking employment, number of graduates).

Additionally, the JRCERT will post five-year average credentialing examination pass rate, five-year average job placement rate, and program completion rate data at www.jrcert.org. The program must publish the JRCERT URL (www.jrcert.org) to allow the public access to this data.

Required Program Response:
- Provide copies of publications that contain the program’s program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate).
- Provide samples of publications that document the availability of program effectiveness data via the JRCERT URL address from the institution’s/program’s Web site.

Possible Site Visitor Evaluation Methods:
- Review of program publications
- Review of institutional and/or program Web site
- Interviews with faculty
- Interviews with students
5.4 Analyzes and shares student learning outcome data and program effectiveness data to foster continuous program improvement.

Explanation:
Analysis of student learning outcome data and program effectiveness data allows the program to identify strengths and areas for improvement to bring about systematic program improvement. This analysis also provides a means of accountability to communities of interest. It is the program’s prerogative to determine its communities of interest.

The analysis must be reviewed with the program’s communities of interest. One method to accomplish this would be the development of an assessment committee. The composition of the assessment committee may be the program’s advisory committee or a separate committee that focuses on the assessment process. The committee should be used to provide feedback on student achievement and assist the program with strategies for improving its effectiveness. This review should occur at least annually and must be formally documented.

For additional information regarding assessment, please refer to www.jrcert.org.

Required Program Response:
- Describe how the program analyzes student learning outcome data and program effectiveness data to identify areas for program improvement.
- Describe how the program shares its student learning outcome data and program effectiveness data with its communities of interest.
- Describe examples of changes that have resulted from the analysis of student learning outcome data and program effectiveness data and discuss how these changes have led to program improvement.
- Provide a copy of the program’s actual student learning outcome data since the last accreditation award. This data may be documented on previous assessment plans or on a separate document.
- Provide documentation that student learning outcome data and program effectiveness data has been shared with communities of interest.

Possible Site Visitor Evaluation Methods:
- Review of student learning outcome data and program effectiveness data to support the assessment plan
- Review of representative samples of measurement tools used for data collection
- Review of aggregate data
- Review of meeting minutes related to the assessment process
- Interviews with faculty
5.5 Periodically evaluates its assessment plan to assure continuous program improvement.

Explanation:
Identifying and implementing needed improvements in the assessment plan leads to programmatic improvement and renewal. As part of the assessment cycle, the program should review its assessment plan to assure that assessment measures are adequate and that the assessment process is effective in measuring student learning outcomes. At a minimum, this evaluation must occur at least every two years and be documented in meeting minutes.

For additional information regarding assessment, please refer to www.jrcert.org.

Required Program Response:
- Describe how this evaluation has occurred.
- Provide documentation that the plan is evaluated at least once every two years.

Possible Site Visitor Evaluation Methods:
- Review of meeting minutes related to the assessment process
- Review of assessment committee meeting minutes, if applicable
- Interviews with faculty
Summary for Standard Five

1. List the major strengths of Standard Five, in order of importance.

2. List the major concerns of Standard Five, in order of importance.

3. Provide the program’s plan for addressing each concern identified.

4. Describe any progress already achieved in addressing each concern.

5. Describe any constraints in implementing improvements.
Standard Six

**Institutional/Programmatic Data**

**Standard Six:** The program complies with JRCERT policies, procedures, and STANDARDS to achieve and maintain specialized accreditation.

**Objectives:**

In support of **Standard Six**, the program:

**Sponsoring Institution**

6.1 Documents the continuing institutional accreditation of the sponsoring institution.

6.2 Documents that the program’s energized laboratories are in compliance with applicable state and/or federal radiation safety laws.

**Personnel**

6.3 Documents that all faculty and staff possess academic and professional qualifications appropriate for their assignments.

**Clinical Settings**

6.4 Establishes and maintains affiliation agreements with clinical settings.

6.5 Documents that clinical settings are in compliance with applicable state and/or federal radiation safety laws.

**Program Sponsorship, Substantive Changes, and Notification of Program Officials**

6.6 Complies with requirements to achieve and maintain JRCERT accreditation.
6.1 Documents the continuing institutional accreditation of the sponsoring institution.

Explanation:
The goal of accreditation is to ensure that the education provided by institutions meets acceptable levels of quality. The sponsoring institution must be accredited by:

- an agency recognized by the United States Department of Education (USDE) and/or Council for Higher Education Accreditation (CHEA),
- The Joint Commission (TJC), or
- equivalent standards.

Required Program Response:
Provide documentation of current institutional accreditation for the sponsoring institution. This may be a copy of the award letter, certificate, or printout of the institutional accreditor’s Web page.
6.2  Documents that the program’s energized laboratories are in compliance with applicable state and/or federal radiation safety laws.

Explanation:
Compliance with applicable laws promotes a safe environment for students and others. Records of compliance must be maintained for the program’s energized laboratories.

Required Program Response:
Provide certificates and/or letters for each energized laboratory documenting compliance with state and/or federal radiation safety laws.
6.3 Documents that all faculty and staff possess academic and professional qualifications appropriate for their assignments.

- Full-time Program Director:

  Holds, at a minimum, a master’s degree,

  Is proficient in curriculum design, program administration, evaluation, instruction, and academic advising,

  Documents three years clinical experience in the professional discipline,

  Documents two years of experience as an instructor in a JRCERT-accredited program, and

  Holds American Registry of Radiologic Technologists current registration in radiography or equivalent (i.e., unrestricted state license for the state in which the program is located).

- Full-time Clinical Coordinator:

  Holds, at a minimum, a baccalaureate degree,

  Is proficient in curriculum development, supervision, instruction, evaluation, and academic advising,

  Documents two years clinical experience in the professional discipline,

  Documents a minimum of one year of experience as an instructor in a JRCERT-accredited program, and

  Holds American Registry of Radiologic Technologists current registration in radiography or equivalent (i.e., unrestricted state license for the state in which the program is located).

- Full-time Didactic Program Faculty:

  Holds, at a minimum, a baccalaureate degree,

  Is qualified to teach the subject,

  Is knowledgeable of course development, instruction, evaluation, and academic advising,

  Documents two years clinical experience in the professional discipline, and

  Holds American Registry of Radiologic Technologists current registration in radiography or equivalent (i.e., unrestricted state license for the state in which the program is located).
- Part-time Didactic Program Faculty
  
  Holds academic and/or professional credentials appropriate to the subject content area taught and
  
  Is knowledgeable of course development, instruction, evaluation, and academic advising.

- Clinical Instructor(s):
  
  Is proficient in supervision, instruction, and evaluation,
  
  Documents two years clinical experience in the professional discipline, and
  
  Holds American Registry of Radiologic Technologists current registration in radiography or equivalent (i.e., unrestricted state license for the state in which the clinical setting is located).

- Clinical Staff:
  
  Holds American Registry of Radiologic Technologists current registration in radiography or equivalent (i.e., unrestricted state license for the state in which the clinical setting is located).

**Explanation:**

Appropriate knowledge, proficiency, and certification (if appropriate) provide a foundation that promotes a sound educational environment.

Faculty and staff must possess academic and professional qualification(s) appropriate for their assignment. Clinical instructors and clinical staff supervising students’ performance in the clinical component of the program must document ARRT registration (or equivalent) or other appropriate credentials. Appropriate credentials, other than ARRT registration (or equivalent), may be used for qualified health care practitioners supervising students in specialty areas (e.g., registered nurse supervising students performing patient care skills, phlebotomist supervising students performing venipuncture, etc.).

**Required Program Response:**

- For all program officials not previously identified on the program’s database, submit a request for recognition of program officials including a current curriculum vitae and documentation of current registration by the American Registry of Radiologic Technologists* or equivalent.

- For all currently recognized program officials [program director, educational coordinator (if applicable), full-time didactic faculty, and all clinical preceptors], submit a current registration by the American Registry of Radiologic Technologists* or equivalent.

*These may be copies of current registration cards or “ARRT Identification” page available at [www.arrt.org](http://www.arrt.org).
6.4 Establishes and maintains affiliation agreements with clinical settings.

**Explanation:**
Formalizing relations between the program and the clinical setting helps assure the quality of clinical education by delineating appropriate responsibilities of the program and the clinical setting. An appropriate termination clause assures that students will have an opportunity to complete the clinical education component. The JRCERT defines an affiliation agreement as a formal written understanding between an institution sponsoring the program and an independent clinical setting.

An affiliation agreement must identify the responsibilities of all parties and, specifically, must address student supervision, student liability, and provide adequate notice of termination of the agreement. An affiliation agreement is not needed for clinical settings owned by the sponsoring institution; however, a memorandum of understanding between the clinical setting and the sponsoring institution is recommended. At a minimum, the memorandum should address responsibilities of both parties and student supervision.

**Required Program Response:**
Provide copies of current, signed affiliation agreements with each clinical setting.
6.5 Documents that clinical settings are in compliance with applicable state and/or federal radiation safety laws.

Explanation:
Compliance with applicable laws promotes a safe environment for students and others. Records of compliance must be maintained for each clinical setting. Clinical settings may be recognized by The Joint Commission (TJC), DNV Healthcare, Inc., Healthcare Facilities Accreditation Program (HFAP), or an equivalent agency, or may hold a state-issued license.

Required Program Response:
Provide letters, certificates, or printouts of Web pages demonstrating the current recognition status of each clinical setting.
6.6 Complies with requirements to achieve and maintain JRCERT accreditation.

Explanation:
Programs must comply with JRCERT policies and procedures to maintain accreditation. JRCERT accreditation requires that the sponsoring institution has primary responsibility for the educational program and grants the terminal award.

Sponsoring institutions may include educational programs established in vocational/technical schools, colleges, universities, hospitals, or military facilities. The JRCERT also recognizes a consortium as an appropriate sponsor of an educational program. A consortium is two or more academic or clinical institutions that have formally agreed to sponsor the development and continuation of an educational program. The consortium must be structured to recognize and perform the responsibilities and functions of a sponsoring institution.

The JRCERT does not recognize branch campuses. The JRCERT requires that each program location have a separate accreditation award.

Additionally, the JRCERT will not recognize a healthcare system as the program sponsor. A healthcare system consists of multiple institutions operating under a common governing body or parent corporation. A specific facility within the healthcare system must be identified as the sponsor.

The JRCERT requires programs to maintain a current and accurate database. Updates should be reflected within thirty (30) days of effective change date. Additionally, the JRCERT requires notification of substantive changes within thirty (30) days of implementation.

Required Program Response:
- Report any database changes.
- Report any substantive change not previously submitted.
Summary for Standard Six

1. List the major strengths of **Standard Six**, in order of importance.

2. List the major concerns of **Standard Six**, in order of importance.

3. Provide the program’s plan for addressing each concern identified.

4. Describe any progress already achieved in addressing each concern.

5. Describe any constraints in implementing improvements.
Awarding, Maintaining, and Administering Accreditation

A. Program/Sponsoring Institution Responsibilities

1. Applying for Accreditation

The accreditation review process conducted by the Joint Review Committee on Education in Radiologic Technology (JRCERT) can be initiated only at the written request of the chief executive officer or an officially designated representative of the sponsoring institution.

This process is initiated by submitting an application and self-study report, prepared according to JRCERT guidelines, to:

Joint Review Committee on Education in Radiologic Technology
20 North Wacker Drive, Suite 2850
Chicago, IL 60606-3182

2. Administrative Requirements for Maintaining Accreditation

a. Submitting the self-study report or a required progress report within a reasonable period of time, as determined by the JRCERT.

b. Agreeing to a reasonable site visit date before the end of the period for which accreditation was awarded.

c. Informing the JRCERT, within a reasonable period of time, of changes in the institutional or program officials, program director, clinical coordinator, full-time didactic faculty, and clinical instructor(s).

d. Paying JRCERT fees within a reasonable period of time.

e. Returning, by the established deadline, a completed Annual Report.

f. Returning, by the established deadline, any other information requested by the JRCERT.

Programs are required to comply with these and other administrative requirements for maintaining accreditation. Additional information on policies and procedures is available at www.jrcert.org.

Program failure to meet administrative requirements for maintaining accreditation will lead to being placed on Administrative Probationary Accreditation and result in Withdrawal of Accreditation.
B. JRCERT Responsibilities

1. Administering the Accreditation Review Process

   The JRCERT reviews educational programs to assess compliance with the Standards for an Accredited Educational Program in Radiography.

   The accreditation process includes a site visit.

   Before the JRCERT takes accreditation action, the program being reviewed must respond to the report of findings.

   The JRCERT is responsible for recognition of clinical settings.

2. Accreditation Actions

   JRCERT accreditation actions for Probation may be reconsidered following the established procedure.

   JRCERT accreditation actions for Accreditation Withheld or Accreditation Withdrawn may be appealed following the established procedure. Procedures for appeal are available at www.jrcert.org.

   All other JRCERT accreditation actions are final.

   A program or sponsoring institution may, at any time prior to the final accreditation action, withdraw its request for initial or continuing accreditation.

Educators may wish to contact the following organizations for additional information and materials:

accreditation: Joint Review Committee on Education in Radiologic Technology
20 North Wacker Drive, Suite 2850
Chicago, IL  60606-3182
(312) 704-5300
www.jrcert.org

curriculum: American Society of Radiologic Technologists
15000 Central Avenue, S.E.
Albuquerque, NM  87123-3909
(505) 298-4500
www.asrt.org

certification: American Registry of Radiologic Technologists
1255 Northland Drive
St. Paul, MN  55120-1155
(651) 687-0048
www.arrt.org

Copyright © 2010 by the JRCERT
Subject to the condition that proper attribution is given and this copyright notice is included on such copies, JRCERT authorizes individuals to make up to one hundred (100) copies of this work for non-commercial, educational purposes. For permission to reproduce additional copies of this work, please write to:

JRCERT
20 North Wacker Drive
Suite 2850
Chicago, IL 60606-3182
(312) 704-5300
(312) 704-5304 (fax)
mail@jrcert.org (e-mail)
www.jrcert.org
PURPOSE:
To inform the student of the eligibility requirements to obtain certification to use ionizing radiation on humans in the state of South Carolina

SCOPE:
Radiography Students

RESPONSIBILITY:
Radiologic Technology Program Director

REFERENCES:
www.scrqsa.org

RELATED DOCUMENTS:
SCRQSA Applications and Forms
Medical Radiation Health and Safety Act
SCRQSA Limited Scopes of Practice

POLICY/PROCEDURE:
South Carolina Medical Radiation Health and Safety Act
Eligibility for S.C. State Certification
Effective: June 30, 2000

Effective June 30, 2000, registrants of x-ray or other equipment, which emits ionizing radiation, are required by law to ensure that only operators certified by the South Carolina Radiation Quality Standards Association (SCRQSA) can use ionizing radiation, or equipment emitting or detecting ionizing radiation on humans for diagnostic or therapeutic purposes.

PROCEDURE
Students enrolled in the Radiologic Technology Program are eligible to apply for a Certified Limited Radiographer-General certificate through the SCRQSA. However, students must complete the following program requirements:
• Must successfully complete the first two semesters of didactic coursework.
• Must successfully complete a minimum number of designated clinical competencies.
• Obtain a letter from the program director indicating that the above mentioned requirements have been met.
• Submit an application and appropriate fee to the SCRQSA.

Students who receive a Certified Limited Radiographer-General certificate may only work within the scope of practice of a Certified Limited Radiographer-General. (See below)
Certified Limited Radiographer-General

Position Summary:

Provides health care services, applying x-ray energy for diagnostic purposes. Performs limited radiographic procedures as authorized by state law producing images for interpretation by, or at the request of a licensed practitioner. Approaches patients and maintains a demeanor complementary to medical ethics. Provides patient care essential to the performance of these procedures.

Duties and Responsibilities:

1. Performs radiographic procedures limited to the following anatomical regions:
   a. Chest (not to include breast)
   b. Abdomen (non-contrast procedures only)
   c. Skeletal structures (to include upper and lower extremities, limited spine, skull and sinuses)
2. Assures patient clinical history is documented and available for use by a licensed practitioner.
3. Operates radiographic equipment.
4. Positions patient to best demonstrate anatomic area of interest, respecting patient ability and comfort. Immobilizes patients as necessary
5. Determines and applies radiographic technique exposure factors
6. Applies principles of radiation protection to minimize exposure to patients, self and others
7. Evaluates radiographs for technical quality, assuring proper identification is recorded.
8. Assumes responsibility for provision of physical and psychological needs of patients during procedures
9. Performs basic patient assessment and care. Initiates basic life support action when necessary.
10. Maintains darkroom and processing equipment consistent with quality control standards
11. Performs general office procedures.
12. At no time is the Certified Limited Radiographer-General to perform exams in the emergency department, operating room, or with portable or fluoroscopic radiographic equipment.

Once a student graduates from the program:

- Application may be made to the SCRQSA for a temporary certificate to work as a radiographer. This must be done prior to working as a Radiographer-General (not limited).
- Upon successful completion of the ARRT certification exam, the graduate will submit verification of ARRT registration by submitting a copy of his/her ARRT card and then will receive a permanent certificate.
In the case that a student does NOT complete the Radiologic Technology Program, it is the responsibility of the student to obtain eligibility information from the SCRQSA on maintaining certification.
PURPOSE:
To assure applicants and/or students meet the ethics and education requirements in order to make application to take the ARRT certification exam.

SCOPE:
Applicants to the Radiologic Technology Program
Radiography Students

RESPONSIBILITY:
Radiologic Technology Program Faculty

REFERENCES:
www.arrt.org American Registry of Radiologic Technologists
www.asrt.org American Society of Radiologic Technologists

RELATED DOCUMENTS:
2.30a Code of Ethics - ASRT
2.30b Standards of Ethics RADIOLOGIC TECHNOLOGY PROGRAM

POLICY/PROCEDURE:
Every candidate for certification must, according to ARRT governing documents, "be a person of good moral character and must not have engaged in conduct that is inconsistent with the ARRT Rules of Ethics," and they must "agree to comply with the ARRT Rules and Regulations and the ARRT Standards of Ethics." ARRT investigates all potential violations in order to determine eligibility.

Issues addressed by the Rules of Ethics include convictions, criminal procedures, or Military Court Martials as described below:
- Felony;
- Misdemeanor;
- Criminal procedures resulting in a plea of guilty or nolo contendere (no contest), a verdict of guilty, withheld or deferred adjudication, suspended or stay of sentence, or pre-trial diversion.

Juvenile convictions processed in juvenile court and minor traffic citations not involving drugs or alcohol do not need to be reported.

Additionally, candidates for certification are required to disclose whether they have ever had any license, registration, or certification subjected to discipline by a regulatory authority or certification board (other than ARRT). Primary pathway candidates must indicate any honor code violations that may have occurred while they attended school.
Candidates for certification and registration answer “Yes” or “No” to three ethics-related questions on their application forms:
1. Have you ever been convicted of a misdemeanor, felony, or a similar offense in a military court-martial?

Candidates are required to report charges or convictions that have been withheld, deferred, stayed, set aside, suspended, or entered into a pre-trial diversion, or involved a plea of guilty or no contest (nolo contendere). Candidates do not need to report juvenile convictions that were processed in juvenile court, traffic citations that did not involve drugs or alcohol, or offenses that were previously reported to and formally cleared by ARRT. Those answering “Yes” to this question must provide an explanation of the events that occurred and all documentation relevant to the matter.

2. Have you had any professional license, registration, or certification denied, revoked, suspended, placed on probation, under consent agreement or consent order, voluntarily surrendered or subjected to discipline by a regulatory authority or certification board (other than ARRT)?

Candidates who answer “Yes” must provide an explanation of the events that occurred and all documentation relevant to the matter.

3. Have you ever been suspended, dismissed, or expelled from an educational program that you attended in order to meet ARRT certification and registration requirements?

Candidates who answer “Yes” should include an explanation and documentation of the situation with the completed application for certification and registration. In conjunction with this question, candidates must waive confidentiality of their education records so ARRT may communicate freely and openly with the educational program director. When in doubt about whether a violation is pertinent, contact the ARRT Ethics Requirements Department at (651) 687-0048, ext. 8580.

American Registry of Radiologic Technologists
1255 Northland Drive
St. Paul, MN  55120-0048

<table>
<thead>
<tr>
<th>Document Owner</th>
<th>Susan Merrill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved By</td>
<td>Jennifer Cohen, Susan Merrill</td>
</tr>
</tbody>
</table>
The radiologic technologist conducts herself or himself in a professional manner, responds to patient needs and supports colleagues and associates in providing quality patient care.

The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.

The radiologic technologist delivers patient care and service unrestricted by concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of sex, race, creed, religion or socio-economic status.

The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purpose for which they were designed and employs procedures and techniques appropriately.

The radiologic technologist assesses situations; exercises care, discretion and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.

The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.

The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice and demonstrates expertise in minimizing radiation exposure to the patient, self and other members of the health care team.

The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient’s right to quality radiologic technology care.

The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient’s right to privacy and reveals confidential information only as required by law or to protect the welfare of the individual or the community.

The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues and investigating new aspects of professional practice.
ARRT® Standards of Ethics

Last Revised: September 1, 2014
Published: September 1, 2014

PREAMBLE
The Standards of Ethics of the American Registry of Radiologic Technologists® (ARRT) shall apply solely to persons holding certificates from ARRT that are either currently certified and registered by ARRT or that were formerly certified and registered by ARRT (collectively, “Certificate Holders”), and to persons applying for certification and registration by ARRT in order to become Certificate Holders (“Candidates”). Radiologic Technology is an umbrella term that is inclusive of the disciplines of radiography, nuclear medicine technology, radiation therapy, cardiovascular-interventional radiography, mammography, computed tomography, magnetic resonance imaging, quality management, sonography, bone densitometry, vascular sonography, cardiac-interventional radiography, vascular-interventional radiography, breast sonography, and radiologist assistant. The Standards of Ethics are intended to be consistent with the Mission Statement of ARRT, and to promote the goals set forth in the Mission Statement.

STATEMENT OF PURPOSE
The purpose of the ethics requirements is to identify individuals who have internalized a set of professional values that cause one to act in the best interests of patients. This internalization of professional values and the resulting behavior is one element of ARRT’s definition of what it means to be qualified. Exhibiting certain behaviors as documented in the Standards of Ethics is evidence of the possible lack of appropriate professional values.

The Standards of Ethics provides proactive guidance on what it means to be qualified and to motivate and promote a culture of ethical behavior within the profession. The ethics requirements support the ARRT’s mission of promoting high standards of patient care by removing or restricting the use of the credential by those who exhibit behavior inconsistent with the requirements.

A. CODE OF ETHICS
The Code of Ethics forms the first part of the Standards of Ethics. The Code of Ethics shall serve as a guide by which Certificate Holders and Candidates may evaluate their professional conduct as it relates to patients, healthcare consumers, employers, colleagues, and other members of the healthcare team. The Code of Ethics is intended to assist Certificate Holders and Candidates in maintaining a high level of ethical conduct and in providing for the protection, safety, and comfort of patients. The Code of Ethics is aspirational.

1. The radiologic technologist acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.

2. The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.

3. The radiologic technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of sex, race, creed, religion, or socio-economic status.

4. The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.

5. The radiologic technologist assesses situations; exercises care, discretion, and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.

6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.

7. The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self, and other members of the healthcare team.

8. The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient’s right to quality radiologic technology care.

9. The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient’s right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.

10. The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.

B. RULES OF ETHICS
The Rules of Ethics form the second part of the Standards of Ethics. They are mandatory standards of minimally acceptable professional conduct for all Certificate Holders and Candidates. Certification and Registration are methods...
of assuring the medical community and the public that an individual is qualified to practice within the profession. Because the public relies on certificates and registrations issued by ARRT, it is essential that Certificate Holders and Candidates act consistently with these Rules of Ethics. These Rules of Ethics are intended to promote the protection, safety, and comfort of patients. The Rules of Ethics are enforceable. Certificate Holders and Candidates engaging in any of the following conduct or activities, or who permit the occurrence of the following conduct or activities with respect to them, have violated the Rules of Ethics and are subject to sanctions as described hereunder:

1. Employing fraud or deceit in procuring or attempting to procure, maintain, renew, or obtain or reinstate certification and registration as issued by ARRT; employment in radiologic technology; or a state permit, license, or registration certificate to practice radiologic technology. This includes altering in any respect any document issued by the ARRT or any state or federal agency, or by indicating in writing certification and registration with the ARRT when that is not the case.

2. Subverting or attempting to subvert ARRT’s examination process, and/or the structured self-assessments that are part of the Continuing Qualifications Requirements (CQR) process. Conduct that subverts or attempts to subvert ARRT’s examination and/or CQR assessment process includes, but is not limited to:
   (i) disclosing examination and/or CQR assessment information using language that is substantially similar to that used in questions and/or answers from ARRT examinations and/or CQR assessments when such information is gained as a direct result of having been an examinee or a participant in a CQR assessment or having communicated with an examinee or a CQR participant; this includes, but is not limited to, disclosures to students in educational programs, graduates of educational programs, educators, anyone else involved in the preparation of Candidates to sit for the examinations, or CQR participants; and/or
   (ii) receiving examination and/or CQR assessment information that uses language that is substantially similar to that used in questions and/or answers on ARRT examinations or CQR assessments from an examinee, or a CQR participant, whether requested or not; and/or
   (iii) copying, publishing, reconstructing (whether by memory or otherwise), reproducing or transmitting any portion of examination and/or CQR assessment materials by any means, verbal or written, electronic or mechanical, without the prior express written permission of ARRT or using professional, paid or repeat examination takers and/or CQR assessment participants, or any other individual for the purpose of reconstructing any portion of examination and/or CQR assessment materials; and/or
   (iv) using or purporting to use any portion of examination and/or CQR assessment materials that were obtained improperly or without authorization for the purpose of instructing or preparing any Candidate for examination or participant for CQR assessment; and/or
   (v) selling or offering to sell, buying or offering to buy, or distributing or offering to distribute any portion of examination and/or CQR assessment materials without authorization; and/or
   (vi) removing or attempting to remove examination and/or CQR assessment materials from an examination or assessment room, or having unauthorized possession of any portion of or information concerning a future, current, or previously administered examination or CQR assessment of ARRT; and/or
   (vii) disclosing what purports to be, or what you claim to be, or under all circumstances is likely to be understood by the recipient as, any portion of or “inside” information concerning any portion of a future, current, or previously administered examination or CQR assessment of ARRT; and/or
   (viii) communicating with another individual during administration of the examination or CQR assessment for the purpose of giving or receiving help in answering examination or CQR assessment questions, copying another Candidate’s, or CQR participant’s answers, permitting another Candidate or a CQR participant to copy one’s answers, or possessing unauthorized materials including, but not limited to, notes; and/or
   (ix) impersonating a Candidate, or a CQR participant, or permitting an impersonator to take or attempt to take the examination or CQR assessment on one’s own behalf; and/or
   (x) using any other means that potentially alters the results of the examination or CQR assessment such that the results may not accurately represent the professional knowledge base of a Candidate, or a CQR participant.

3. Convictions, criminal proceedings, or military court-martials as described below:
   (i) conviction of a crime, including a felony, a gross misdemeanor, or a misdemeanor, with the sole exception of speeding and parking violations. All alcohol and/or drug related violations must be reported; and/or
   (ii) criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld, deferred, or not entered or the sentence is suspended or stayed; or a criminal proceeding where the individual enters a plea of guilty or nolo contendere (no contest); or where the individual enters into a pre-trial diversion activity; or
   (iii) military court-martials related to any offense identified in these Rules of Ethics.

4. Violating a rule adopted by a state or federal regulatory authority or certification board resulting in the individual’s professional license, permit, registration or certification being denied, revoked, suspended, placed on probation or a consent agreement or order, voluntarily surrendered, subjected to any conditions, or failing to report to ARRT any of the violations or actions identified in this Rule.

5. Performing procedures which the individual is not competent to perform through appropriate training and/or education or experience unless assisted or personally
supervised by someone who is competent (through training and/or education or experience).

6. Engaging in unprofessional conduct, including, but not limited to:
   (i) a departure from or failure to conform to applicable federal, state, or local governmental rules regarding radiologic technology practice or scope of practice; or, if no such rule exists, to the minimal standards of acceptable and prevailing radiologic technology practice;
   (ii) any radiologic technology practice that may create unnecessary danger to a patient’s life, health, or safety.

Actual injury to a patient or the public need not be established under this clause.

7. Delegating or accepting the delegation of a radiologic technology function or any other prescribed healthcare function when the delegation or acceptance could reasonably be expected to create an unnecessary danger to a patient’s life, health, or safety. Actual injury to a patient need not be established under this clause.

8. Actual or potential inability to practice radiologic technology with reasonable skill and safety to patients by reason of illness; use of alcohol, drugs, chemicals, or any other material; or as a result of any mental or physical condition.

9. Adjudication as mentally incompetent, mentally ill, chemically dependent, or dangerous to the public, by a court of competent jurisdiction.

10. Engaging in any unethical conduct, including, but not limited to, conduct likely to deceive, defraud, or harm the public; or demonstrating a willful or careless disregard for the health, welfare, or safety of a patient. Actual injury need not be established under this clause.

11. Engaging in conduct with a patient that is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient; or engaging in sexual exploitation of a patient or former patient. This also applies to any unwanted sexual behavior, verbal or otherwise.

12. Revealing a privileged communication from or relating to a former or current patient, except when otherwise required or permitted by law, or viewing, using, releasing, or otherwise failing to adequately protect the security or privacy of confidential patient information.

13. Knowingly engaging or assisting any person to engage in, or otherwise participating in, abusive or fraudulent billing practices, including violations of federal Medicare and Medicaid laws or state medical assistance laws.

14. Improper management of patient records, including failure to maintain adequate patient records or to furnish a patient record or report required by law; or making, causing, or permitting anyone to make false, deceptive, or misleading entry in any patient record.

15. Knowingly assisting, advising, or allowing a person without a current and appropriate state permit, license, registration, or an ARRT registered certificate to engage in the practice of radiologic technology, in a jurisdiction that mandates such requirements.

16. Violating a state or federal narcotics or controlled-substance law.

17. Knowingly providing false or misleading information that is directly related to the care of a former or current patient.

18. Subverting, attempting to subvert, or aiding others to subvert or attempt to subvert ARRT’s Continuing Education (CE) Requirements, and/or ARRT’s Continuing Qualifications Requirements (CQR). Conduct that subverts or attempts to subvert ARRT’s CE or CQR Requirements includes, but is not limited to:
   (i) providing false, inaccurate, altered, or deceptive information related to CE or CQR activities to ARRT or an ARRT recognized recordkeeper; and/or
   (ii) assisting others to provide false, inaccurate, altered, or deceptive information related to CE or CQR activities to ARRT or an ARRT recognized recordkeeper; and/or
   (iii) conduct that results or could result in a false or deceptive report of CE or CQR completion; and/or
   (iv) conduct that in any way compromises the integrity of the CE or CQR Requirements such as sharing answers to the post-tests or self-learning activities, providing or using false certificates of participation, or verifying credits that were not earned.

19. Subverting or attempting to subvert the ARRT certification and registration processes by:
   (i) making a false statement or knowingly providing false information to ARRT; or
   (ii) failing to cooperate with any investigation by the ARRT.

20. Engaging in false, fraudulent, deceptive, or misleading communications to any person regarding the individual’s education, training, credentials, experience, or qualifications, or the status of the individual’s state permit, license, or registration certificate in radiologic technology or certificate of registration with ARRT.

21. Knowing of a violation or a probable violation of any Rule of Ethics by any Certificate Holder or Candidate and failing to promptly report in writing the same to the ARRT.

22. Failing to immediately report to his or her supervisor information concerning an error made in connection with imaging; treating, or caring for a patient. For purposes of this rule, errors include any departure from the standard of care that reasonably may be considered to be potentially harmful, unethical, or improper (commission). Errors also include behavior that is negligent or should have occurred in connection with a patient’s care, but did not (omission). The duty to report under this rule exists whether or not the patient suffered any injury.
C. ADMINISTRATIVE PROCEDURES

These Administrative Procedures provide for the structure and operation of the Ethics Committee; they detail procedures followed by the Ethics Committee and by the Board of Trustees of ARRT in handling challenges raised under the Rules of Ethics, and in handling matters relating to the denial of an application for certification and registration (for reasons other than failure to meet the criteria as stated in Article II, Sections 2.03 and 2.04 of the Rules and Regulations of ARRT, in which case, there is no right to a hearing) or the denial of renewal or reinstatement of certification and registration. All Certificate Holders and Candidates are required to comply with these Administrative Procedures. The failure to cooperate with the Ethics Committee or the Board of Trustees in a proceeding on a challenge may be considered by the Ethics Committee and by the Board of Trustees according to the same procedures and with the same sanctions as failure to observe the Rules of Ethics.

1. Ethics Committee

(a) Membership and Responsibilities of the Ethics Committee
The President, with the approval of the Board of Trustees, appoints at least three Trustees to serve as members of the Ethics Committee, each such person to serve on the Committee until removed and replaced by the President, with the approval of the Board of Trustees, at any time, with or without cause. The President, with the approval of the Board of Trustees, will also appoint a fourth, alternate member to the Committee. The alternate member will participate on the Committee in the event that one of the members of the Ethics Committee is unable to participate. The Ethics Committee is responsible for: (1) investigating each alleged breach of the Rules of Ethics and determining whether a Certificate Holder or Candidate has failed to observe the Rules of Ethics and determining an appropriate sanction; and (2) periodically assessing the Code of Ethics, Rules of Ethics, and Administrative Procedures and recommending any amendments to the Board of Trustees.

(b) The Chair of the Ethics Committee
The President, with the approval of the Board of Trustees, appoints one member of the Ethics Committee as the Committee’s Chair to serve for a term of two years as the principal administrative officer responsible for management of the promulgation, interpretation, and enforcement of the Standards of Ethics. The President may remove and replace the Chair of the Committee, with the approval of the Board of Trustees, at any time, with or without cause. The Chair presides at and participates in meetings of the Ethics Committee and is responsible directly and exclusively to the Board of Trustees, using staff, legal counsel, and other resources necessary to fulfill the responsibilities of administering the Standards of Ethics.

(c) Preliminary Screening of Potential Violation of the Rules of Ethics
The Chair of the Ethics Committee shall review each alleged violation of the Rules of Ethics that is brought to the attention of the Ethics Committee. If, in the sole discretion of the Chair: (1) there is insufficient information upon which to base a charge of a violation of the Rules of Ethics; or (2) the allegations against the Certificate Holder or Candidate are patently frivolous or inconsequential; or (3) the allegations, if true, would not constitute a violation of the Rules of Ethics, the Chair may summarily dismiss the matter. The Chair may be assisted by staff and/or legal counsel of ARRT. The Chair shall report each such summary dismissal to the Ethics Committee.

(d) Alternative Dispositions
At the Chair’s direction and upon request, the Executive Director of ARRT shall have the power to investigate allegations and to enter into negotiations with the Certificate Holder or Candidate regarding the possible settlement of an alleged violation of the Rules of Ethics. The Executive Director may be assisted by staff members and/or legal counsel of ARRT. The Executive Director is not empowered to enter into a binding settlement, but rather may recommend a proposed settlement to the Ethics Committee.

The Ethics Committee may accept the proposed settlement, make a counterproposal to the Certificate Holder or Candidate, or reject the proposed settlement and proceed under these Administrative Procedures. A Certificate Holder or Candidate who voluntarily enters into an Alternative Disposition Agreement agrees to waive all rights set forth in these Administrative Procedures.

(e) Summary Suspensions
If an alleged violation of the Rules of Ethics involves the occurrence, with respect to a Certificate Holder, of an event described in the Rules of Ethics, or any other event that the Ethics Committee determines would, if true, potentially pose harm to the health, safety, or well being of any patient or the public, then, notwithstanding anything apparently or expressly to the contrary contained in these Administrative Procedures, the Ethics Committee, may, without prior notice to the Certificate Holder and without a prior hearing, summarily suspend the certification and registration of a Certificate Holder pending a final determination under these Administrative Procedures with respect to whether the alleged violation of the Rules of Ethics in fact occurred. Within five working days after the Ethics Committee summarily suspends the certification and registration of a Certificate Holder in accordance with this provision, the Ethics Committee shall, by certified mail, return receipt requested, give to the Certificate Holder written notice that describes: (1) the summary suspension; (2) the reason or reasons for it; and (3) the right of the Certificate Holder to request a hearing with respect to the summary suspension by written notice to the Ethics Committee, which written notice must be received by the Ethics Committee not later than 15 days after the date of the written notice of summary suspension by the Ethics Committee to the Certificate Holder. If the Certificate Holder requests a hearing in a timely manner with respect to the summary suspension, the hearing shall be held before the Ethics Committee or a panel comprised of no fewer than three members of the Ethics Committee as promptly as practicable, but in any event within 30 days after the Ethics Committee’s receipt of the Certificate Holder’s request for the hearing, unless both the individual and the Ethics Committee agree to a postponement beyond the 30 day period. The Ethics Committee has the absolute discretion to deny any request for a postponement and to proceed to a hearing with or without the participation of the individual. The applicable provisions of Section 2 (Hearings) of these Administrative Procedures shall govern all hearings with respect to summary suspensions, except that neither a determination of the Ethics Committee nor any other decision of the Ethics Committee shall be binding upon the individual unless the individual has consented in writing to such a decision.
Committee, in the absence of a timely request for a hearing by the affected Certificate Holder, nor a determination by the Ethics Committee or a panel, following a timely requested hearing, is appealable to the Board of Trustees.

(f) Voluntary Surrender of Credentials
At any time during the ethics review process, the Certificate Holder may request to voluntarily surrender his or her ARRT credentials and accept permanent revocation of ARRT Certification and Registration. To request a voluntary surrender, the Certificate Holder must complete the Voluntary Credential Surrender and Sanction Agreement form ("Agreement") that is available on the ARRT website at www.arrt.org. The Agreement must be signed by the Certificate Holder, notarized, and submitted to the ARRT. The Executive Director of ARRT shall have the authority to receive the request and may be assisted by staff members and/or legal counsel of ARRT. The Executive Director is not empowered to enter into a binding agreement, but rather may recommend a proposed action to the Ethics Committee. The Ethics Committee will then decide whether to accept or deny the request for surrender of credentials. If denied by ARRT, the ethics review will continue according to the Standards of Ethics. If accepted by ARRT, the ethics review process will be discontinued, the Certificate Holder agrees to waive all rights set forth in these Administrative Procedures, and a sanction for permanent revocation will be entered against the Certificate Holder.

(g) Civil or Criminal Penalties
Conduct that violates the ARRT’s Rules of Ethics may also violate applicable state or federal law. In addition to the potential sanctions under the Standards of Ethics, the ARRT may, without giving prior notice, pursue civil and/or criminal penalties against the Certificate Holder or Candidate.

2. Hearings

Whenever the ARRT proposes to take action in respect to the denial of an application for certification and registration (for reasons other than failure to meet the criteria as stated in Article II, Sections 2.03 and 2.04 of the Rules and Regulations of ARRT, in which case there is no right to a hearing) or of an application for renewal or reinstatement of certification and registration, or in connection with the revocation or suspension of certification and registration, or the censure of a Certificate Holder or Candidate for an alleged violation of the Rules of Ethics, it shall give written notice thereof to such person, specifying the reasons for such proposed action. A Certificate Holder or Candidate to whom such notice is given shall have 30 days from the date the notice of such proposed action is mailed to make a written request for a hearing. The written request for a hearing must be accompanied by a nonrefundable hearing fee in the amount of $100. In rare cases, the hearing fee may be waived, in whole or in part, at the sole discretion of the Ethics Committee. Failure to make a written request for a hearing and to remit the hearing fee (unless the hearing fee is waived in writing by the ARRT) within such period shall constitute consent to the action taken by the Ethics Committee or the Board of Trustees pursuant to such notice. A Certificate Holder or Candidate who requests a hearing in the manner prescribed above shall advise the Ethics Committee of his or her intention to appear at the hearing. A Certificate Holder or Candidate who requests a hearing may elect to appear by a written submission which shall be verified or acknowledged under oath.

Failure to appear at the hearing or to supply a written submission in response to the charges shall be deemed a default on the merits and shall be deemed consent to whatever action or disciplinary measures that the Ethics Committee determines to take. Hearings shall be held at such date, time, and place as shall be designated by the Ethics Committee or the Executive Director. The Certificate Holder or Candidate shall be given at least 30 days notice of the date, time, and place of the hearing.

The hearing is conducted by the Ethics Committee with any three or more of its members participating, other than any member of the Ethics Committee whose professional activities are conducted at a location in the approximate area of the Certificate Holder or Candidate in question. In the event of such disqualification, the President may appoint a Trustee to serve on the Ethics Committee for the sole purpose of participating in the hearing and rendering a decision. At the hearing, ARRT shall present the charges against the Certificate Holder or Candidate in question, and the facts and evidence of ARRT in respect to the basis or bases for the proposed action or disciplinary measure. The Ethics Committee may be assisted by legal counsel. The Certificate Holder or Candidate in question, by legal counsel or other representative if he or she desires (at the sole expense of the Certificate Holder or Candidate in question), shall have the right to call witnesses, present testimony, and be heard in his or her own defense; to hear the testimony of and to cross-examine any witnesses appearing at such hearing; and to present such other evidence or testimony as the Ethics Committee shall deem appropriate to do substantial justice. Any information may be considered that is relevant or potentially relevant. The Ethics Committee shall not be bound by any state or federal rules of evidence. The Certificate Holder or Candidate in question shall have the right to submit a written statement at the close of the hearing. A transcript or an audio recording of the hearing testimony is made for in-person hearings only. Ethics Committee deliberations are not recorded.

In the case where ARRT proposes to take action in respect to the denial of an application for certification and registration (for reasons other than failure to meet the criteria as stated in Article II, Sections 2.03 and 2.04 of the Rules and Regulations of the ARRT) or the denial of renewal or reinstatement of certification and registration, the Ethics Committee shall assess the evidence presented at the hearing and make its decision accordingly, and shall prepare written findings of fact and its determination as to whether grounds exist for the denial of an application for certification and registration or renewal or reinstatement of certification and registration, and shall promptly transmit the same to the Board of Trustees and to the Certificate Holder or Candidate in question.

In the case of alleged violations of the Rules of Ethics by a Certificate Holder or Candidate, the Ethics Committee shall assess the evidence presented at the hearing and make its decision accordingly, and shall prepare written findings of fact and its determination as to whether there has been a violation
of the Rules of Ethics and, if so, the appropriate sanction, and
shall promptly transmit the same to the Board of Trustees
and to the Certificate Holder or Candidate in question.
Potential sanctions include denial of renewal or reinstatement
of certification and registration with ARRT, revocation or
suspension of certification and registration with ARRT, or the
public or private reprimand of a Certificate Holder or
Candidate.

Unless a timely appeal from any findings of fact and
determination by the Ethics Committee is taken to the Board
of Trustees in accordance with Section 3 below (Appeals),
the Ethics Committee’s findings of fact and determination in
any matter (including the specified sanction) shall be final and
binding upon the Certificate Holder or Candidate in question.

3. Appeals

Except as otherwise noted in these Administrative
Procedures, the Certificate Holder or Candidate may appeal
any decision of the Ethics Committee to the Board of
Trustees by submitting a written request for an appeal within
30 days after the decision of the Ethics Committee is mailed.
The written request for an appeal must be accompanied by a
nonrefundable appeal fee in the amount of $250. In rare
cases, the fee may be waived, in whole or in part, at
the sole discretion of the Ethics Committee.

In the event of an appeal, those Trustees who participated in
the hearing of the Ethics Committee shall not participate in
the appeal. The remaining members of the Board of Trustees
shall consider the decision of the Ethics Committee, the files
and records of ARRT applicable to the case at issue, and any
written appellate submission of the Certificate Holder or
Candidate in question, and shall determine whether to affirm
or to modify the decision of the Ethics Committee or to
remand the matter to the Ethics Committee for further
consideration. In making such determination to affirm or to
modify, findings of fact made by the Ethics Committee shall
be conclusive if supported by any evidence. The Board of
Trustees may grant re-hearings, hear additional evidence, or
request that ARRT or the Certificate Holder or Candidate in
question provide additional information in such manner, on
such issues, and within such time as it may prescribe. All
hearings and appeals provided for herein shall be private at
all stages. It shall be considered an act of professional
misconduct for any Certificate Holder or Candidate to make
an unauthorized publication or revelation of the same, except
to his or her attorney or other representative, immediate
superior, or employer.

4. Publication of Adverse Decisions

Final decisions and summary suspensions that are adverse to
the Certificate Holder or Candidate will be communicated to
the appropriate authorities of certification organizations and
state licensing agencies and provided in response to written
inquiries into an individual’s certification and registration
status. ARRT shall also have the right to publish any final
adverse decisions and summary suspensions and the

reasons therefore. For purposes of this paragraph, a “final
decision” means and includes: a determination of the Ethics
Committee relating to an adverse decision if the affected
Certificate Holder or Candidate does not request a hearing in
a timely manner; a non-appealable decision of the Ethics
Committee; an appealable decision of the Ethics Committee
from which no timely appeal is taken; and, the decision of the
Board of Trustees in a case involving an appeal of an
appealable decision of the Ethics Committee.

5. Procedure to Request Removal of a Sanction

A sanction imposed by ARRT specifically provides a sanction
time frame and it shall be presumed that a sanction may only
be reconsidered after the time frame has elapsed. At any point
after a sanction first becomes eligible for reconsideration,
the individual may submit a written request (“Request”) to ARRT
asking the Ethics Committee to remove the sanction. The
Request must be accompanied by a nonrefundable fee in the
amount of $250. A Request that is not accompanied by the fee
or is submitted before the matter is eligible for reconsideration
will be returned to the individual and will not be considered. In
rare cases, the fee may be waived, in whole or in part, at
the sole discretion of the Ethics Committee. The individual is not
entitled to make a personal appearance before the Ethics
Committee in connection with a request to remove a sanction.

Although there is no required format, the Request must
include compelling reasons justifying the removal of the
sanction. It is recommended that the individual demonstrate
at least the following: (1) an understanding of the reasons for
the sanction; (2) an understanding of why the action leading
to the sanction was felt to warrant the sanction imposed; and
(3) detailed information demonstrating that his or her behavior
has improved and similar activities will not be repeated.
Letters of recommendation from individuals, who are
knowledgeable about the person’s current character and
behavior, including efforts at rehabilitation, are advised. If a
letter of recommendation is not on original letterhead or is not
duly notarized, the Ethics Committee shall have the discretion
to ignore that letter of recommendation.

Removal of the sanction is a prerequisite to applying for
reinstatement of certification and registration. If, at the sole
discretion of the Ethics Committee, the sanction is removed,
the individual will be allowed to pursue reinstatement via the
policies and procedures in place at that time as stated in
Section 6.05 of the ARRT Rules and Regulations.

If the Ethics Committee denies removal of the sanction, the
decision is not subject to a hearing or to an appeal, and the
Committee will not reconsider removal of the sanction for as
long as is directed by the Committee.

6. Amendments to the Standards of Ethics

ARRT reserves the right to amend the Standards of Ethics
following the procedures under Article XI, Section 11.02 of the
ARRT Rules and Regulations.
PURPOSE:
AnMed Health Radiologic Technology program is designed to provide an outstanding clinical education experience through a hospital-based certificate program. In order to meet the ARRT minimum associate degree requirement an agreement with Greenville Technical College is utilized to provide an option to earn an Associate of Science in Radiologic Technology.

SCOPE:
Radiography Students

RESPONSIBILITY:
AnMed Health Radiologic Technology Faculty
Greenville Technical College program officials

REFERENCES:
Greenville Tech Radiologic Technology Program

RELATED DOCUMENTS:
Memorandum of Understanding between Greenville Technical College and AnMed Health

POLICY/PROCEDURE:
An agreement has been established with Greenville Technical College for an Associate of Science in Radiologic Technology utilizing a 1 + 2 approach. Applicants wishing to enter the AnMed Health Radiologic Technology Program who do not have a degree may complete Phase I of the radiography curriculum at Greenville Technical College, document a minimum of 22 credit-hours from Greenville Technical College, and maintain a cumulative technical GPA of 2.5 or higher. Phase I must be completed prior to starting the AnMed Health Radiologic Technology Program. After successful completion of the AnMed Health Radiologic Technology Program students will be awarded 62 block-style credits toward their degree.

For those interested in pursuing the Associate degree option through Greenville Technical College information is available through the College’s published materials http://www.gvltec.edu/radtech/
PURPOSE:
AnMed Health Radiologic Technology program is designed to provide an outstanding clinical education experience for a university offering a 2+2 type curriculum toward a degree in Radiologic Technology or Medical Imaging Sciences.

SCOPE:
Clarion University Students
Radiography Students

RESPONSIBILITY:
AnMed Health Radiologic Technology Faculty
Clarion University of Pennsylvania program officials

REFERENCES:
www.clarion.edu Medical Imaging Sciences

RELATED DOCUMENTS:
Clarion University Affiliation Agreement with AnMed Health

POLICY/PROCEDURE:
An agreement has been established with Clarion University of Pennsylvania for a Bachelor of Science in Medical Imaging Sciences utilizing a 2 + 2 approach. The Clarion student is required to complete credit hours as specified by the university and their name must be included on the candidate list provided by the university. After successful completion of the AnMed Health Radiologic Technology Program students will be awarded 60 block-style credits toward their degree.

Previous graduates of the AnMed Health Radiologic Technology Program may enroll in the Bachelor of Science in Medical Imaging Sciences program at Clarion University of Pennsylvania and will be granted 60 credit hours for completion of the hospital-based certificate program. These hours will not count toward the required 30 hours of in-residence credit.

For those interested in pursuing the Bachelor’s degree option through Clarion University accreditation information is available through the University’s published materials.
www.clarion.edu
PURPOSE:
To describe the method used to award credit hours for didactic and clinical courses

SCOPE:
Radiography Students

RESPONSIBILITY:
Radiologic Technology Program Faculty

REFERENCES:
www.jrcert.org
JRCERT Standard 3.3, 3.4, 3.5

RELATED DOCUMENTS:
Syllabus - Anatomy & Physiology RADIOLOGIC TECHNOLOGY PROGRAM
Syllabus - Digital Image Acquisition and Display RADIOLOGIC TECHNOLOGY PROGRAM
Syllabus - Equipment and Instrumentation RADIOLOGIC TECHNOLOGY PROGRAM
Syllabus - Introduction to Radiologic Technology RADIOLOGIC TECHNOLOGY PROGRAM
Syllabus - Medical Terminology RADIOLOGIC TECHNOLOGY PROGRAM
Syllabus - Pathology RADIOLOGIC TECHNOLOGY PROGRAM
Syllabus - Principles of Imaging and Image Analysis RADIOLOGIC TECHNOLOGY PROGRAM
Syllabus - Radiation Biology RADIOLOGIC TECHNOLOGY PROGRAM
Syllabus - Radiation Physics RADIOLOGIC TECHNOLOGY PROGRAM
Syllabus - Radiographic Positioning and Procedures RADIOLOGIC TECHNOLOGY PROGRAM
Syllabus - Registry Review RADIOLOGIC TECHNOLOGY PROGRAM
Syllabus - Technical Writing RADIOLOGIC TECHNOLOGY PROGRAM
Syllabus - Medical Ethics, Patient Care and Legal Issues RADIOLOGIC TECHNOLOGY PROGRAM

POLICY/PROCEDURE:

AnMed Health Radiologic Technology Program Course Descriptions and Hours

The following courses are presented during the twenty-four month competency based program. A syllabus is provided for each course which includes references, outlines and objectives. The program uses a 1:1 clock-hour system to award credit for lecture hours and clinical hours. The curriculum is inclusive of the 2012 ASRT Curriculum for a Radiology Program, and meets the 2014 Standards for an Accredited Program in Radiology as published by the Joint Review Committee on Education in Radiologic Technology.
Introduction to Radiologic Technology        40 Clock Hours
This course offers the student an overview and understanding of the health science professions, organizations within healthcare, accreditation and regulatory agents. Also included is an introduction to the goals, philosophies and organization of the Radiology Program and the Radiology Department.
• First Semester (40 hours)

Medical Ethics, Patient Care, and Legal Issues        120 Clock Hours
This course offers a comprehensive study of medical ethics, diversity, the medico-legal responsibilities of a radiologic technologist, and patient care skills, including standard precautions, first aid, drug administration, contrast agents and pharmacology.
• First Semester – Health Care Team, professionalism and ethics, communication, diversity, psychological considerations, patient – radiographer interactions, safety and transfer, and medicolegal considerations (80 hours)
• Third Semester – Infection control, aseptic technique, non-aseptic technique, contrast media and reactions (20 hours)
• Fourth Semester – Evaluating physical needs, tubes, line and catheters, medical emergencies, trauma, pharmacology and venipuncture, mobile and surgical radiography (20 hours)

Medical Terminology        90 Clock Hours
This course introduces the language of medicine. It includes body organization terms, root words, prefixes and suffixes, anomalies and terminology associated terminology.
• First Semester - Introductory terms (30 hours)
• Second Semester – Terms related to anatomy and positioning of each presented section (20 hours)
• Third Semester – Terms related to anatomy and positioning of each presented section (20 hours)
• Fourth Semester – Terms related to anatomy and positioning of each presented section (20 hours)

Pathology        50 Clock Hours
This course is integrated with Medical Terminology each semester and offers the student a study of systemic disease classifications and acquaints the student with the effects of these diseased conditions on the radiographic process.
• First Semester – Introduction to pathology, Chest, Abdomen, Urinary (15 hours)
• Second Semester – Osseous System, Endocrine System (10 hours)
• Third Semester – Spine, GI Tract, Circulatory, Nervous (15 hours)
• Fourth Semester – Reproductive, Comprehensive Review (10 hours)

Radiation Protection        70 Clock Hours
This course offers a study of the standards of protection associated with the ALARA concept. It includes sources of radiation, the need for radiation protection, methods of limiting radiation to patients and personnel, units of measurement, acceptable limits and dosimetry.
• Orientation/First Semester - Introductory principles, ALARA, cardinal rules of protection, use of personnel monitors, patient protection (10 hours)
• First Semester - Types & sources of radiation, behavior, interactions of radiation, units of measurement, types of personnel monitors (10 hours)
• Fourth Semester - Required standards for radiation protection and dosimetry, methodology of protection for patient & personnel, review of protection methods, effects of radiation on biological systems (50 hours)

Radiation Biology 50 Clock Hours
This course offers a study of the effects of ionizing radiation on living systems and how cells and tissues react to acute and chronic radiation exposure.
• Second Semester - Chemical composition and structure, cells, stochastic & nonstochastic effects, dose-response, radiation events/responses (40 hours)
• Fourth Semester - Review - Integrated with Radiation Protection Course (10 hours)

Anatomy and Physiology 220 Clock Hours
This course offers a comprehensive study of the human structure and function. This course is synchronized with radiographic positioning and procedures for optimum value to the students.
• First Semester - Introduction to human anatomy including cells, tissues and metabolism, body structure and habitus, cavities, body organization, systems, major bones, chest and respiratory structures, abdominal structures, and genitourinary system (40 hours)
• Second Semester - Upper and lower extremities, pelvis, thorax and vertebral column (80 hours)
• Third Semester - Nervous System, digestive system, circulatory and lymphatic systems (50 hours)
• Fourth Semester - Skull & facial bones, sensory system, reproductive system, muscular and endocrine systems, sectional anatomy (50 hours)

Radiation Physics 180 Clock Hours
This course offers a study of the production and behavior of x-rays and other forms of radiation, as well as the components of the x-ray circuit and how each part operates.
• First Semester - Atomic structure, production, behavior of x-rays, interactions of radiation and matter (60 hours)
• Third Semester – Electricity and electromagnetism (40 hours)
• Fourth Semester - X-ray circuitry, diagnostic tubes, generators, motors, transformers, and rectification (80 hours)

Equipment and Instrumentation 70 Clock Hours
This course deals with the radiologic equipment used for both diagnosis and treatment. It includes the various imaging modalities, as well as the use of radiologic equipment not included in Introduction to Radiologic Technology or Radiation Physics.
• First Semester – Film and Sensitometry, Intensifying screens and processing, Nuclear Medicine, AEC (20 hours)
• Second Semester - Radiation Oncology Equipment, Mammography Equipment, Bone Densitometry Equipment, Image Intensification, Tomography, CT introduction (20 hours)
• Third Semester - ECG, Vascular and Heart Cath Equipment, MRI (10 hours)
• Fourth Semester - Heating & Cooling charts, x-ray tube rating charts, Quality Control, CT components, operation and processes, equipment maintenance and malfunction (20 hours)

Digital Image Acquisition and Display 50 Clock Hours
This course provides and understanding of the components, principles and operation of digital imaging systems found in diagnostic radiology. Factors that impact image acquisition, display, archiving and retrieval are discussed. Principles of digital system quality assurance and maintenance are presented.
• First Semester - Introduction to basic principles of digital radiography (10 hours)
• 2nd Semester - Image acquisition and errors, QA and maintenance, display and data management (40 hours)

Quality Assessment/Management Principles 30 Clock Hours
This course provides the methodology for performing quality control procedures that result in continuous quality improvement in radiography.
• First and Third Semesters - Presented as a part of Principles of Imaging and Image Analysis, and experiments assigned with clinical objectives (10 hours)
• Fourth Semester - Quality management programs, QC tests, Economics of radiology – Presented with Equipment & Instrumentation (20 hours)

Principles of Imaging and Image Analysis 200 Clock Hours
This course offers a study of the principles of radiographic exposure needed to integrate the use of various image receptors in imaging with the appropriate processing techniques. This course provides the student with the tools needed to apply radiologic science theories to the selection of technical factors necessary to produce optimum images of the highest diagnostic quality. Critiquing images for quality, accuracy, and identification/evaluation of anatomical structures is a major part of this course.
• First Semester - Image receptors, image appearance characteristics, imaging principles, technique selections, basic processing principles, procedural factors and image evaluation for thoracic radiography and abdominal radiography (80 hours)
• Second Semester – Procedural factors and image evaluation for appendicular radiography (25 hours)
• Third Semester - Procedural factors and image evaluation for vertebral radiography and gastrointestinal radiography (15 hours)
• Fourth Semester - Control of secondary radiation, accessory devices, causes of poor quality, radiographic perimeters, sensitometry, density maintenance equations and math, automatic processing methodology & systems, image appearance standards, and procedural factors and image evaluation for reproductive system radiography and cranium radiography (80 hours)
Scientific Writing  
10 Clock Hours
This course offers the student an opportunity to research a topic of interest for the purpose of writing and presenting a technical paper. On a monthly basis the student is required to read articles from technical journals and submit abstracts. These assignments are designed to create and stimulate an interest in good written and oral communication skills.

- All Semesters – Journal Abstracts
- Second Semester - Technical Research (10 hours)
- Third Semester - Oral Presentation

Registry Preparation  
20 Clock Hours
This course includes test-taking strategies, objective exams at the end of each semester, and practice exams during the 4th semester that cover an overview of all didactic subjects presented during the 24 month program.

- First Semester – Final Exams
- Second Semester – Final Exams
- Third Semester – Final Exams
- Fourth Semester – Practice Mock Registry Exams (20 hours)

Radiographic Positioning and Procedures and Clinical Procedures & Competencies  
2500 Clock Hours
This course offers a comprehensive study of positioning methods, nomenclature, contrast media classification and applications, and radiographic procedures including pediatric & geriatric modifications, and trauma/mobile applications. This course is integrated into the competency based clinical education program and includes clinical procedures.

- First Semester - Positioning nomenclature, radiography of the chest, abdomen and urinary system (564 hours)
- Second Semester - Radiography of Upper and Lower Extremities, Pelvis, and Thorax (720 hours)
- Third Semester - Radiography of the Vertebral Column and Contrast studies to include Vascular, GI & Biliary Procedures, Arthrography, Cerebral Imaging and Neuroradiography (689 hours)
- Fourth Semester - Radiography of the cranium, Sialography, Pediatric and Geriatric Radiography, and Male and Female Reproductive Systems (527 hours)
PURPOSE:
To identify the purpose and components of the clinical competency plan

SCOPE:
Radiologic Technology Program Faculty
Radiography Students
Radiologic Technologists

RESPONSIBILITY:
Radiologic Technology Program Faculty

REFERENCES:
JRCERT Standard 3.2
Final Competency Forms

RELATED DOCUMENTS:
Clinical Education Master Plan Table of Contents RADIOLOGIC TECHNOLOGY PROGRAM
3.12 Clinical Competency Process RADIOLOGIC TECHNOLOGY PROGRAM
3.13 Academic Competency Repeat Procedure RADIOLOGIC TECHNOLOGY PROGRAM
3.14 Clinical Competency-Obtaining Procedure Evaluation sheets and Final Competency Forms
3.15 Clinical Competency Semester Grading Scale RADIOLOGIC TECHNOLOGY PROGRAM
Body Mechanics Form RADIOLOGIC TECHNOLOGY PROGRAM
Cardiac Monitor Competency RADIOLOGY TECHNOLOGY PROGRAM
Handwashing Rubric RADIOLOGIC TECHNOLOGY PROGRAM
Safe Patient Handling Equipment Skills RADIOLOGIC TECHNOLOGY PROGRAM
Sterile Technique Competency Rubric RADIOLOGIC TECHNOLOGY PROGRAM
Venipuncture Rubric RADIOLOGIC TECHNOLOGY PROGRAM
Vital Signs Competency Rubric RADIOLOGIC TECHNOLOGY PROGRAM
Radiologic Technology Program Competency Flow Chart
Competency Request Form RADIOLOGIC TECHNOLOGY PROGRAM
Academic Competency Cover Sheet Rubric RADIOLOGIC TECHNOLOGY PROGRAM
Peer Review Rubric RADIOLOGIC TECHNOLOGY PROGRAM
Academic Competency Rubric RADIOLOGIC TECHNOLOGY PROGRAM
Oxygen Cylinder Checklist RADIOLOGY SERVICES
RAD Competency Requirements
Pulse Oximetry Competency

POLICY/PROCEDURE:

AnMed Health Radiologic Technology Program originally adopted the method of clinical competency as outlined in the Clinical Competency Evaluation developed and approved by the American Society of Radiologic Technologists. “A Concept for Structuring and Planning Clinical Education in Radiologic Technology” and “A Methodology for Evaluating Planned Clinical
Education in Radiologic Technology" served as the reference material for clinical competency development. This concept was then expanded to meet the goals of our program. The Competency Plan includes both cognitive and psychomotor aspects of Radiologic Technology. Methods of standardization for clinical performance are achieved by clinical rotations, didactic exams, clinical competency testing, and staff/instructor evaluations.

Documents listed are located in Radiology I-drive/Administrative File/Radiology School/Clinical Education Master Plan

Document Owner  |  Susan Merrill
Approved By     |  Jennifer Cohen, Susan Merrill
PURPOSE:
To outline the competency plan that allows for effective student learning by establishing a foundation of knowledge and continual refinement of skills.

SCOPE:
Radiography Students
Radiologic Technologists
Radiologic Technology Program Faculty

RESPONSIBILITY:
Radiologic Technology Program Faculty

REFERENCES:
www.jrcert.org

RELATED DOCUMENTS:
JRCERT Standard 3.2

POLICY/PROCEDURE:

Step 1: PRESENTATION

Each topic will be presented in the following format:

- Didactic Instruction – Lecture will include anatomy, positioning, image critique, terminology and pathology
- Demonstration
- Cognitive testing
- Return Demonstration
- Practice Session (may include phantom exposures)

Step 2: ACADEMIC COMPETENCY

Academic competency will require demonstration of psychomotor, cognitive, and critical thinking skills and knowledge in these areas:

- Performance - 60%
- Image Critique - 30%
- Peer Review - 10%

A score of 90 is required for the student to advance to the next step. Failure to score a 90 will require re-evaluation.

Step 3: PATIENT PROCEDURES WITH DIRECT SUPERVISION
Upon successful completion of academic competency, the student is ready for practical experience. The student will attain the required number of performance sheets, evaluated by the clinical instructor or designated R.T. for each procedure. All R.T.’s have the privilege of evaluating students for this level of competency.

Step 4: FINAL COMPETENCY

When the required numbers of performance sheets are completed the student is ready for Final Competency Evaluation. The evaluating RT must be informed of the student’s desire to receive a Final Competency grade prior to starting the procedure. Only Instructors or technologists with two or more years of clinical experience have the privilege of evaluating students for this level of competency. Reminder: Documentation of the Final Competency, including the name of the evaluating R.T., is made available to the ARRT.

A score of 90 is required. Failure to score a 90 will require re-evaluation.
PURPOSE:
To establish a process for remediation and assurance that a student is academically prepared to advance to the Procedure Performance step in the Clinical Competency Process.

SCOPE:
Radiography Students
Radiologic Technology Program Faculty

RESPONSIBILITY:
Radiologic Technology Program Faculty

REFERENCES:
www.jrcert.org

RELATED DOCUMENTS:
JRCERT Standard 3.2

POLICY/PROCEDURE:
When a student fails academic competency testing he/she must earn the privilege for re-evaluation. The following will apply:

1. The student will print on paper an image of each projection included in the competency section. This image should be selected from the PACS system. If the image cannot be located in PACS, the student should get permission from the instructor to copy the image from a textbook.
2. The student will label the projection, position, view, central ray and structures shown for each procedure.
3. At the discretion of the instructor, the student may also be required to take a phantom to the department to position, expose, and print to paper. The student will label on the image the projection and position, the central ray angle, direction and centering point and the anatomical structures visualized on each image. The instructor will notify the student when this step is required.

The deadline for completion of this package will be one week from the date competency grades are returned to the student. A repeat competency date will then be scheduled.

1. If the positioning portion needs to be repeated, the student will be given a grade sheet to take to any Clinical Instructor. The Clinical Instructor will select an exam from that section and have the student demonstrate the position. The Clinical Instructor will complete the grade form and return it to the program faculty.
2. If the Image Critique portion needs to be repeated, upon receipt of the image package, a date for the make-up will be given. If the student is not prepared for this make-up
session, due to assignment not turned in, an additional make-up date will not be scheduled.

Grades for each section will be averaged and a total grade re-calculated. This will be the final grade for competency on this section; i.e. there will be no additional repeats competency testing.

The student must maintain a 90 average on the competency portion of his/her clinical grade to remain in good standing in the program.
**PURPOSE:**
To establish guidelines for completing the Procedure Evaluation Sheets and Final Competency Forms

**SCOPE:**
Radiography Students
Radiologic Technologists
Radiologic Technology Program Faculty

**RESPONSIBILITY:**
Radiologic Technology Program Faculty

**REFERENCES:**
www.jrcert.org

**RELATED DOCUMENTS:**
JRCERT Standard 3.2

**POLICY/PROCEDURE:**

**PRACTICE PROCEDURE FORM called “PINK SHEETS”**
- Can be completed by any technologist
- For less frequent procedures, one patient can be shared by more than one student
- Key to “pink sheet” is “did the student have an opportunity to learn?”
- Student may simply watch the procedure and receive a “pink sheet” only if it is a procedure for extra credit (see Student Competency Record)
- There is no grade attached to the “pink sheet”

**FINAL COMPETENCY called “BLUE SHEETS”**
- Must be completed by clinical instructor or a technologist with 2 or more years of experience
- If no technologist is available with 2 or more years’ experience, then the “blue sheet” must be co-signed by the supervisor who was in the area at the time of the exam
- Student should ask the technologist for a grade prior to starting the procedure
- Technologist will observe the entire procedure from introduction to patient to sending images to PACS
- Only one student for one patient
- Grades do not have to be calculated by the staff, the staff may circle the yes/no/NA and faculty will do the math
- Must include date and Accession # or MR# and the patient’s name
- Must be completed at the time the exam is completed
- “Pinks” and “Blues” cannot be completed on the same procedure on the same patient at the same time, i.e. you could not give a “pink” os calcis and a “blue” os calcis on the same patient who had an order for bilateral os calcis views
On the back of the “blue sheet”, staff will find a review of anatomy and image critique points that the students are expected to know or demonstrate.

A copy of the Student Competency Record is available for reference. The number of boxes that are found in the PRACTICE column represents the required number of “pink sheets”. In the COMPETENCY column the letter M=Mandatory, E=Elective and EC=Extra Credit as specified by the ARRT. The ARRT requires documentation of 37 Mandatory procedures and 15 Elective procedures performed on patients. Additional points are added to the clinic grade in the first, second and third semesters for Extra Credit procedures.
PURPOSE:
To provide a system to help the student accomplish the goal of obtaining the competencies required by the American Registry of Radiologic Technologists and to establish a grading system to reward student progress

SCOPE:
Radiography Students

RESPONSIBILITY:
Radiologic Technology Program Faculty

REFERENCES:
www.arrt.org

RELATED DOCUMENTS:
RAD Competency Requirements

POLICY/PROCEDURE:

Based on the core clinical competencies to establish eligibility for ARRT certification, there are a total of 37 mandatory competencies and 34 elective competencies for a total of 71 competencies. Of these, all 37 of the mandatory competencies and 15 of the elective competencies must be completed prior to graduation and should be demonstrated on patients. To guide the student toward competition of this goal the following grading scale will be used and is based on the number of competencies presented each semester. It should be noted that each semester will vary slightly from year-to-year.

Five is the maximum number of points possible on the grade sheet.

First Semester
To receive all five points requires 30% completion

Second Semester
To receive all five points require 50% completion

Third Semester
To receive all five points requires 75% completion

Fourth Semester requires 100% completion to qualify for graduation
3.15 Clinical Competency Semester Grading Scale
RADIOLOGIC TECHNOLOGY PROGRAM

Effective Date: 07/25/2016
Revision Level: 2
Page 2 of 2

Examples:

A hypothetical first semester based on 15 mandatory and elective procedures taught.
30%  = 5 competencies  = 5 points
25%  = 4 competencies  = 4 points
20%  = 3 competencies  = 3 points
15%  = 2 competencies  = 2 points
<15% = ≤1 competency  = 1 point

A hypothetical second semester based on 44 mandatory and elective procedures taught.
50%  = 22+ competencies  = 5 points
40%  = 18-21 competencies = 4 points
30%  = 13-17 competencies = 3 points
20%  = 9-12 competencies  = 2 points
<20% = ≤8 competencies  = 1 point

A hypothetical third semester based on 58 mandatory and elective procedures taught.
75%  = 43 + competencies  = 5 points
65%  = 37-42 competencies = 4 points
55%  = 31.36 competencies = 3 points
45%  = 26-30 competencies = 2 points
35%  = 20-25 competencies = 1 point
<25% = ≤19 competencies  = 0 points
PURPOSE:
To provide a standardized grading scale and GPA equivalent and to communicate expectations for academic success, continuance in the program and requirements for graduation

SCOPE:
Radiography Students

RESPONSIBILITY:
Radiologic Technology Program Faculty

REFERENCES:
Comparison and correlation of grade scales utilized at affiliated educational institutions

RELATED DOCUMENTS:
JRCERT Standard 3.7

POLICY/PROCEDURE:

GRADING SCALE

Grading Scale
A = 94 – 100
B = 85 – 93
C = 75 – 84
D = 70 – 74
F = < 70

A = 4.0
B = 3.0
C = 2.0

SCHOLASTIC REQUIREMENTS AND GRADES

Requirements are addressed in each course syllabus and in the list of required terminal competencies that are provided for each student.

A grade of 90 percent or higher is recommended on each course. If a student scores below 90 percent on any test the student will be required to complete additional assignments including test corrections. In order to ensure consistency of high cognitive skills on each portion of the curriculum, scores below 80 on three consecutive exams in the same course will result in corrective action.

Didactic grade averages are available on the computer in the program faculty’s office during the semester. An interim report is given to the student if there is a deficiency in any course.
Grades are issued every six months at the end of the semester.

A student will not graduate with less than a grade of “C” in all didactic subjects. If a student does not have a grade of “C” or better at the end of any semester the student may be allowed to enter the next semester under academic probation. At interim report the academic status will be re-evaluated and probation will be either lifted or continued until the end of the semester. If, at the end of the probationary semester, the student has not obtained a subject average of “C” or better, the student must retake the subject(s) or withdraw from the program. Any student that scores below 75% on the Registry Review Course in both the second and third semester will be academically withdrawn from the program.

AnMed Health will award a certificate of completion and will provide documentation of eligibility for certification after students’ successfully complete 24 months of didactic and clinical instruction.

AnMed Health will also provide a transcript of courses and credits to a college or university if requested by a graduate in writing. Credits awarded or transferred vary per college/universities and are not guaranteed. Students will designate in writing anyone that may be given information about their progress.
3.30 Graduation Requirements and Terminal Competency Policy

RADIOLOGIC TECHNOLOGY PROGRAM

PURPOSE:
The purpose of this policy is to clearly outline the didactic and clinical requirements to successfully complete the AnMed Health Radiologic Technology Program and earn eligibility for the ARRT examination.

SCOPE:
Radiography Students

RESPONSIBILITY:
Radiologic Technology Program Faculty

REFERENCES:
www.jrcert.org

RELATED DOCUMENTS:
JRCERT Standards 1.9, 3.2

POLICY/PROCEDURE:
Radiologic Technology students will complete multiple competencies as an on-going part of the competency-based program. The following list of required competencies is used to identify and assess expected student outcomes. Mastery of each competency is assured by using the didactic and clinical methods described.

UPON COMPLETION OF THE RADIOLOGIC TECHNOLOGY PROGRAM, THE STUDENT WILL BE ABLE TO

1. COMMUNICATE EFFECTIVELY
   • The student will have an average of “C” or higher on didactic patient care, medical terminology and pathology courses. The student will complete a peer review form for each academic competency. The student will research and write a scientific essay on the Radiologic subject of choice and will make a presentation to his/her class.
   • The student will successfully complete clinical objectives, including interpreting patient information on requests and documenting clinical histories to demonstrate competency of communication skills in the clinical areas.

2. DEMONSTRATE KNOWLEDGE OF HUMAN STRUCTURE, FUNCTION, AND PATHOLOGY
   • The student will have an average of “C” or higher on didactic anatomy and physiology courses and on image critique courses related to the identification of normal anatomy and pathology.
   • The student will document knowledge of radiographic anatomy on competency critiques of radiographs for each recommended radiographic procedure.
3. ANTICIPATE AND PROVIDE OPTIMUM PATIENT CARE AND COMFORT, RECOGNIZE ALLERGIC REACTIONS AND EMERGENCY PATIENT CONDITIONS, AND INITIATE FIRST AID AND BASIC LIFE SUPPORT PROCEDURES
   • The student will have an average of “C” or higher on didactic ethics and patient care courses, including standard precautions, infection control, contrast media considerations, pharmacology & drug administration, and medical legal issues.
   • The student will complete patient care and clinical competency objectives and will demonstrate application of affective domain skills, meeting staff evaluation criteria for patients of all ages. The student will score 90 or higher on each patient care competency including vital signs, venipuncture, sterile and aseptic technique, transfer of patient, care of medical equipment and will obtain and maintain CPR certification.

4. OPERATE RADIOGRAPHIC IMAGING EQUIPMENT
   • The student will have an average of “C” or higher on didactic equipment instrumentation and equipment maintenance courses.
   • The student will complete all equipment objectives and experiments for each semester and demonstrate competency in the operation of radiographic and ancillary equipment in the clinical areas.

5. PERFORM RADIOGRAPHIC PROCEDURES
   • The student will have an average of “C” or higher on didactic patient positioning courses each semester.
   • The student will demonstrate psychomotor skills in performing radiographic procedures and will document clinical competencies for all required radiographic procedures specified in the 2017 ARRT Radiography Didactic and Clinical Competency Requirements. Thirty-seven mandatory radiologic procedures, fifteen elective radiologic procedures and ten mandatory patient care activities, are required. The process for each competency on radiologic procedures will include academic competency, followed by patient competency procedures, and a final competency evaluation by a clinical instructor/technologist. The student will score 90 or higher to validate each radiologic procedure.
   • Each student is challenged with the goal of obtaining 4000 patient procedures during the course of the program. A minimum of 3000 procedures must be documented in order to graduate.

6. MODIFY STANDARD PROCEDURES TO ACCOMMODATE FOR PATIENT CONDITION AND/OR OTHER VARIABLES
   • The student will document competency in performing mobile procedures, radiographic procedures in the OR, trauma procedures in the ED, and c-arm/fluoroscopic procedures. The student will complete clinical objectives for invasive vascular and heart catheterization procedures. The student will apply critical thinking skills and document age specific patient care considerations for patients undergoing these procedures.
7. DETERMINE EXPOSURE FACTORS TO OBTAIN DIAGNOSTIC QUALITY RADIOGRAPHS WITH MINIMUM RADIATION EXPOSURE
   • The student will have an average of “C” or higher on didactic image production and evaluation courses.
   • The student will demonstrate clinical competency in the selection of manual exposure techniques appropriate for the radiographic procedure, type of image receptor, patient condition, and/or age considerations. The student will demonstrate competency in the use of AEC for automatic exposure or APR automated techniques that will result in more consistent outcomes and that will reduce the number of repeats. The student will document knowledge in both CR and conventional film processing and knowledge of processor artifacts, processor systems and quality control. The student must score 90 or above on technique selection for documented clinical competencies.

8. APPLY PRINCIPLES OF RADIATION PROTECTION
   • The student will have an average of “C” or higher on principles of radiation protection didactic courses.
   • The student will demonstrate a thorough knowledge of radiation protection by using time, distance and shielding correctly, by shielding gonads of procreative patients when the shields do not interfere with the radiographic procedure, by reducing the number of repeats, by questioning female patients about the possibility of being pregnant, by collimating appropriately, and by practicing ALARA in all aspects of radiation protection.
   • The student will evaluate techniques for “dose creep” during clinical rotations. A score of 90 or higher is required on radiation protection practices for clinical competencies.

9. EVALUATE RADIOGRAPHIC IMAGES FOR QUALITY
   • The student will have an average of “C” or higher on image critique/image analysis exams incorporated in image production and evaluation didactic courses.
   • The student will demonstrate clinical competency in the evaluation of radiographic images by critiquing the radiographs for optimum quality and verifying quality by a supervising technologist. The student will participate in the repeat analysis program and critique rejected radiographs for cause. The student will score 90 or higher on image critique/analysis competency for radiologic procedures.

10. DEMONSTRATE A KNOWLEDGE OF PHYSICS AND MATHEMATICAL SKILLS
    • The student will have an average of “C” or higher on didactic physics courses and will score a 90 or higher on a basic math examination.
    • The student will document an understanding of physics by evaluating the performance of the radiographic equipment, recognizing safe limits, performing tube warm-up procedures, and reporting malfunctions properly. The student will demonstrate an understanding of mathematics by manipulating exposure factors,
3.30 Graduation Requirements and Terminal Competency Policy
RADIOLOGIC TECHNOLOGY PROGRAM

Effective Date: 07/25/2016 Revision Level: 2 Page 4 of 5

problem-solving in techniques/distance situations, computing percentages of change, using logs to represent densities on radiographs, and reading charts and graphs.

11. OPERATE COMPUTERS, COMPUTER SYSTEMS, AND DIGITAL RADIOGRAPHIC IMAGING EQUIPMENT
   • The student will have an average of “C” or higher on didactic computer related courses.
   • The student will demonstrate competency in the use of information systems including RIS, PACS and in the operation of CR and DR, radiographic equipment in conventional radiography as well as other computer-based procedures in the various imaging modalities.

12. DEMONSTRATE A BASIC UNDERSTANDING OF THE PRINCIPLES OF COMPUTED TOMOGRAPHY
   • The student will score “C” or higher on a Computed Tomography exam requiring cognitive learning skills regarding the principles of CT imaging.
   • The student will complete clinical objectives that will demonstrate a basic understanding of the operation of CT, including spiral and multi-slice units. The student will demonstrate knowledge of the data acquisition process, selectable scan factors, methods for reducing radiation dose to the patient, use of contrast media, and how to critique and manipulate CT images, including post-processing and reconstruction.

13. PARTICIPATE IN MANAGEMENT & QUALITY CONTROL ACTIVITIES. COMPLETE OBJECTIVES THAT GO BEYOND CURRICULUM REQUIREMENTS THAT WILL RESULT IN INCREASED MARKETABILITY FOR THE GRADUATE
   • The student will have an average of “C” or higher on didactic quality assurance/quality control, management, and technical writing courses.
   • The student will complete clinical objectives for management, quality control including reject analysis, equipment QC, demonstrate competency for ECG, and complete objectives for Interventional & Vascular procedures, Nuclear Medicine/PET-CT, Radiation Oncology, US, Mammography, and MRI.

14. PROVIDE PROOF OF COMPLETION OF GENERAL EDUCATION REQUIREMENTS
   The student will provide a college transcript documenting one of the following:
   • Completion of an associate degree or higher
   • Completion of Greenville Technical College Radiologic Technology Program Phase I
   • Enrollment in an affiliated University that offers a 2+2 curriculum toward a bachelor degree such as Clarion University-Venango, Bloomsburg University and the University of Nebraska

15. MEET ATTENDANCE REQUIREMENTS
   • The student will attend the entire two-year program as a full-time student, not to exceed 40 hours per week of academic and clinical involvement. The possibility of
advanced placement or early release is not an option for a student. Extension of the program length for a student is possible for any student that lacks completion of clinical or didactic requirements and/or competencies. The length of the program extension will not exceed three months. Students who require additional time to complete competencies or that have not been successful in meeting academic standards are required to repeat courses with the next calendar year class. All requirements for completion of the AnMed Health Radiologic Technology Program will be met before the student can graduate and be eligible to sit for the ARRT national certification exam.
PURPOSE:
The Radiologic Technology Program assures the security and confidentiality of student records.

SCOPE:
Radiography Students

RESPONSIBILITY:
Radiologic Technology Program Faculty
Records and Reports Specialist

REFERENCES:
www.jrcert.org

RELATED DOCUMENTS:
JRCERT Standard 1.5
3.40a Consent For Release FERPA

POLICY/PROCEDURE:

Maintenance of Student Records

The AnMed Health Radiologic Technology Program maintains student records within the scope of the provisions established by the Family Educational Rights and Privacy Act.

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the confidentiality of student educational records. It states that the institution will not disclose any personally identifiable information from those records without the written consent of the student. The law allows several exceptions that permit school officials at the institution to inspect and review the educational records of students and that permit certain information to be disclosed to the public and to the parents of students with proper identification.

FERPA provides students the right:
- To inspect and review their own educational records;
- To request corrections in their own educational records;
- To withhold the release of personally identifiable information from their own educational records;
- To file a complaint with the U.S. Department of Education concerning institutional compliance;
- Obtain a copy of the institutional policy concerning access to educational records. FERPA does not provide students the right:
- To review copies of confidential letters and confidential statements for which they have waived that right;
To review personal/unofficial record kept by instructors, advisors and administrators
To review financial statements of their parents;
To review institution law enforcement records maintained apart from their educational records

Generally the Program must have written permission from the student in order to release any information from the student’s educational record. However FERPA does allow schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR 99.31):

- School officials* with legitimate educational interest*;
- Other schools to which the student is transferring;
- Specified officials for audit or evaluation purposes;
- Appropriate parties in connection with financial aid to a student;
- Organizations conducting certain studies for or on behalf of the school;
- Accrediting organizations;
- To comply with a judicial order or lawfully issued subpoena;
- State and local authorities, within a juvenile system, pursuant to specific State law.

* School officials include instructors, directors, administrators, health staff, counselors, attorneys, clerical staff, trustees, members of committee and disciplinary boards. A school official generally has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibilities.

Directory information is generally considered not to be harmful or an invasion of privacy is disclosed and may be released without written consent of the student. Directory information allows the Program to include information of the student in program, in honor recognitions, in the graduations program and on the AnMed Health website.

Educational records are maintained in the program faculty offices. Students may request copies of their transcripts by submitting a Consent for Release of Personal Information/Education Records form or other acceptable documentation.

AnMed Health will notify students annually of their rights under FERPA. This mechanism will be at the discretion of the Program and may include the Handbook, electronic posting, or posting in student areas.

Complaints regarding alleged failures with the provisions of FERPA may be submitted in writing to the Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue SW, Washington, D.C. 20202-4605.
Revised 6/13/13

Document Owner  |  Susan Merrill
--- | ---
Approved By  |  Jennifer Cohen, Susan Merrill
CONSENT FOR RELEASE OF PERSONAL INFORMATION/EDUCATION RECORDS

I, the undersigned, understand that my consent is required, by the Family Education Rights and Privacy Act of 1974, as amended ("FERPA"), for AnMed Health Radiologic Technology Program to release information from my educational records not excluded under the FERPA policy.

Please provide information from the educational records of:
___________________________________________________________________________ to
(Student’s name)

_____________________________________________________________________________
(Name and relationship to the student such as “educational institution” or “prospective employer”)

Mailing Address: ________________________________________________________________
______________________________________________________________________________

The information to be released under this consent is:
____ Transcript
____ Recommendations for employment
____ All records
____ Other (specify) ____________________________________________________________

This information is to be released for the following purpose:
____ Employment
____ Admission to an educational institution
____ Other (specify) ____________________________________________________________

_______________________________________________________ __________________
(Print full name: First, Middle, Maiden, Last) (SS# last 4 digits)

_______________________________________________________
(Year of graduation)

_______________________________________________________
(Signature)

_______________________________________________________
(Date) This release is valid for one year from the above date Revised 6/13/13
PURPOSE:
To identify those persons who are responsible for the education of the Radiography student.

SCOPE:
Radiologic Technology Program Faculty
Radiography Students

RESPONSIBILITY:
Radiologic Technology Program Faculty

REFERENCES:
www.jrcert.org

RELATED DOCUMENTS:
JRCERT Standard 2.2

POLICY/PROCEDURE:
Program Director          Susan Merrill, M.S., R.T. (R)
Clinical Coordinator      Mandy Boye, M.S., R.T. (R)
Didactic Instructors      Susan Merrill, M.S., R.T. (R)
                         Mandy Boye, M.S., R.T. (R)
Clinical Instructors      Earline Madden, R.T. (R)
                         Chris Payne, R.T. (R)
                         Tonya Cowan, R.T. (R)
                         Medley McIntosh, R.T. (R)
                         Teresa Smith, R.T. (R)
                         Brooke Latham, R.T. (R)
                         Ashley Mullinax, R.T. (R)
                         Anna Tollison, R.T. (R)
Medical Advisor           Veena Mathur, M. D.
CT Instructors            Sharon Vickery, R.T. (R) (CT)
                         Alexis Duncan, B.S., R.T. (R) (CT)
Nuclear Medicine Instructor Brian Howland, C.N.M.T
Nursing Instructor        Heather Chandler, R.T., R.N.
Ultrasound Instructor     Suzanne Jones., R.T. (R), RDMS
Vascular Imaging Instructors Gary Pendergrass, R.T. (R)
                         Jason Ashley, R.T. (R)
Radiologists: Thomas Tuten, M.D.
David Holt, M.D.
Bruce Burns, M.D.
Joseph Yon, M.D.
Kyle Bryans, M.D.
Monica Grier, M.D.
Carrie Cousar, M.D.
Veena Mathur, M.D.
Alex Tuten, M.D.
PURPOSE:
To identify qualified applicants for the Radiologic Technology Program

SCOPE:
Radiology Department

RESPONSIBILITY:
Radiologic Technology Program Faculty
Program Assessment Committee
Admissions Committee

REFERENCES:
www.arrt.org
www.gvltec.edu/radtech/
http://www.clarion.edu/

RELATED DOCUMENTS:
None

POLICY/PROCEDURE:

Effective January 1, 2015 program graduates will be required by the American Registry of Radiologic Technologists (ARRT) to have earned an academic degree to be eligible to sit for their certification examination.

Therefore, prior to enrollment into AnMed Health’s Radiologic Technology Program, students must provide proof they will meet the ARRT’s academic degree criterion by one of the following:

- Earned an associate’s degree or higher acceptable to the ARRT. The degree does not have to be in the radiologic sciences
- Be enrolled in the Bachelor of Science of Medical Imaging Sciences (BSMIS) at Clarion University and eligible to apply to a clinical site
- Completed Phase I of the Radiologic Technology associate degree curriculum at Greenville Technical College. General education courses require a minimum grade of “C” or better and a cumulative technical GPA of 2.5 or higher. Phase I must be completed prior to starting the AnMed Health Radiologic Technology Program. A minimum of 22 credit-hours must be completed at Greenville Technical College.
- Completed the degree requirements outlined by a university that has established a 2+2 option for clinical experience through a hospital-based program

Applicants must meet additional requirements to be accepted into the Radiologic Technology Program. Requirements include:
1. Document a high school diploma, GED or equivalent. Preference is given to applicants who ranked in the upper 50%, have a GPA of 2.5 or higher on a 4-point scale, and have completed math and science courses such as biology, chemistry, physics, algebra, geometry, anatomy & physiology, and health occupations.

2. Submit official scores from a SAT, ACT, COMPASS or ASSET college entrance exam. Scores are:
   - SAT – Minimum 400 for the Math and Verbal sections, recommended combined score of 1000 (prior to 2005) or 1400 (after 2005)
   - ACT – Minimum composite score of 19, recommended score of 22
   - COMPASS/ASSET – scores should be comparable to scores recommended for health career students entering a technical college allied health program

3. Document the following college credits:
   - 3 credit hours – Mathematical/Logical Reasoning Course/ College Algebra – i.e., Math 109 (course numbers 100 level or less are not acceptable)
   - 3 credit hours – Written/Oral Communications Course/College English or Public Speaking i.e., ENG 101 or SPC 205
   - Two semesters of Anatomy and Physiology including labs, i.e., BIO 210 and BIO 211, are strongly recommended
   - Preference is given to applicants with a strong background in college level science and math

4. Demonstrate personal traits of character, professionalism, leadership, self-motivation, and empathy.

5. Meet and maintain the physical and technical standard criteria:
   - Physical Abilities
   - Communication Skills
   - Mental Abilities

6. As a condition of acceptance, applicants selected will be subject to AnMed Health’s:
   - Criminal background check
   - Physical Health Screening, including drug testing

A point system is used to calculate qualifications. The selection of applicants for admission is the responsibility of the Admissions Committee.

<table>
<thead>
<tr>
<th>Document Owner</th>
<th>Susan Merrill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved By</td>
<td>Jennifer Cohen, Susan Merrill</td>
</tr>
</tbody>
</table>
PURPOSE:
To make fair and equitable selections for admittance into the Radiologic Technology Program.

SCOPE:
Radiology Department.

RESPONSIBILITY:
Radiologic Technology Program Faculty
Admissions Committee.

REFERENCES:
www.anmedhealth.org

RELATED DOCUMENTS:
Human Resources
Employee Health
JRCERT Standard 1.12, 1.13
4.12 Technical Standards RADIOLOGIC TECHNOLOGY PROGRAM

POLICY/PROCEDURE:
The Admissions Committee members are:
Susan Merrill  Program Director
Mandy Boye  Clinical Coordinator
Judy Wilson  Director of Radiology
Cathy Atkins  Radiology Manager
Tim Catoe  Radiology Manager
Ormond Billups  Radiology Manager
Jerrie Foust  Radiology Manager
Kim Stevens  Radiology Manager

An information package is provided for applicants upon request. The package includes a program brochure, an application form and instructions stating requirements and explaining how to apply. All information may also be downloaded from www.anmedhealth.org

The following steps are required to be considered for admission to the program:

After all of the application data is received, the applicant is required to attend a two-hour information session at the medical center.

A personal interview with the program director and clinical coordinator is then scheduled.

A three hour morning observation in the radiology department is scheduled. Prior to the clinical observation a confidentiality statement, liability release form, and safety form must be signed.
and the applicant must have documentation of flu vaccination within the current flu season and a 2-step TB test within the past year. This documentation remains on file for three years. A math assessment and writing sample are completed at the end of the observation period.

Program faculty will mail a standardized reference form to personal references of the applicant’s choice. References should not be friends or relatives. Completed forms should be returned prior to the selection process.

A student handbook is provided to each applicant. Prior to acceptance a signed acknowledgment must be returned to document that the applicant has read the policies and procedures of the program and agrees to abide by them.

A point system is used to evaluate and equate the academic and personal attributes of each applicant. The Admissions Committee selects the students after all admission requirements have been met. Students are accepted on the basis of academic records, character and a general aptitude for the field of Radiologic Technology. Completed application date is also considered. The candidate is notified of the committee’s action by mail no later than May 1st. Selection is made without regard to race, religion, age, gender, or national origin.

Prior to final acceptance, each student must complete a health screening by AnMed Health Employee Health. Drug screening is included as a part of the health screening at AnMed Health for all employees and students.

A background criminal check/screening is also required. Any applicant who fails or refuses to complete the required screenings will not be considered for acceptance. This screening process is completed by the Human Resources Department.

Technical standards for admission or duties associated with the profession require that the applicant perform a full range of body motions including lifting and moving patients, manual dexterity, hand-eye coordination for maneuvering radiographic equipment, as well as prolonged sitting/standing. Technical standards are evaluated during the health screening and clinical observation process.

Class size is determined by AnMed Health Administration and is limited by the Joint Review Committee on Education in Radiologic Technology. The maximum number of students that could be accepted is 14 per year.

The program does not accept transfer students. Advanced placement is not an option due to curriculum sequence and design.
PURPOSE:
Student radiographers must be able to meet and maintain certain minimum technical abilities in order to effectively function in this highly demanding field.

SCOPE:
Radiography Students

RESPONSIBILITY:
Radiologic Technology Program Faculty

REFERENCES:
None

RELATED DOCUMENTS:
None

POLICY/PROCEDURE:
Applicants entering the Radiography Program or students who wish to continue in the Radiography Program must be able to:

1. Visually distinguish shades of grey on a radiographic image and evaluate for radiographic quality.
2. Critique and evaluate radiographs for the purpose of identifying proper patient positioning, patient identification, proper exposure factors and other pertinent technical qualities.
3. See with normal visual acuity or have corrective lenses, which will improve vision necessary to evaluate radiographic quality, enable visual observation of all patient activity, and accurately read written orders.
4. Utilize visual and auditory acuity to respond promptly to emergency situations.
5. Hear normally, or wear a device, which enables accurate assessment of blood pressure and breath sounds, verbal orders, and during emergencies, alarms or distress calls from patients and/or staff.
6. Possess written and verbal skills sufficient to communicate in English with patients and other healthcare providers.
7. Demonstrate sufficient strength and manual dexterity to manipulate radiographic equipment and patient care apparatus.
8. Push mobile radiographic unit.
9. Stand and/or sit for extended periods of time.
10. Perform radiographic duties while standing on feet 80% of the time.
11. Lift and support weights comparable to that encountered while transferring patients to and from beds, stretchers, wheelchairs and radiographic equipment.
12. Wear leaded apron for extended periods of time.
13. Calculate, select and manipulate exposure factors according to individual patient needs and the requirements of the procedure’s standards of speed and accuracy.
14. Push, pull, bend, kneel, and squat in a manner routinely necessary for radiographic activities.
15. Tolerate taxing workloads, adapt to an ever changing environment, display flexibility, and learn to function in the face of uncertainties inherent in the clinical problems of many patients.
16. Participate in clinical education rotations involving nighttime hours and weekends.
17. Work with sick patients who may have communicable diseases.
18. Be exposed to low levels of ionizing radiation.
19. Be 18 years of age by July 1 of the year which they are seeking admission. No upper limits of age have been established.
4.20 Tuition and Refund Policy
RADIOLOGIC TECHNOLOGY PROGRAM

PURPOSE:
To establish guidelines for educational expenses of the program and refund if the student withdraws from the program

SCOPE:
Radiography Students

RESPONSIBILITY:
AnMed Health Administration

REFERENCES:
None

RELATED DOCUMENTS:
None

POLICY/PROCEDURE:

Tuition Policy
A tuition of $2500.00 per year is charged* and paid to AnMed Health R.T. Program General Ledger account # 35307300015 as follows:

- $ 100.00 admissions fee - upon acceptance
- $2,400.00 first year balance is payable the first day of class

Student may use the following payment plan for the $2400 balance and make three payments for the first year tuition:

- $ 800.00 the first day of class
- $ 800.00 by August 1
- $ 800.00 balance by September 1

The $2500.00* second year tuition is due by July 1, and cannot be paid later than August 1 of the second year.
*tuition is determined by Administration and is subject to change annually

Refund Policy
The following refund policy is available for first year tuition if a student voluntarily withdraws from the program with notice:

- The $100.00 admissions fee is non-refundable

<table>
<thead>
<tr>
<th>Students who pay the full $2400.00 first year tuition</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Withdrawal between July 1 and September 30</td>
<td>$1200.00</td>
</tr>
<tr>
<td>Withdrawal between October 1 and December 31</td>
<td>$600.00</td>
</tr>
<tr>
<td>Withdrawal between January 1 and June 30</td>
<td>$0 no refund due</td>
</tr>
</tbody>
</table>

Students who use the payment plan for the 1st year tuition
Withdrawal between July 1 and July 31 | $0 no refund due  
Withdrawal between August 1 and August 31 | $400.00  
Withdrawal between September 1 and September 30 | $1200.00  
Withdrawal between October 1 and December 31 | $600.00  
Withdrawal between January 1 and June 30 | $0 no refund due  

Second year tuition is refunded as follows if a student voluntarily withdraws from the program with notice:

Students pay $2500.00 second year tuition. There is no payment plan.  
Withdrawal between July 1 and September 30 | $1200.00  
Withdrawal between October 1 and December 31 | $600.00  
Withdrawal between January 1 and June 30 | $0 no refund due  

The program provides student patches, class pins, diplomas, and other miscellaneous items.

The student purchases uniforms and textbooks, pays the required fee for the National Registry Exam, and is responsible for state society dues and optional seminars.

A $50.00 state certification fee is required for second year students who choose to be employed as a limited licensed technologist in SC and/or to allow for unlimited temporary employment in SC after graduation and prior to receiving certification by the ARRT.

All AnMed Health property including ID, dosimeters and parking decals must be returned prior to receiving a refund.
PURPOSE:
To inform new students of the cost that will be incurred during the two years in the Radiologic Technology Program.

SCOPE:
Radiology Students

RESPONSIBILITY:
Radiologic Technology Program Faculty

REFERENCES:
None

RELATED DOCUMENTS:
None

POLICY/PROCEDURE:

Textbooks and Uniforms
Textbooks and uniforms are selected by the program faculty. A list of required textbooks is provided. Students are responsible for purchasing textbooks and designated uniforms for the two years.

Approximate cost for required textbooks $800-$1,000
Approximate cost for uniforms and shoes $500-$600

Registry Preparation Exam
A registry preparation exam will be administered during the fourth semester. The cost of the examination is approximately $65.00. The expense is the responsibility of the student.

Extracurricular Functions
Extracurricular functions such as student seminars are recommended. Students are responsible for expenses involved in attending extracurricular activities.

Membership in the South Carolina Society of Radiologic Technologists is required. The 2016-2018 membership fee is $25 and is payable in July 2016.

American Registry of Radiologic Technologists
Students will pay the fee set by the ARRT to take his/her National Certification/Registry Exam after graduation. The estimated cost of this fee is $200.

SCRQSA (South Carolina Radiation Quality Standards Association)
As required by law, a second year student who is employed as a limited-radiographer must pay a fee of $50 to the SCRQSA for certification. This fee is payable after July 1, 2017 if the student chooses an available employment option as a limited-radiographer.
PURPOSE:
To provide information to the Radiography student regarding financial aid, assistance or benefits.

SCOPE:
Radiography Students
Auxiliary Scholarship Committee

RESPONSIBILITY:
Radiology Technology Program Faculty

REFERENCES:
Veterans Administration
United States Department of Education

RELATED DOCUMENTS:
VA Fillable 22-8794
JRCERT Standard 2.10

POLICY/PROCEDURE:
The Radiologic Technology Program is approved for Veterans Administration and similar financial aid organizations.

There are various civic organizations that provide scholarships for students entering Radiology.

Students may choose to apply for scholarships made available through local and national professional societies. Additional information can be found at www.scsrt.org and www.asrt.org

AnMed Health Volunteer Services provides the D.K. Oglesby, Jr. scholarship for the rising senior with the highest academic average.

The Auxiliary Scholarship Committee may consider one or more additional scholarships for second year tuition. Applications for the scholarship must be submitted to the Volunteer Office by May 1st, in the second semester.

The R.T. Program does not participate in federal loan programs (Title IV).

For students who are seeking deferment of a previous Student Loan while in the AnMed Health Radiologic Technology Program the U.S. Department of Education OPE-ID # is 005974.
PURPOSE:
The dress and personal appearance of our students makes an impression on our patients, visitors and staff. Students must take pride in their professional appearance and grooming.

SCOPE:
Radiography Students

RESPONSIBILITY:
Radiologic Technology Program Faculty
Radiologic Technologists

REFERENCES:
Human Resources

RELATED DOCUMENTS:
Department of Radiology Dress Code
Dress Code Policy HUMAN RESOURCES

POLICY/PROCEDURE:

UNIFORM DRESS CODE POLICY

Students are required to be in dress code at all times while on AnMed Health property.

Radiologic Technology students are required to wear white professional uniforms. Designated styles are presented on Orientation Day, along with instructions on how to purchase them. A smooth plain crew-neck white knit shirt should be worn under the uniform top/lab jacket of the uniform. The top may be buttoned or unbuttoned as desired. Sweaters are not allowed in the clinical area. A white long sleeve lab/consultation jacket may be worn if it is cool. Each uniform top and jacket must have a Radiology student patch attached to the left sleeve.

An additional option is the choice of a royal blue or yellow crew-neck knit shirt, worn under a white uniform top or lab jacket. Colored shirts must MATCH the blue or yellow color of the student patch. Sleeves must be short enough not to extend beyond the uniform sleeve. No long-sleeve colored shirts may be worn under short-sleeved uniform tops/jackets. White long sleeved shirts must be the smooth plain crew-neck style; no thermal like material. NO logo shirts may be worn under uniform tops.

White underwear or a solid color that is not readily visible through the uniform should be worn. Clean, white professional duty shoes and white hose/socks are required. Athletic shoes may be worn if leather and if approved by the faculty as duty shoes. Open toed shoes are prohibited and a heel strap/heel ridge must be present for open-heal shoe styles.
An AnMed Health name identification badge is provided and must be worn on the left upper chest area according to AnMed Health policy. If the ID badge is lost, a replacement fee will be charged by the medical center. In addition, a student patch must be affixed to the upper left sleeve of each uniform and lab coat.

GROOMING

Students are to be neat and well groomed at all times. This includes proper personal hygiene and daily change of uniform. Uniforms are to be clean and ironed. Hair must be styled in a professional manner that is away from the face and above the shoulders at all times when in uniform. Long, unsecured hair is a safety hazard. For the protection of the student technologist and the patient, long hair must be styled in a manner that cannot sweep across a sterile field or patient. Conservative hair accessories may be worn to secure hair. These include small, neutral colored ribbons or bows and exclude large, bright colored ribbons or fashion bows. If a beard or moustache is worn, it must be neatly groomed.

Jewelry should be modest; a watch and one ring or ring set per hand. If a necklace is worn it must be inside the uniform at all times. Earrings are limited to a small post styles only. No dangle or large loops are permitted due to personal safety. Other visible body piercing jewelry is not permitted. Nails must be kept short and clean according to the medical center’s nail policy (1/4 inch or shorter length). Acrylic nails and nail enhancements are prohibited for patient care givers. Tattoos that are visible outside the uniform are not permitted and must be covered. Wearing perfume or lotion with strong fragrances is restricted in the clinical area.

CLASS DRESS CODE

The student may dress according to approved AnMed Health dress code for "Class Only" scheduled days (no clinical involvement). For the Department of Radiology, the dress code for females includes dresses, skirt/tops and pantsuits. Specifically excluded are any color of denim jeans, shorts, miniskirts, and knit pants (such as leggings).

For male students the Department of Radiology dress code excludes denim jeans, sleeveless or "muscle" shirts, logo tees and shorts. Casual pants and tucked in shirts are considered acceptable dress.

CLINICAL GRADE POINTS RELATED TO DRESS CODE

Clinical grade averages include adherence to dress code. Points will be deducted for failure to conform to dress policies. Students may not be allowed to attend or participate in patient procedures if not dressed in designated uniform/dress code. The Program Director and Clinical Coordinator reserve the right to make the decision whether dress code is appropriate. The number of points deducted from the clinical grade follows the clinical grade scale provided to the student.
PURPOSE:
To establish clear and definite expectations and guidelines governing attendance and absences

SCOPE:
Radiography Students
Department of Radiology

RESPONSIBILITY:
Radiologic Technology Program Faculty
Radiology Management
Program Assessment Committee

REFERENCES:
Human Resources Policies

RELATED DOCUMENTS:
4.41 Absences Excused and Unexcused RADIOLOGIC TECHNOLOGY PROGRAM
4.42 Tardy Policy RADIOLOGIC TECHNOLOGY PROGRAM
4.43 Excessive Absenteeism RADIOLOGIC TECHNOLOGY

POLICY/PROCEDURE:

The student will attend the entire 24-month program to be eligible to graduate. There is no advance placement or early release options available in the program. Each class commences annually approximately the first day of July and concludes approximately the third full week in June.

The student must be in attendance 90% of scheduled didactic and clinical hours each semester. Regular attendance in class and scheduled participation in clinical procedures are necessary for a student to gain competency in all phases of Radiologic Technology. During the two-year program, each student (in addition to regularly scheduled time off) is allowed a designated number of vacation and personal/sick days. Any additional days missed must be made up at the end of the two-year program or during semester/spring breaks, as approved by the Program Director. Absences may be excused due to scheduling, sickness or prior permission. (Refer to Clinical Schedules and Objectives Policy) Classes are not in session during vacation/semester breaks.

The following is a list of scheduled days off:

FIRST YEAR STUDENTS:

5 Sick/Personal days
1 July 4th
1 Labor Day
1 Thanksgiving Day*
1 Christmas Day*
1 New Year’s Day
5 Vacation Days during Christmas/New Year’s class break
1 Memorial Day
10 Vacation Days during summer of first year (during second semester class break prior to August 1)

1st Year Five personal days are allotted for scheduled or unscheduled absences from class and/or clinic. Five call-in events are allowed per semester without receiving prior permission or without requiring a physician’s statement if all sick/personal days have not been used. A call-in event is excused only with notification prior to the students scheduled hours. (Refer to excused/unexcused absences) Hours and/or partial days of absence are cumulative and are subtracted from these five allotted days. (If a student is absent more than the 5 excused sick days, these additional days/hours will be deducted from the vacation or break days scheduled off.)

SECOND YEAR STUDENTS:

1 July 4th
1 Labor Day
1 Thanksgiving Day*
1 Christmas Day*
1 New Year’s Day
5 Vacation days during Christmas/New Year’s class break
4 Spring Break Days (in spring of 4th semester)
1 Memorial Day
10 Sick/personal days

2nd Year Ten days are allotted for sick days or unscheduled absences. The same rules apply. Only five call-in absences per semester will be excused without a physician’s statement. Any other missed days must be pre-approved by program faculty and total absences cannot exceed 10% of the scheduled clinical/didactic hours with or without a physician’s statement. (Exception: refer to Extended Illness Policy).

*Designated holiday observed by AnMed Health

In addition, 2 or more days are scheduled off for a student seminar if student chooses to attend the educational seminar.

Points will be deducted according to the clinical grading point system (provided to the student) for the following reasons:
1. excessive absences
2. excessive events of being tardy
3. unexcused absences
4. Failure to notify

Refer to each policy for the clinical grade point reduction for each of the above.
PURPOSE:
The program is structured using an established format to sequence didactic and clinical experience and full-time attendance is required. Fair and definite guidelines regarding student absences from the program are necessary.

SCOPE:
Radiography Students

RESPONSIBILITY:
Radiologic Technology Program Faculty
Radiology Management

REFERENCES:
None

RELATED DOCUMENTS:
None

POLICY/PROCEDURE:
Each student has an allotted amount of time that they may take while in the program. Absences fall into one of two categories; excused and unexcused

An absence is excused under the following conditions:
(1) Advance permission from school personnel
(2) Illness: The following criteria are mandatory for the illness to be excused:
   • Without exception, the student must notify the Clinical Coordinator and a departmental supervisor (of the area of assignment, i.e. AHMC or AHNC).
     AHMC Phone          (864) 512-1407
     AHNC Radiology     (864) 512-6568 or (864) 512-6554
     Ms. Boye’s Office  (864) 512-2824
     Ms. Merrill’s Office  (864) 512-3705
   • This notice should be given prior to the student’s assigned time. Failure to do so will result in a “failure to notify”.
   • Messages sent by other students, friends, etc. will not be accepted.
   • Each “failure to notify” will result in a 1% overall clinical grade reduction.
   • Due to the limited days that are scheduled on weekends (Saturday or Sunday), in addition to notifying the department supervisor, a written excuse from a physician stating the student was sick must be presented to program personnel on the first day of return.
   • The student may attend class without attending clinical if patient contact is not permitted or advisable.
   • If there are more than 5 absences due to call-in illnesses, the 6th absence and any thereafter must be accompanied by a written excuse from a physician and presented
to school personnel on the first day of return. The same rules apply even if the first five absences have been excused by a physician. More than five (5) absences from class in any one semester would be considered as excessive absenteeism and will result in disciplinary action.

(3) Unexpected emergency with notification as soon as possible.

(4) Death in family:
   - For immediate family (mother, father, spouse, child, sister, brother, mother in law, father in law, grandparent, or grandchild) three (3) days are excused without affecting allotted days.
   - The student may take time off for deaths other than immediate family, but time is deducted from the allotted sick/personal days.

(5) Previous appointments
   - Doctor and dental appointments should be made during scheduled time off if possible; however, if an appointment is necessary during scheduled time, this time is deducted from allotted sick/personal days.

An absence is unexcused under the following conditions:

(1) No prior notice is given
(2) More than 5 absences on a call-in basis per semester without physician's statement
(3) More than 5 class absences in any one semester without a physician's excuse
(4) A call-in on a scheduled Saturday or Sunday without a physician’s excuse

Unexcused absences will result in 3% reduction to the overall clinical grade per event:

- 1st event results in a 3% reduction
- 2nd event results in a 6% reduction
- 3rd event results in a 9% reduction

If a student is not able to report at his/her scheduled time, the occurrence is documented as follows.

- The occurrence will be documented as a call-in if the student arrives more than 4 hours after the student’s scheduled clinical time
- The occurrence will be documented as a tardy if the student arrives less than 4 hours later than the student’s scheduled clinical time

If a partial day absence is necessary for any reason, arriving late or leaving early, the time missed will be deducted from the student’s allotted bank of time.

DIDACTIC RESPONSIBILITIES FOLLOWING ABSENCES

(1) Students are responsible for all material missed in class.
(2) Previously announced exams missed due to excused absence must be taken the first day of return. The student should receive prior approval for an absence on test day from the testing instructor. Failure to do so may result in a 10 point grade deduction.
Previously announced exams missed due to an unexcused absence will result in a “zero” score.
(3) Students are responsible for all tests (scheduled or unscheduled) as well as a consultation with the instructor for make-up times and dates. The period of time allotted by the instructor for preparation for make-up exams is dependent on the course material missed, but cannot exceed 4 class days. Any exam not made up as scheduled will be averaged into the final grade as a “zero”.
PURPOSE:
To establish consequences for excessive absenteeism

SCOPE:
Radiography Students

RESPONSIBILITY:
Radiologic Technology Program Faculty
Radiology Management

REFERENCES:
None

RELATED DOCUMENTS:
4.44 Extended Leave and Make-up Time Policy RADIOLOGIC TECHNOLOGY PROGRAM

POLICY/PROCEDURE:

Student attendance for didactic classes and clinical procedures is necessary for successful completion of all objectives of the program. When a student uses all days allotted for absences, with or without a physician’s excuse, additional absences are considered excessive and will result in a 5% grade reduction.

Excessive absenteeism in excess of 10% of the total scheduled didactic and/or clinical hours during any semester and will result in a 10% grade reduction. Excessive absenteeism will affect the student's completion date for the program, or may result in dismissal from the program.

If a student documents excessive absenteeism in one semester, he/she is placed on probation. An additional absence occurring during that semester must be medically excused or it will be documented as an unexcused absence.

If the student has been placed on probation for excessive absenteeism during the previous semester (but not terminated), the student is eligible to continue in the program; however, termination will result if the student documents absenteeism in excess of 10% of his/her scheduled hours, without the option of additional unexcused absences. (Exemption: Extended Illness Policy)
PURPOSE:
To direct the student on how to handle events and absences that may require more time away from the program than is allotted using personal and vacation time.

SCOPE:
Radiography Students

RESPONSIBILITY:
Radiologic Technology Program Faculty
Radiology Management

REFERENCES:
JRCERT Standards

RELATED DOCUMENTS:
www.jrcert.org

POLICY/PROCEDURE:
If a medical condition prevents the student from attending the program for an extended period of time, the student’s future status in the Program will be evaluated and a plan for making-up the clinical and didactic requirements will be established.

Depending on the degree of completion of the Program at the time of the incident, either a normal or revised clinical schedule will be determined by the Clinical Coordinator. This is to assure that the student will complete all objectives in an educationally sound manner.

To request a medical leave of absence the student must:
• Immediately provide the Clinical Coordinator with written documentation from a physician that a medical condition exists that does not warrant ability to perform clinical procedures for a period of time. The student must submit a written statement identifying his/her desire to take a medical leave.

• Upon the student’s return, written consent from a physician must be submitted to the Clinical Coordinator stating that the student is able to participate in clinical procedures to meet program requirements.

Any medical leave that extends beyond 10% of the total contact hours may result in the need for the student to withdraw from the program or he/she may have the option to re-apply for the following academic year.

All hours absent in excess of allotted days off are reassigned at the end of the program after graduation and prior to writing the national registry. Students may schedule make-up days for excused absences during semester breaks, or possibly on a holiday, if approved by the program
director. Scheduled hours will not be in excess of 40 hours per week or 10 hours per day. The student's diploma will not be signed and the program will not be complete until after all clinical competencies and objectives have been documented. The program will not be extended longer than three calendar months.
PURPOSE:
Students of the AnMed Health Radiologic Technology Program are employees of AnMed Health and therefore must comply with organizational policies.

SCOPE:
Radiography Students

RESPONSIBILITY:
Radiologic Technology Program Faculty

REFERENCES:
Human Resources Policy

RELATED DOCUMENTS:
Inclement Weather Policy HUMAN RESOURCES

POLICY/PROCEDURE:
The Radiologic Technology Program adheres to the AnMed Health Inclement Weather policy. The policy states in part “In view of AnMed Health’s obligation to provide uninterrupted service at all times, it is the policy of AnMed Health to maintain adequate staffing during periods of inclement weather. Employees who have been scheduled to work are expected to report to and remain at work as they normally would. Each individual is expected to prepare for inclement weather and to make appropriate arrangements for transportation in order to arrive in a timely manner. Every effort will be made by senior management to consider inclement weather conditions involving travel to and from work, but conducting AnMed Health medical services will be the first priority.”

Students scheduled for class or clinical hours are expected to report during inclement weather as transportation is deemed safe. During inclement weather didactic classes will be held as scheduled, however the content of class presentation is determined by the number of students able to attend, and in consideration of AnMed Health medical services as the first priority. Any time missed from class or clinic should be documented by the normal call-in process and will be deducted from vacation/sick/personal days allotted.
PURPOSE:
To assure that students maintain good health by protecting themselves, our patients and visitors and other healthcare workers.

SCOPE:
Radiography Students

RESPONSIBILITY:
Human Resources and Employee Health are responsible for establishing guidelines concerning student health.

REFERENCES:
Human Resources Policies
Employee Health Policies

RELATED DOCUMENTS:
4.12 Technical Standards RADIOLOGIC TECHNOLOGY PROGRAM
4.10 Acceptance Criteria RADIOLOGIC TECHNOLOGY PROGRAM
4.52 Flu Vaccination and TB Policy RADIOLOGIC TECHNOLOGY PROGRAM
4.55 Drug Screening and Substance Abuse Policies RADIOLOGIC TECHNOLOGY PROGRAM

POLICY/PROCEDURE:
All applicants to the program must have documentation of flu vaccination within the current flu season and a 2-step TB test within the past year prior to the clinical observation step in the application process.

All in-coming students must complete a health screening by AnMed Health Employee Health, including a drug screening and assessment of technical standards.

There will be an annual physical done in July entering the second year of the program.
PURPOSE:
To assure that radiography students are physically and mentally sound to provide patient care and to help improve the health status of students and their families and reduce the associated health risks.

SCOPE:
Accepted Applicants to the Radiologic Technology Program
Radiography Students

RESPONSIBILITY:
Radiologic Technology Program Faculty
Employee Health
Human Resources

REFERENCES:
AnMed Health Human Resources policies

RELATED DOCUMENTS:
4.51a Physician Statement
Employee Health Services HUMAN RESOURCES
4.12 Technical Standards RADIOLOGIC TECHNOLOGY PROGRAM

POLICY/PROCEDURE:

As a condition of acceptance into the Radiologic Technology Program each student must complete the Pre-Placement Health Screening provided by Employee Health. This screening is provided at no cost.

Pre-Placement Screening
The screening consists of: physical job demand screening, health history, vital signs, height, weight, six-panel drug screen (DOT when indicated) and a two-step TST. Immunizations and titer screening include mumps and rubella, and varicella. HBV series or titer is given as indicated by history.

Immunizations
Tetanus/Diphtheria will be offered for post-accident care as indicated. TDaP is offered as indicated. Hepatitis B, Varivax and Rubella will be offered.

A follow-up health screening is completed by Employee Health at the beginning of the second academic year. This screening is provided at no cost to the student.

In addition to the pre-placement screening offered by Employee Health each student must submit a completed Physician Statement Form from his/her own physician upon entrance to the
program. This form will be provided at Orientation. The cost of this physical exam is the responsibility of the student.
TO YOUR PHYSICIAN: __________________________________________

AnMed Health has provided a routine health screening for new Radiologic Technology students to include a TB skin test, flu vaccination, and any needed immunizations.

We request your assistance in assuring that the student does not have any physical/mental problems or communicable diseases/conditions that would contraindicate his/her working in the healthcare setting. Technical duties include a full range of body motions including moving and lifting of patients, manual dexterity, hand/eye coordination for maneuvering of radiographic equipment, and prolonged sitting and standing.

Your signature below indicates __________________________________________
meets the above criteria.  

_______________________________________________, M.D. or O.D.     ____________________
Signature       Date
PURPOSE:
To protect patients, visitors, and other health care workers (HCW’s), the influenza vaccination and TB testing is viewed as a health competency and patient safety requirement.

SCOPE:
Applicants to Radiologic Technology Program
Radiography Students

RESPONSIBILITY:
Radiologic Technology Program Faculty
Health Promotions
Human Resources

REFERENCES:
CDC Recommendations for the Management of HBV Infected Healthcare Providers and students
CDC Influenza Guidelines
Guidelines for HIV-Positive Health Care Workers

RELATED DOCUMENTS:
Employee Health Services HUMAN RESOURCES

POLICY/PROCEDURE:
AnMed Health requires that all employees, students, vendors etc. receive a flu vaccination every year. Students enrolled in the program will receive the flu vaccine at no cost through Employee Health.

Prospective students are required to document flu vaccination and TB testing prior to attending the Clinical Observation step in the Interview process. Employee Health can provide and document the flu vaccination and TB testing to prospective students for a small fee.
PURPOSE:
To reduce the possibility of healthcare associated infections and to ensure the health and safety of patients, staff and other students.

SCOPE:
Radiography Students

RESPONSIBILITY:
Employee Health
Radiology Technology Program Faculty
Radiology Department Supervisors

REFERENCES:
Health Promotions Policies

RELATED DOCUMENTS:
JRECERT Standard 4.8

POLICY/PROCEDURE:
The student must report to the Program Director/Clinical Coordinator any illness or communicable disease which might affect the health of patients, staff, or other students. To re-enter the clinical area, a physician's and/or health nurse's return to work form must be presented.

If the student becomes sick at work, he/she is referred to the Employee Health nurse or nurse practitioner. Employee Health personnel may then provide limited healthcare or may refer the student to his/her personal physician.

If a student is identified as having been exposed to a potential healthcare associated infection (HAI) an incident report called Supervisor's Report of Employee Occurrence (SREO) is completed by the supervisor and given to the student. The student will report to Employee Health for evaluation. The student will follow the recommendations of Employee Health. Exposure of students to communicable disease is controlled by the use of immunizations, standard precautions and by the use of tracking by the RIS when original contact to the condition was unknown. (i.e., TB) The medical center's Infection Control Nurse coordinates with Radiology to assure compliance and follow-up. All health records are maintained in the Employee Health Department.

If a student is involved in an accident on site an incident report (SREO) is completed and the student is referred to the Employee Health nurse. If the accident occurs during the hours when the Employee Health nurse is not available, the patient care coordinator is paged to determine if the student should be seen immediately or referred to the Employee Health nurse the following morning.
Students are instructed not to handle contaminated needles. They must follow the infection control guidelines for the Department of Radiology and the protocol for reporting a needle stick should an incident occur.

If a student is involved in an accident off site, he should see his personal physician. Depending upon the extent of the injury, a physician's excuse and/or a return to class and/or clinical statement may be necessary to return to the clinical area.
PURPOSE:
Students must be oriented to policies regarding Standard Precautions and Infection Control prior to the onset of clinical rotations. Students must learn and adhere to procedural steps to control and prevent the spread of infectious diseases in order to protect themselves and others.

SCOPE:
Radiography Students

RESPONSIBILITY:
Radiologic Technology Faculty
Radiologic Technology Staff

REFERENCES:
Infection Prevention Policies

RELATED DOCUMENTS:
JRCERT Standard 4.8

POLICY/PROCEDURE:
Students are introduced to and tested on medical asepsis, surgical asepsis, isolation techniques and standard precautions during the first two weeks of the program and prior to starting clinical assignments.

The following Infection Prevention Policies are covered in detail:
- Bloodborne Pathogen and Needlestick Exposure Policy INFECTION PREVENTION
- Bloodborne Pathogens Exposure Control Plan INFECTION PREVENTION
- Communication and Transportation of Infectious Patients INFECTION PREVENTION
- Five Things to Prevent Infection Handout
- Guidelines for Multidrug-Resistant Organisms (MDRO) INFECTION PREVENTION
- Guidelines for Standard Precautions & Isolation INFECTION PREVENTION
- Hand Hygiene and Fingernail Policy INFECTION PREVENTION
- Utility Rooms and Linen Use/Disposal INFECTION PREVENTION

All topics are taught in more detail in the Patient Care classes.

<table>
<thead>
<tr>
<th>Document Owner</th>
<th>Susan Merrill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved By</td>
<td>Jennifer Cohen, Susan Merrill</td>
</tr>
</tbody>
</table>
PURPOSE:
The use of drugs and alcohol impairs the performance of students academically and clinically. An impaired student poses a threat to the safety of others. Drug and alcohol testing will be performed by AnMed Health for all employees and students.

SCOPE:
Radiography Students

RESPONSIBILITY:
Radiologic Technology Program Faculty
Human Resources
Employee Assistance Program
Employee Health

REFERENCES:
Drug-Free Workplace HUMAN RESOURCES

RELATED DOCUMENTS:
Drug-Free Workplace Human Resources
JRCERT Standard 4.7

POLICY/PROCEDURE:

Drug Screening

Drug screening is required for all AnMed Health employees and students. Compliance with the Drug Screening Policy is a condition of acceptance.

Any AnMed Health employee or student may be randomly selected for drug screening. Compliance with random drug screening is a condition of being an employee/student of AnMed Health.

Drug Screening with Reasonable Suspicion Policy
A drug screening may also be performed at the request of program faculty for just cause; i.e., events in which student actions constitute reasonable suspicion. Factors which may indicate reasonable suspicion for drug testing include but are not limited to:
• Contributing to a clinical accident
• Possession of drug paraphernalia
• Unexplained, abnormal, or erratic behavior
• Arrest or conviction for drug related offenses
• Observance of drug or alcohol use
• Odor of alcohol
• Other behavior that suggest reasonable suspicion.
Substance Abuse Counseling, Treatment and Rehabilitation for Drug/Alcohol

1. Students are encouraged to voluntarily seek assistance in resolving drug or alcohol use problems, before they become problems in the workplace. Voluntary participation in counseling, treatment, or rehabilitation for drug or alcohol use shall not, by itself, jeopardize the continued student status. However, the student will be subject to testing and required to comply with this policy, and will be subject to all other AnMed Health policies.

2. When a drug/alcohol problem is identified through drug/alcohol testing at work, the student will be required to have an evaluation by the EAP counselor and follow their recommendations.

3. The student’s participation in counseling, treatment or rehabilitation shall be on the student’s time and at the student’s expense. The student is expected to complete the counseling, treatment or rehabilitation program as requested by the EAP counselor.
4.60 Safety and Training Requirements
RADIOLOGIC TECHNOLOGY PROGRAM

Effective Date: 07/25/2016  Revision Level: 2  Page 1 of 1

PURPOSE:
To assure that students are properly oriented to the clinical setting policies and procedures in regard to health and safety

SCOPE:
Radiography Students

RESPONSIBILITY:
Radiologic Technology Program Faculty
Human Resources
Safety and Risks Management

REFERENCES:
Human Resources Policies

RELATED DOCUMENTS:
JRCERT Standard 4.7 and 4.8

POLICY/PROCEDURE:

All students are required to attend the medical center’s two-day new employee orientation and safety training during the first two weeks of the program. This course gives students information about safety policies and procedures and covers the requirements that must be followed to make a safe work environment. Included are emergency codes and preparedness, the use of Personal Protective Equipment (PPE), communicable diseases, and how to recognize and report or correct safety hazards.

A computer-based safety review program with post-testing is required for each student at the beginning of the second year. Records are maintained through the HeathStream Learning Center.

In addition, classroom instruction is provided within the first week on blood-borne pathogens, infection control, fire, and introductory level radiation safety practices to be observed while in the radiology department. Testing prior to the onset of clinical rotations ensures understanding.

Document Owner
Susan Merrill

Approved By
Jennifer Cohen, Susan Merrill
PURPOSE:
To assure that students maintain high standards of conduct while enrolled in the program.

SCOPE:
Radiology Students
Department of Radiology

RESPONSIBILITY:
Radiologic Technology Program Faculty
Radiology Management

REFERENCES:
www.arrt.org

RELATED DOCUMENTS:
4.77 Corrective Action Policy RADIOLOGIC TECHNOLOGY PROGRAM
4.78 Termination Policy RADIOLOGIC TECHNOLOGY PROGRAM

POLICY/PROCEDURE:

A high standard of professional conduct is required for Radiologic Technologists. AnMed Health has high expectations for professional behavior in all employees and students. Conforming to the AnMed Health Radiologic Technology Program’s policies and procedures will help the student learn to display the necessary affective behaviors of professional conduct needed to perform the professional duties and responsibilities of a radiographer.

Radiologic Technologists and students should adhere to the Code of Ethics established by the American Society of Radiologic Technologists. A copy of this Code is located in the Attachments Section of this Handbook.

The program has developed consequences for the violation of established professional standards. The following list of actions or behaviors may occur in class or clinic and will result in corrective action. The specific action taken in response to a negative behavior is based on the occurrence and the severity of the action.

- Unsatisfactory performance in clinical area
- Failure to maintain confidentiality
- Falsification or improper handling of records
- Falsification of clinical information such as evaluations, competencies, clinical time, procedure count etc.
- Unauthorized absence from assigned area
- Theft
- Insubordination
- Absenteeism and Tardiness
• Use of non-prescribed drugs or intoxicants
• Inappropriate use of prescribed or “over-the-counter” medications
• Inappropriate language or behavior
• Failure to notify
• Academic Dishonesty Policy infractions
• Disruptive behavior or harassment
• Instigating a negative climate among classmates or others
• Failing to meet course (academic or clinical) objectives
• Failure to follow established policies and procedures
• Jeopardizing patient care
• Conduct that discredits or damages the reputation of the program or the Radiology Department
PURPOSE:
To establish guidelines and identify corrective action taken in regards to dishonesty in the clinical or didactic portion of program

SCOPE:
Radiology Students
Department of Radiology

RESPONSIBILITY:
Radiologic Technology Program Faculty
Radiology Management

REFERENCES:
Human Resources Policies

RELATED DOCUMENTS:
4.75 Due Process Policy RADIOLOGIC TECHNOLOGY PROGRAM

POLICY/PROCEDURE:
As medical imaging professionals, academic dishonesty or cheating will not be tolerated in the Radiologic Technology Program. The ARRT Code of Ethics requires technologists to uphold high ethical standards. Therefore the following activities are deemed as unethical acts that will result in immediate corrective action, including termination without a previous verbal or written warning:

Cheating includes:
• copying from another student's test paper
• using during a test, notes/materials not authorized by person giving the test
• collaborating with another student during a test
• knowingly using, buying, selling, stealing, or transporting an administered test or a test that has not been administered
• looking at another student’s paper or talking during a test in a way that is perceived to be cheating by the instructor or other students
• assisting another student during academic competencies, including the use of signals or gestures
• use of any programmable electronic device during a test

Plagiarism is defined as the act of copying, stealing, or using another’s ideas, words, or specific substances as one’s own without giving credit to the source. For example: submitting written work which is not the work of the student; failure to identify in part or in whole the original author; failure to use quotations for an idea which has not been assimilated in the writer’s own language; or rewording a passage so it is not grammatically changed.
Misrepresentation is defined as work submitted improperly or falsely to meet course requirements. Examples include falsifying information at clinical education settings such as attendance, documenting procedures into the RIS system that you did not perform to obtain credit for said procedure, or presenting the same experiment for clinical assignments as another classmate when you did not participate in performing the experiment.

Any student who is suspended or expelled due to an act of academic dishonesty has the right to due process. (Refer to the Appeal/Due Process Policy)
PURPOSE:
To assure that patient privacy and rights are protected

SCOPE:
Applicants to the Radiography Program prior to attending the required Clinical Observation
Radiography Students

RESPONSIBILITY:
Radiologic Technology Program Faculty

REFERENCES:
Student Education Documents and Policy
Information Services
Corporate Compliance
HIPAA regulations

RELATED DOCUMENTS:
4.72a Confidentiality Agreement for Clinical Observation
4.72b Confidentiality Agreement for Radiography Students

POLICY/PROCEDURE:

Each applicant to the program will be required to sign a Confidentiality Statement prior to their Clinical Observation.

Each student will attend the new employee orientation program within the first two weeks of the start of the program.

Each student will be required to sign a Confidentiality Agreement prior to beginning his/her clinical education.

A breach of patient confidentiality may be grounds for immediate dismissal from the program.
Privacy and Confidentiality

- HIPPA Privacy Rule provides protection for personal health information held by covered entities and gives patient rights with respect to their protected health information (PHI).

- Healthcare organizations and their employees have an ethical and legal duty to maintain the confidentiality and privacy of patient information.

- It is prohibited to disclose patient information either orally, written or electronically unless it for job related duties or healthcare operations.

- HIPPA requires us to protect the security and confidentiality of individual patient information. This applies to paper records, computer files, electronic medical records, oral conversations, financial records, fax sheets, prescription bottle labels, photographs/videos, patient status boards, etc. Remember, PHI is not only found in the electronic record.

- Patient Information access is restricted to only employees who have a work-related reason for viewing the information or to authorized family members.

Privacy and Confidentiality of Electronic Information

- Access to electronic medical records should be available only to those individuals who have a job related reason to know.

- Employees are responsible for helping to prevent inadvertent observation or unauthorized access of electronic data of protected health information of patients.

- User ID and passwords should be kept confidential. Refer to Information Services for the guidelines for creating passwords.

- Staff should lock their computer when they leave their work-station so that other employees or visitors do not have access to their computer or they should log-off.

- All AnMED Health issued mobile communication resources; laptops, tablets, smart phones, Blackberries, PDA’s etc. that access the AnMED Health network, including email, will be provisioned with IS Security approved encryption software. Any personally owned computer, laptop, smartphone, Blackberry, iPhone, etc. that accesses the AnMED Health network, including email, must install and utilize IS Security approved and managed encryption software.

Reminders about Privacy and Confidentiality

- **Social Media**—be cautious when posting on any Social Media forum. Do not post any patient information or healthcare related information that would be a violation of HIPPA.

- Do not post any malicious information about AnMED Health, your employment, coworkers, management, etc. on any Social Media forum. **You are accountable for what you post.**

- **Photographing of patients or patient treatment is not permitted** unless authorization is obtained. Never post any photographs of patients on a Social Media site.

- PHI should not be sent in a text message—it is not SECURE. Only send patient information in e-mail that is SECURE by AnMED Health standards.

- Only use confidential paper bins when disposing of paper that contains PHI.

I acknowledge that I have read AnMED Health’s Confidentiality Policy and have been oriented on its contents.

_________________________________________  ________________________________
Signature                                      Date
CONFIDENTIALITY AGREEMENT for RADIOGRAPHY STUDENTS

Health Insurance Portability and Accountability Act of 1996

Please read the following information relative to HIPAA’s Privacy Rule and Protected Health Information. You are responsible for protecting the confidentiality of all patients and for any patient information you gain access to during your didactic and clinical education classes/rotations in the Radiologic Technology Program.

The following guidelines will assist you in conforming to this law.

THE PRIVACY RULE

Protected Health information includes:

- Demographic information collected from an individual and information contained in their medical record (chart or EMR)

- Any information relating to past, present or future physical or mental health of an individual

- Information that identifies an individual or may be used to identify the individual including:
  - Name, address, social security number, phone, e-mail, medical record number

What you see, hear or talk about in the medical center is Confidential!

Your signature below indicates understanding and compliance with HIPAA patient privacy rules while you are enrolled as a student in the Radiologic Technology Program at AnMed Health.

_____________________________         _________________
Student Signature                                                                    Date
PURPOSE:
The student technologist is expected to communicate with the patients in order to obtain a clinical history and to question a procreative patient for the possibility of pregnancy. Accurate information must be passed on to the radiologist to determine any modifications in protocol and/or to aid him or her in the interpretation of the radiographic images.
The student should never communicate to the patient information regarding the patient’s condition, prognosis, or diagnosis. The attending physicians or radiologists are the only ones who should discuss the patient’s condition and/or diagnosis with the patient.

VERBAL COMMUNICATION: The student not only represents himself to the public, but also AnMed Health. It is important for student technologists to utilize proper titles when addressing all patients or personnel in the medical center and radiology department; i.e. Mr., Ms., Dr., sir, etc.

WRITTEN COMMUNICATION: The student should use correct spelling and grammar when writing medical information, as well as when completing clinical objectives. The student should avoid the “do not use” abbreviations recognized at AnMed Health.

HIPAA - Health Insurance Portability and Accountability Act of 1996

Although HIPAA also deals with other healthcare issues such as health insurance access, the prevention of healthcare fraud and abuse, tax-related issues, and group health plan requirements, this policy focuses upon the confidentiality of patient information. During the program, students are required to review and discuss medical records during radiographic examinations. Patient information is typically obtained through verbal, written, pictorial, and
electronic means. These records often contain very sensitive information about a patient. At no time will a radiologic technology student release or discuss, in public, any information contained in a patient’s medical record.

Students, who violate a patient’s right to confidentiality, may be subjected to immediate dismissal from the program. Additionally, HIPAA establishes both civil and criminal penalties for privacy violations. Wrongful disclosures of any health information may result in sizeable fines and possibly prison time.

Patient information should only be released to those individuals or organizations on an official “need to know” basis. Prior to the release of any healthcare information, the student should contact the immediate supervisor in charge. At no time, should patient information be discussed with co-workers or other healthcare personnel unless it affects the care of the patient or the procedure being performed. Patient information should never be discussed in public areas of the medical center or outside of the medical center. This includes areas such as elevators, cafeteria, etc.

Students receive training on HIPAA requirements during orientation, and must complete the computer HIPAA module and examination at the beginning of the second year.
PURPOSE:
AnMed Health is committed to maintaining a safe, healthful and efficient working environment where employees and customers are free from the threat of workplace violence.

SCOPE:
Radiography Students

RESPONSIBILITY:
AnMed Health Staff

REFERENCES:
EEOC Employees and Job Applicants
Title VII of the Civil Rights Act of 1964

RELATED DOCUMENTS:
Workplace Violence HUMAN RESOURCES
Equal Employment Opportunity HUMAN RESOURCES
Disciplinary Action HUMAN RESOURCES
Code of Conduct CORPORATE COMPLIANCE
Non-Retribution and Non-Retaliation Policy CORPORATE COMPLIANCE

POLICY/PROCEDURE:
Harassment is infringement of the rights of others. Harassment will not be tolerated and is grounds for dismissal from the program and termination of employment from AnMed Health. Harassment includes, but is not limited to the following:

- Physical or verbal abuse inflicted on another person
- Severe emotional distress inflicted upon another person
- Sexual harassment inflicted on another person. This is defined as sexual discrimination when the harassing conduct creates a hostile environment. Therefore, unwelcome sexual advances, request for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when the conduct is sufficiently severe, persistent, or pervasive to limit an individual’s ability to participate in or benefit from the education program or to create a hostile or abusive educational environment
- Stalking that would place a reasonable person in fear for their safety

Anyone subjected to such conduct should report it immediately to the program director, clinical coordinator, or a clinical instructor/supervisor in the radiology department or to the Corporate Compliance Office. All information will be kept confidential.
PURPOSE:
To provide guidelines for the student to follow in the event of disagreement in the disciplinary action process

SCOPE:
Radiography Students
Radiologic Technology Program Faculty

RESPONSIBILITY:
Radiologic Technology Program Faculty
Radiology Department Director
Vice-President Clinical and Support Services
Human Resources

REFERENCES:
Human Resources
www.jrcert.org

RELATED DOCUMENTS:
JRCERT Standard 1.6, 1.7

POLICY/PROCEDURE:

In the event that a student strongly disagrees with an instructor or program faculty's decision regarding a disciplinary action and wishes to appeal, or if he/she has a grievance, the steps listed below should be followed:

Step 1: Address the grievance to the Program Director for further consideration within 15 days of the event or address.
The Program Director will respond to the student within a 24-hour period. If the grievance is in regard to the Program Director, go to Step 2.

Step 2: If the student is dissatisfied with the Program Director's decision, the student should address the grievance to the Director of Radiology within one week following the grievance.
The Director of Radiology will respond to the student within three days.

Step 3: A final appeal may be directed to the Vice President of Clinical and Support Services within one week following the response from the Director of Radiology, who may choose to render the final decision or delegate the rendering of the decision to Human Resources or to the Corporate Compliance Officer of the medical center for appropriate action.
The Vice President, Human Resources, or Corporate Compliance Officer should respond to the grievance within one week.

After the institutional procedure is exhausted, a complaint may be made to the JRCERT (address available under Accreditation) by a student or graduate to allege non-compliance of the program with the Standards. If the program is notified by the JRCERT that a complaint was received, a response will be addressed jointly by the Director of Radiology and the Program Director, with advisement from the Vice President of Clinical and Services.

Specific details of any Complaint forms can be located electronically on the Radiology I-drive, Radiology School folder, Grievances and Due Process folder.
PURPOSE:
To outline the process for students to bring forth complaints, other than those that require invoking the Harassment or Due Process Policy, to the faculty.

SCOPE:
Radiography Students
Radiologic Technology Faculty

RESPONSIBILITY:
Radiologic Technology Faculty
Program Assessment Committee

REFERENCES:
www.jrcert.org

RELATED DOCUMENTS:
JRCERT Standard 1.6
4.76a Complaint Form RADIOLOGIC TECHNOLOGY PROGRAM

POLICY/PROCEDURE:
In the event that a student has a complaint apart from those addressed in other policies and procedures, the student should bring the complaint to the attention of the program faculty. The program faculty will give the student a complaint form to complete and submit. The faculty will review the complaint form and seek a suitable resolution. The program faculty will track complaints to identify any trends that may negatively affect the quality of the educational process. Specific details of any Complaint forms will located electronically on the Radiology I-drive, Radiology School folder, Grievances and Due Process folder.
AnMed Health
Radiologic Technology Program
Complaint Form

Nature of Complaint:
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Student Signature  Date

Action Taken
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Additional Comments
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Faculty Signature  Date
PURPOSE:
To clearly identify actions and behaviors that must result in corrective action

SCOPE:
Radiologic Technology Program Faculty
Radiography Students

RESPONSIBILITY:
Radiologic Technology Program Faculty

REFERENCES:
Human Resources Policies

RELATED DOCUMENTS:
Corrective Action Form

POLICY/PROCEDURE:
Corrective Action - A student will receive a written corrective action statement should any of the following incidents occur:

- Unsatisfactory performance in clinical areas
- Unsatisfactory academic performance
- Failure to maintain confidentiality
- Falsification or improper handling of records
- Unauthorized absence from assigned area
- Negative attitude or instigating a negative climate
- Failure to follow established policies and procedures
- Jeopardizing patient care
- Theft
- Insubordination
- Tardiness
- Absenteeism
- Harassment
- Cheating
- Inappropriate use of prescribed or “over the counter” medications or intoxicants
- Failure to report as scheduled
- Inappropriate language or behavior
- Unauthorized use of AnMed Health equipment or property
- Sleeping in the clinical areas
- Unethical behavior

Corrective action will be taken according to the seriousness of the offense and may include, but is not limited to, the following:
• Reprimand
• Probation
• Suspension
• Termination
**PURPOSE:**
To identify cause for a student to be terminated from the Radiologic Technology Program

**SCOPE:**
Radiologic Technology Program Faculty
Radiography Students

**RESPONSIBILITY:**
Radiologic Technology Program Faculty

**REFERENCES:**
Human Resources Policies

**RELATED DOCUMENTS:**
None

**POLICY/PROCEDURE:**
A student may be terminated should the following incidents occur:

- Acting in a manner that causes school faculty to lose confidence in the student’s ability to successfully complete the program curriculum
- Academic dishonesty
- Abusive or threatening behavior
- Insubordination
- Unsatisfactory scholastic progress - clinical or didactic
- Excessive absenteeism/tardiness
- Conduct that discredits, embarrasses, or damages the reputation of the school or its faculty
PURPOSE:
To establish guidelines for students who wish to work while attending the Radiologic Technology Program. All AnMed Health Radiography students are employees and therefore may have opportunities to work as a transporter, Limited Radiographer or in other departments within the medical center.

SCOPE:
Radiography Students

RESPONSIBILITY:
Radiologic Technology Program Faculty

REFERENCES:
South Carolina Radiation Quality Standards Association

RELATED DOCUMENTS:
www.scrqsa.org Medical Health and Radiation Safety Act 2000
6.11b Radiation Request from Previous Employer

POLICY/PROCEDURE:

Students are eligible for employment in the Department of Radiology at AnMed Health. Any work schedules or assignments as an employee are provided by the Department of Radiology management as job opportunities are available, and are independent of the educational program. No employment hours are guaranteed. Students will wear their student uniform and ID when working for pay. Employment is linked to student status. Employment should be evaluated carefully by the student to assure that it does not interfere with the educational process. Students are not permitted to work in Radiology during suspension days or unexcused absence days.

The South Carolina Radiation Quality Standards Association (SCRQSA) requires that anyone using radiation be certified. Therefore, first year students may not be employed as radiographers and second year students must be certified by the SCRQSA as a Certified Limited Radiographer-General (no fluoroscopy, trauma, pediatric, mobile or surgical radiography or contrast media procedures) in order to be employed. In addition, if a student is employed in a radiation area other than AnMed Health, he/she is required to report this employment so that the total amount of radiation exposure can be monitored and determined according to appropriate site (Request for Permissible Accumulated Dose Records).
PURPOSE:
Students of the Radiologic Technology Program have access to benefits equivalent to all AnMed Health employees. Access to student services promotes student achievement.

SCOPE:
Radiography Students

RESPONSIBILITY:
Radiologic Technology Program Faculty
Human Resources

REFERENCES:
HUMAN RESOURCES Policies

RELATED DOCUMENTS:
JRCERT Standard 2.7, 2.8

POLICY/PROCEDURE:

- Free Employee Health benefits equivalent to other AnMed Health employees
- Employee discounts for cafeteria meals
- Employee discounts at AnMed Health Pharmacy
- Employee discounts for uniform purchase at Reid’s Uniform Shop
- Employee discounts at participating businesses in the community
- Free parking in designated areas
- Employee Assistance Program personal counseling
- Student limited employment opportunities
- AnMed Health Federal Credit Union Membership
- Free lockers for personal belongings in classroom and in Radiology Department
- Textbook discounts
- Computer services with free internet access
- AnMed Health Library services

All available student services are in compliance with the Americans with Disabilities Act of 1990.
### PURPOSE:
In order to have a method for continuous assessment and improvement a variety of evaluations will be required.

### SCOPE:
Radiology Students  
Radiologic Technology Program Faculty  
Program Assessment Committee

### RESPONSIBILITY:
Radiologic Technology Program Faculty  
Program Assessment Committee

### REFERENCES:
[www.jrcert.org](http://www.jrcert.org)

### RELATED DOCUMENTS:
JRCERT Standards 3.9

### POLICY/PROCEDURE:
Students will evaluate each course at the end of the course.

Students will evaluate instructor presentation at end-of-the-first-year and at the end of the second year.

Students will evaluate clinical instructors at the end of each year and will evaluate staff technologists periodically.

First year student will complete an END OF FIRST YEAR evaluation of the program.

Graduates complete an EXIT INTERVIEW form to allow for further evaluation of the overall program and instructor competencies.

Within one year of program completion graduates will receive a GRADUATE FOLLOW-UP EVALUATION along with an EMPLOYER SATISFACTION QUESTIONNAIRE FORM. The graduate is asked to complete the evaluation and return it to the program in a provided postage-paid envelope. The graduate is also asked to give the EMPLOYER SATISFACTION QUESTIONNAIRE FORM to their current manager or supervisor and encourage them to complete the form and return it to the program in a provided postage-paid envelope.

All regularly scheduled staff technologists will evaluate each student at the end of the second semester and, using the TERMINAL COMPETENCY EVALUATION FORM, at the end of the
fourth semester. This evaluation is confidential and anonymous. The Program Faculty reviews the evaluation with each student privately.

Only Clinical Instructors will evaluate each student at the end of the first and third semesters. This evaluation is confidential and anonymous. The Program Faculty reviews the evaluation with each student privately.
PURPOSE:
The program provides a structured competency based program to comply with requirements for accreditation.

SCOPE:
Radiography Students
Radiology Department

RESPONSIBILITY:
Radiologic Technology Program Faculty

REFERENCES:
www.jrcert.org

RELATED DOCUMENTS:
JRCERT Standard 3.2

POLICY/PROCEDURE:
AnMed Health offers a competency based clinical education program. Each student must pass academic competency testing on a radiographic procedure before performing that procedure on a patient. The students will perform under the direct supervision of a registered staff technologist until he/she has proven clinical competency and under the indirect supervision of a technologist throughout the clinical educational program. The student documents all procedures performed via the RIS system. In addition, mandatory and elective competency categories/procedures are completed by Clinical Instructors or designated RTs via standardized competency forms.
# Clinical Grade Form

**Student:** ___________________________  
**Dates of Attendance:** ______________________

## Clinical Components

<table>
<thead>
<tr>
<th>Patient Procedures (0-10 pts.)</th>
<th>1st Sem.</th>
<th>2nd Sem.</th>
<th>3rd Sem.</th>
<th>4th Sem.</th>
<th>Total</th>
<th>Total</th>
<th>Total</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st semester – 300 procedures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd – 4th semester – 1,000 procedures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-1 pt. for each 50 not completed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Objectives (0-25 pts.)</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>objective books</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>clinical experiments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Competency Record (1-5 pts.)</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Clinical Assignments (0-10 pts.)</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>journal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>in-service</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Instructor &amp; Staff Evaluations (0-20 pts.)</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>affective behavior, attitude, professionalism, patient care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethics – Dress Code (0-30 pts.)</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>-5 pts. per dress code infraction</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-5 pts. per ethics infraction</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL POINTS (0 – 100)**

---

## Competency Performance

**Average Total Points (0-100)**

**Average Clinical Components + Competency Performance**

**Attendance Grade Reduction**

- % per tardy
- 3% per unexcused absence
- % per Failure to Notify
- % excessive absence

**TOTAL CLINICAL EDUCATION AVERAGE**

**STUDENT’S INITIALS**

1st Year Average ___________________  
2nd Year Average ___________________  
Overall Average ___________________  

Rank _____ in class of ____________

Clinical Coordinator Signature _________________________________________________
| PURPOSE: | To ensure all students have equitable learning experiences and that the scheduling of clinical and didactic involvement does not exceed more than 40 hours a week or 10 hours per day. |
| SCOPE: | Radiography Students  
Clinical Coordinator |
| RESPONSIBILITY: | Radiologic Technology Program Faculty |
| REFERENCES: | www.jrcert.org |
| RELATED DOCUMENTS: | JRCERT Standards 1.2, 1.3, 1.4, |
| POLICY/PROCEDURE: | Students will become acquainted with every phase of imaging in Radiologic Technology. This is accomplished by scheduling students in the Department of Radiology various hours of the day, including both early morning and late evening hours. The schedule includes weekend clinical rotations, which allows students to participate in more trauma radiography than is available during weekday rotations. No more than 25% of clinical hours will be scheduled during off-hours. Off-hours are defined by accreditation standards as earlier than 5 a.m., later than 7 p.m. or any weekend hours scheduled on Saturday or Sunday. Student schedules do not exceed 40 hours per week, or 10 hours per day, including didactic and clinical time.  
Students complete objectives as they are scheduled in each of the diagnostic areas, including conventional and fluoroscopic rooms, emergency/trauma areas; surgery; mobile radiography and multiple computer related systems including computed/digital radiography, radiology information systems, and PACS. Students gain experience at both the AnMed Health Medical Center and in the radiology facilities at the AnMed Health North Campus. Additional rotations may be provided in area physician offices to allow the students to practice conventional film-screen radiography systems and processing areas, including daylight systems and conventional darkrooms. Clinical experience is also provided in Computed Tomography to compliment basic didactic CT instruction. A brief rotation is provided through Vascular and Cardiac Catheterization labs, Radiation Therapy, Nuclear Medicine, Mammography, Medical Sonics, Echocardiography and Non-Invasive Vascular Lab, ECG, Bone Densitometry, PET/CT and Magnetic Resonance. Objectives must be turned in to the Clinical Coordinator weekly. Two weeks without completing objectives for the clinical areas will result in the student’s ineligibility to attend clinic until the objectives are completed and turned in.  

---

Printed copies are for reference only. Please refer to the electronic copy for the current version.
Changes or Modifications in Clinical Schedule

Students attend clinical areas as scheduled by program faculty. At the discretion of the supervisor or clinical instructor, a student’s request for time off may be granted. The student must have the supervising R.T. initial the time card for verification. If a student leaves more than 5 minutes prior to his/her scheduled time the time will be deducted from his/her allotted personal days.

There is NO changing or switching assigned areas without prior permission from program faculty, unless due to an emergency or illness. A change of schedule form must be completed for any change. This form should be completed prior to the scheduled date if possible, and must be verified by program personnel. Each student must complete the clinical objectives in the area he/she is scheduled. An unauthorized switch will result in reassignment of clinical hours.

The student must never leave an assigned clinical area without reporting to the staff technologist or supervisor. A patient is NEVER left unattended because it is lunch, class time, or the end of a clinical period. Students are not expected to stay after their scheduled time. If the student chooses to stay longer than 15 minutes after his assigned time, he/she should ask the supervising R.T. to initial the time card for verification and he/she will receive time compensation.
PURPOSE:
To ensure all students have documentation of program hours

SCOPE:
Radiography Students
Department of Radiology

RESPONSIBILITY:
Radiologic Technology Program Faculty
Radiology Management

REFERENCES:
4.40 Attendance Policy RADIOLOGIC TECHNOLOGY PROGRAM

RELATED DOCUMENTS:
None

POLICY/PROCEDURE:
Clinical hours are verified by the use of time cards. Time cards are placed in a designated area of the Radiology Department. Each time card covers a seven-day period. The student clocks in when he/she arrives in the Radiology Department and clocks out when leaving the department. Failure to clock in or out will result in deduction of the scheduled clinical hours for that day, unless the student notifies program personnel within 24 hours and verifies by a CI/Supervising R.T. Failure to be in a clinical area as assigned will result in a deduction of clinical hours. Time cards are evaluated at the end of each week. The card is then returned to the student for his/her signature and filed in the clinical coordinator’s office.

Each student must demonstrate competency in using the time clock and must sign the Protocol for Documentation of Clinical Hours Form.
PURPOSE:
To accurately and fairly document student clinical time

SCOPE:
Radiography Students

RESPONSIBILITY:
Radiologic Technology Program Faculty

REFERENCES:
None

RELATED DOCUMENTS:
None

POLICY/PROCEDURE:
In order to accurately and fairly document your clinical time, the following steps must be completed by each student:

The student will:

1. Use time clock correctly to enter the time he/she arrives and leaves the clinical area. (This includes each time the student leaves for didactic class and arrives back in the clinical area. Lunch breaks do not have to be indicated)

2. Take responsibility to assure the clocking transaction was printed on the correct date and place on the timecard.

3. Report to the clinical office (3705 or 2824) any failure to clock as soon as the error is realized. To get credit for the clinical hours not indicated by the time card entry, the student must manually write the time on the left column of the card, NOT NEAR THE AUTOMATIC TIME CLOCK ENTRY COLUMN) and a clinical instructor or the supervisor in charge must sign that the student was present at the time written. Failure to properly complete this step will result in the assumption that the student was tardy and/or was absent for the clinical hours scheduled.

4. NEVER complete a clocking transaction for another student. This is considered cheating and is grounds for automatic dismissal from the program.

5. NOT tamper with the timecards or with the time clock or its power source in order to attempt to falsify attendance records.
5.13 Documentation of Clinical Hours
RADIOLOGIC TECHNOLOGY PROGRAM

Errors on clocking transactions are assessed, and multiple errors result in reduced clinical points and corrective action as appropriate to the type, cause and number of errors.

Leaving the clinical area without proper notification is grounds for corrective action.
I understand the protocol for documentation of my clinical time.
I am competent in the use of the time clock.

Name_______________________________________________________

Date________________________________________________________

Document Owner  Susan Merrill
Approved By     Jennifer Cohen, Susan Merrill
PURPOSE:
To establish definite and clear expectations and guidelines for students while in assigned clinical area

SCOPE:
Radiography Students
Department of Radiology

RESPONSIBILITY:
Radiologic Technology Program Faculty
Radiology Management

REFERENCES:
Human Resources Policies

RELATED DOCUMENTS:
5.13 Documentation of Clinical Hours RADIOLOGIC TECHNOLOGY PROGRAM

POLICY/PROCEDURE:

CLINICAL AREA EXPECTATIONS

Markers:
Each student is issued one set of Right and Left leaded markers to be used for patient image identification. If the student loses a marker, he/she is responsible for reporting the loss to the clinical coordinator so a new marker can be ordered. A small fee is charged for replacement markers.

Reception Area:
Students are to refrain from being in the reception area unless assigned to that area. Students may not answer telephones in the main reception area unless specifically asked to do so by a supervisor. When answering phones in work areas, the student should first identify the area and then state his/her name.

Loitering:
Students should not loiter in the Department of Radiology at times not specified for clinical assignment.

Cell Phones/Telephones:
Students may not use telephones in the clinical area for personal phone calls. The telephones in the hospital are for business purposes only. Cell phones may be used only during breaks and meals. Additionally, students should advise friends and relatives not to call during clinical hours unless it is an emergency. Important messages may be left with the receptionist or on the answering machine in the program office.
Electronic Devices:
The use of cell phones, personal computers, cameras, iPods, etc. is strictly prohibited while in the clinical area. Failure to comply with this regulation will result in a formal disciplinary action.

ID and Monitoring Badges:
An AnMed Health identification badge must be worn on the left chest area where it is visible to patients at all times while in the clinical area. Objects may not be placed on the badge as they obscure ID. A radiation monitoring dosimeter must be worn in all radiographic areas. If lost, the student should notify the clinical coordinator/administrative secretary as soon as possible for a replacement. The monitoring dosimeter is to be left on the designated “badge board” when leaving the clinical area. Exception: If scheduled at the North Campus, the student should take the dosimeter with them to this site, taking care to return the dosimeter to the main campus for the next clinical schedule.

Bulletin Boards/Student Boxes:
Students are responsible for reviewing all memos and information posted on the bulletin board located at the student entrance to the clinical area and for checking the individual's student box in the classroom on a daily basis.

Clocking In/Out:
Students may not clock in or out for another student. Each student is responsible for using his/her time card for verification of clinical attendance. Failure to clock may result in loss of clinical hours. Manipulating the accuracy of the student’s clinical hours is considered as falsification of records and is grounds for disciplinary action, including termination. (Refer to Documentation of Clinical Hours Policy)

Professionalism:
Students are to be in designated uniform and well groomed when in the clinical area. Eating and excessive gum chewing in patient procedure areas are prohibited. Students are to show respect to all AnMed Health personnel. Failure to conduct behavior in a professional manner may result in the loss of privilege to participate in the clinical area.

Use of Computers/Confidentiality:
Students may not use the computers in the clinical area for personal use or entertainment purposes. A computer confidentiality statement must be signed before a security code will be issued. Students should use the computers in the classroom area, instead of the clinical areas, for related assignments and research.
Parking:
Students must park in areas designated by Security as Student Parking. At the Medical Center parking is provided in the North Street Parking Lot. At the North Campus parking is allowed in the last 3 rows of any lot.
PURPOSE:
To ensure that students understand the expected behaviors in the clinical setting and have the opportunity to receive feedback from the technologists. This information should lead to performance improvement.

SCOPE:
Radiography students

RESPONSIBILITY:
Radiologic Technology Program Faculty
Clinical Instructors
Radiologic Technologist

REFERENCES:
None

RELATED DOCUMENTS:
None

POLICY/PROCEDURE:

Students are evaluated by the clinical instructors or staff technologists for their performance during each weekly rotation in the clinical area. The student is responsible for giving the evaluation form to the technologist, obtaining their signature, and for turning the completed evaluation in to the clinical coordinator along with the clinical objectives for the week. The student initials the evaluation form to confirm that they have had the opportunity to see the evaluation.

Quarterly or semester evaluations are completed by clinical instructors, supervisors and staff technologists at least twice per year and are returned directly to the program director. The program director discusses the evaluations with each individual student and identifies opportunities for improvement.

Student evaluations are scored and constitute a portion of the student’s clinical grade according to the clinical grade scale provided to the student.

Student evaluations are also used to track and report program performance in the Outcomes Assessment process required by the JRCERT.
PURPOSE:
To provide a pregnancy policy that is consistent with federal regulations and state laws and to assure that radiation exposure to the student and fetus are kept as low as reasonably achievable (ALARA)

SCOPE:
Radiography Students

RESPONSIBILITY:
Radiologic Technology Program Faculty
AnMed Health Radiation Safety Committee

REFERENCES:
Radiation Safety Committee
www.jrcert.org

RELATED DOCUMENTS:
JRCERT Standards 4.2
6.10a Declaration of Pregnancy - Student Forms

POLICY/PROCEDURE:

ANMED HEALTH
RADIOLOGIC TECHNOLOGY PROGRAM
Subject: Student Pregnancy Policy
Authorized By:
Radiation Safety Committee
Effective Date: Aug. 20, 2013

The National Regulatory Commissions (NRC) regulations and guidance (10 CFR 20.1208) are based on the conservative assumption that any amount of radiation, no matter how small, can have a harmful effect on an adult, child or unborn child. Because of the sensitivity of the fetus, the National Council on Radiation Protection and Measurements (NCRP) has recommended that the dose equivalent to the unborn child from occupational exposure be limited to 500 millirems for the entire pregnancy, or 50 millirems per month. The Radiologic Technology Program has adopted the NRC position that special protection of the unborn child should be voluntary and should be based on decisions made by persons who are well informed about the risks involved.

Each new female student is provided with information to inform her of the possible effects from radiation exposure during pregnancy. A copy of The Nuclear Regulatory Guide 8.13 Instruction Concerning Prenatal Radiation Exposure will be made available to the student as requested. In the event a pregnancy occurs, the student radiation worker is strongly encouraged to declare her pregnancy to the Program Director. Disclosing pregnancy is a completely voluntary
6.10 Pregnancy Policy

RADIOLOGIC TECHNOLOGY PROGRAM

Effective Date: 03/31/2015  Revision Level:  1  Page 2 of 2

Printed copies are for reference only. Please refer to the electronic copy for the current version.

decision of the student and is not a requirement of the Program. Only by declaring pregnancy, is the fetus subject to lower radiation dose limits. This is in accordance with federal and state regulations. Once a pregnancy is declared, the student has the right to undeclare the pregnancy at any time. The student must submit a written withdrawal of pregnancy declaration.

The student may choose not to declare her pregnancy, in which case, the student will be treated as though she is not pregnant and may continue her studies without modification. Any pregnant student who chooses to either not declare or undeclare her pregnancy assumes total responsibility for the safety and welfare of the unborn child.

If a decision is made to declare pregnancy, the student must:

- Complete a written Declaration of Pregnancy form and submit to the Program Director.
- Receive a second dosimeter (fetal dosimeter) to be worn over the abdomen, under the lead apron, if applicable. This dosimeter will be worn in addition to the dosimeter worn at the collar level outside the lead apron.
- Adhere to radiation safety practices as outlined in the AnMed Health ALARA Policy and Radiation Safety Policy including, but not limited to:
  - Wear apron when required
  - Avoid all unnecessary exposure and stand behind a protective barrier when possible
  - Never hold a patient or image receptor for an exposure

When a Declaration of Pregnancy is made:

- The Radiation Safety Officer will monitor the dosimeter reports to assure dose limits of 50 mrem(0.5mSv) per month are not exceeded. The student will be contacted should limits be exceeded. If dose limits approach the maximum permissible dose of 500mrem(5mSv) during the course of pregnancy the student may request a reassignment to a low exposure clinical rotation, she may request to continue with the clinical assignment with additional precautions to limit the exposure to the fetus, or she may request to take a leave of absence.

I have read the above pregnancy policy and understand its content.

__________________________  ____________
Student Signature        Date

Document Owner  Susan Merrill
Approved By  Jennifer Cohen, Susan Merrill
Declaration of Pregnancy – Student

I, ________________________________, have read the Pregnancy Policy for students and wish to declare my pregnancy. I understand that this declaration is not mandatory and that by declaring my pregnancy, the following applies:

1. My exposure limit will be 500 mrems (0.5 rems/ 5 mSv) during the entire gestational period not to exceed 50 mrems (0.05 rems) per month.

2. I will be issued a second radiation dosimeter (fetal dosimeter) to be worn over the abdominal area, under a leaded apron if a lead apron is worn.

3. I may continue my assigned clinical rotations with no reassignment of clinical duties unless I receive cumulative exposures in excess of the 500 mrems limit.

The approximate date of conception was ________________________ and my expected due date is ________________________.

_____________________________________   ___________ _________
Signature          Date

_____________________________________   ___________ _________
Social Security Number     Birth Date

OR Participant dosimeter number can be substituted for BD and SSN.

Dosimeter Number __________________________

Department: __________________________ Extension: ___________

_________________________________________  ___________ _________
Program Director’s Signature          Date

Declaration accepted by radiology administration on ________________________

Date

by _________________________________.
Signature
Written Documentation to Withdraw Declaration of Pregnancy

Without a voluntary disclosure of pregnancy or with submission of a written withdrawal of declaration, a student is considered to be **not** pregnant regardless of the obviousness of the condition.

I, ________________________________, am withdrawing my declaration of pregnancy. I understand that I will now be considered “not pregnant.”

______________________________  ______________________
Signature                      Date

______________________________  ______________________
Program Director’s Signature    Date
PURPOSE:
The Radiation Safety Policy ensures student radiation safety, exposure limits and outlines the process for maintaining accurate records.

SCOPE:
Radiography Student
Radiology Technology Program Faculty

RESPONSIBILITY:
Radiation Safety Committee
Radiologic Technology Program Faculty

REFERENCES:
Radiation Safety Policies

RELATED DOCUMENTS:
ICRP Report 26
JRCERT Standards 4.3

POLICY/PROCEDURE:

AnMed Health
Radiologic Technology Program
Radiation Safety Policy – Student  Authorized By:
Radiation Safety Committee
Effective Date: Aug.20, 2013

Each student is instructed in the principles of radiation protection and ALARA prior to clinical rotations and will adhere to the departmental Radiation Safety Policy, Radiation Dosimetry Plan and Radiation Safety ALARA Plan. In accordance with DHEC Regulation 4.2.3 students will read and agree to adhere to the operating procedures located in the Policy and Procedure Manual of the Department of Radiology at AnMed Health.

Students are required to practice radiation safety at all times. Safe practices include, but are not limited to:

- Students must be able to correctly operate equipment.
- The door(s) to the radiographic room are to be closed when exposures are made.
- Students may not hold patients or image receptors during exposures.
- The use and care of leaded accessories and shielding is to be practiced in the clinical area for both patients and personnel.
- Collimate the x-ray beam to the area of interest and never larger than the size of the image receptor.
- Never make exposures on another person unless ordered by a physician.
- Follow the direct and indirect supervision policy.
• Repeat exposures are made only under direct supervision of the technologist.
• Student should not operate radiographic equipment for the experiments listed in the Clinical Objectives without a readily available radiographer.
• In the event a radiographer asks the student to break any policy, the student is permitted and expected to inform the staff that they are being asked to break a policy that the student is required to follow. The student should report such events to the program faculty.

Students are required to wear a personnel monitoring device (dosimeter) at all times when in the clinical area. If a student reports to the clinical assignment without their current dosimeter the student will be dismissed from clinical assignments until this infraction is corrected. The dosimeter is to be worn at the collar level, facing forward, and outside the apron. At the end of each month, the student is responsible for turning in and replacing the dosimeter. The used monitoring device is returned to the dosimeter company each month with the appropriate control monitor, and the exposure is determined. Reports are posted in the classroom after being reviewed by the Radiation Safety Officer. Students must review and initial the report. The report is verified and filed by faculty within 30 days of receipt of report. A cumulative record of exposure is retained in the permanent files. The student will immediately report to the Program Director any loss or mishandling of the dosimeter.

As established in the Radiation Dosimetry Plan the process for review, notification, and follow-up for dosimeter reports is as follows:
A dosimeter report is received monthly from Landauer and is available electronically at a password protected site in the radiology administrative office. Each dosimeter report is reviewed by the Radiation Safety Officer (RSO) for exposure levels consistent with ALARA standards. At the end of each quarter, participants that exceed the AnMed Health Level I threshold for ALARA levels are identified by the RSO. Level I investigational limit participants are notified, and the RSO determines appropriate action. Participants that exceed a Level II threshold are notified and are requested to complete and sign a counsel form which includes in writing, a summary of his/her work habits that might have resulted in the excessive exposure.

Investigational levels (ICRP Report 26) are as follows:

<table>
<thead>
<tr>
<th></th>
<th>Level I</th>
<th>Level II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole Body</td>
<td>125 mrem</td>
<td>375 mrem</td>
</tr>
<tr>
<td>Extremities/skin</td>
<td>1875 mrem</td>
<td>5625 mrem</td>
</tr>
</tbody>
</table>

AnMed Health radiography students should not exceed 125 mrem per quarter, whole body radiation.
As a radiation worker, you are required to wear a radiation dosimeter if you are present during a fluoroscopic procedure or work in radiation areas at AnMed Health. (Employees are identified as radiation workers by the Radiation Safety Committee and are monitored based on state and federal regulatory guidelines.) To receive your dosimeter the following information is required.

_________________________________      _______/_______/_______     _______________________________
Name     Birth Date    Social Security #

Department _______________________    Extension  __________       Supervisor__________________________________

Your whole body dosimeter should be worn at the collar level (and outside the lead apron if an apron is worn) for a period of one month or one quarter, depending on the radiation area. At the end of each month/quarter, a new dosimeter is issued and the previous dosimeter is returned to Radiology Administration no later than the 5th of the month. The dosimeters are batch-mailed to our designated monitoring agency, along with a required control badge. If you fail to return your dosimeter on time an erroneous exposure reading may result.

The Radiation Safety Officer assumes the responsibility of monitoring your occupational exposure to radiation on a monthly/quarterly basis. A report of the radiation exposure is received approximately four weeks after the dosimeters are returned to the monitoring agency. If you received an exposure for the month or quarter that is greater than ALARA (As Low As Reasonably Achievable), you will be notified. In February or March each year, you will also receive an individual annual report of the total amount of radiation exposure you received during the year.

Regulatory agencies require the radiation safety officer to monitor and evaluate exposure that you have previously received, or that you may be getting at any other radiation facilities as well as the exposure you receive while working at AnMed Health. Please read the information below and check the box(es) that are applicable.

☐ I do not work in any radiation facility other than AnMed Health. In the event I accept employment that involves radiation exposure, I will notify Radiology Administration

☐ In addition to AHMC/AHNC I work in a radiation work area at _______________________________
I (do/do not wear) a radiation dosimeter at that location

☐ I have worked in a radiation area prior to accepting employment at AnMed and have previously worn a dosimeter. (If you check this box, you will need to complete a request for accumulated dose records from your previous employer.)

The Radiation Safety Program for the Department of Radiology is located on the Employee Portal on the left hand side of the home page entitled Safety.

________________________________________                  ______________________________
Signature of Employee                                                                          Date

Note: Dosimeters issued by AnMed Health are to be worn only at AnMed Health. The same dosimeters should not be worn at other radiation facilities. Employees are not to take dosimeters home. If a dosimeter is lost, you may contact Radiology Administration or your department Radiation Safety Assistant.

Female employees have the option whether to declare a pregnancy, if applicable. A fetal dosimeter is issued to a declared pregnant radiation worker (in addition to her personal dosimeter) upon request. Please contact Radiology Administration (Ext 1401) for a declaration of pregnancy form.
To:       Whom it May Concern  
Re:       Request for Permissible Accumulated Dose Records  

The South Carolina State Health Department, Division of Radiological Health, requires that a licensee or registrant keep radiation monitoring records on Department Form SC –RHA-40 or equivalent in accordance with South Carolina Regulation 61-64, Title A “Radioactive Materials”, RAH 3.37, South Carolina regulation 61-64, Title B, “Rules and regulations for Radiation Control”, RHB 3.20 and/or with the Nuclear Regulatory Commission’s 10 CFR  

In order for us to comply, your cooperation is needed in completing the following form by furnishing the individual's accumulated dose in millirems during his/her association with you.  

Thank you for your cooperation.  

<table>
<thead>
<tr>
<th>Last Name</th>
<th>Maiden Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Social Security #</td>
<td>Employed: From</td>
<td>To</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previous Employer</td>
<td>Department</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>City</td>
<td>State</td>
<td>Zip</td>
</tr>
</tbody>
</table>

I hereby authorize the release of my former occupational radiation exposure records to AnMed Health, Anderson, South Carolina.  

Signature: ___________________________________ Date: ___________________________________  

Department: ______________________ Ext: ________ Manager: _______________________  

Please furnish the requested information to:  
Lynn Cathey, M.S.  
Radiation Safety Officer  
Radiology Services  
AnMed Health  
800 N. Fant Street  
Anderson, SC  29621  

Accumulated Dose in Millirems:  

Deep ______________________ mrem  
Shallow ______________________ mrem  

_____________________________  
Signature of Radiation Safety Officer or Administrative Personnel
**PURPOSE:**
Students will not take the responsibility or the place of registered technologists. The students must be taught didactically and shown clinically how to do a procedure before attempting to position a patient for any examination. The student must be under direct supervision until competency has been documented. After successfully completing competency of a procedure students are allowed to perform exams under indirect supervision.

**SCOPE:**
Radiography Students  
Radiologic Technologist  
Radiologic Technology Program Faculty

**RESPONSIBILITY:**
Radiologic Technologist  
Radiologic Technology Program Faculty

**REFERENCES:**
www.jrcert.org

**RELATED DOCUMENTS:**
JRCERT Standards 4.4, 4.5, 4.6

**POLICY/PROCEDURE:**

Supervision Policy  
Students must have adequate and proper supervision during all clinical area assignments.

Direct supervision is defined as having the R.T. present with the student. Direct supervision is required until student has proven academic competency on the specific procedure to be performed.

Indirect supervision is defined as having the R.T. within visual or hearing distance from the student (on the premises, in the vicinity of the radiographic area, and is available for immediate assistance to the student). Indirect supervision is permitted after the student has proven academic competency for the specific procedure being performed.

The following prerequisite must be followed prior to allowing a student radiographer to perform any radiologic procedure, either with direct or indirect supervision:

- A qualified registered radiographer reviews the physician order/request for the radiographic examination to be performed and determines the status of the student’s academic competency. This review will determine:
  - the capability of the student to perform the examination with reasonable success
  - if the condition of the patient contraindicates performance of the examination by the student
If either of the above determinations is questionable or negative, the radiographer must be present in the radiographic room.

The qualified registered radiographer critiques and approves the images prior to the dismissal of the patient. (The R.T. completes the procedure and sends the images to PACS.)

Direct Supervision is required for all mobile procedures, contrast media procedures, pediatric procedures, and procedures performed in the Operating and Emergency departments.

Students that have proven clinical competence (academic plus final competency) must continue to perform radiologic procedures under the indirect supervision of a registered radiographer. Students may NEVER perform procedures without R.T. supervision.

**Repeat Policy**

Without exception, repeat radiographic examinations must be performed with the registered radiographer present as defined by direct supervision.
PURPOSE:
In order to assure that Radiologic Technology students are properly instructed on and screened for magnetic wave or radiofrequency hazards.

SCOPE:
Radiography Students
Radiologic Technology Faculty
MRI Technologists

RESPONSIBILITY:
Radiologic Technology Program Faculty

REFERENCES:
ACR- MRI Safety
JRCERT

RELATED DOCUMENTS:
JRCERT Standards 4.3
MRI Safety Committee RADIOLOGY SERVICES
MRI Zones Policy RADIOLOGY SERVICES
MRI Equipment Safety Hazards RADIOLOGY SERVICES
6.13a MRI Non Patient Screening Form RADIOLOGIC TECHNOLOGY PROGRAM

POLICY/PROCEDURE:

MRI uses a powerful magnetic field, radio waves, rapidly changing magnetic fields and a computer to create images of the human body. Radiologic Technology students will rotate through the MRI department and therefore will be screened individually by the MRI technologist. Each student will complete the MRI Non Patient Screening Form upon reporting to the MRI department for the first rotation. This form will be reviewed, approved and signed by the MRI technologists. The student will inform the Program Director and MRI department in the event any responses on the form change at any point in time. If for any reason the student is deemed unsafe to enter Zone IV then the student will complete assigned objectives from the control booth in Zone III.

The student is oriented and informed of the identified Zones. The Magnetic Resonance Imaging (MRI) environment is divided into four zones. Entrances to the different zones are labeled and controlled to manage safety and security risks and to provide a secure environment. Zone I is freely accessible to the general public and Zone IV is located inside the scanner room and access is strictly controlled and requires screening protocol.

The student is informed that the powerful magnetic field of the MR unit will attract ferromagnetic or iron containing objects and may cause these objects to move with great force posing a safety
risk to anyone in the flight-path of the object. The student will be aware that all equipment entering the MRI room must be MRI safe.

The student will also be aware that they will be instructed to remove all metallic objects (jewelry, keys etc.) from their person in compliance with the Screening Form.
The MR system has a very strong magnetic field. It may be hazardous to individuals entering the MR environment or MR scan room if they have certain metallic, electronic, magnetic, or mechanical implants, devices, or objects. Therefore, all individuals are required to fill out this form BEFORE entering the MR environment or MR scan room. BE ADVISED, THE MR MAGNET IS ALWAYS ON.

Date: ____________________  Name: ____________________

Reason for visit: Be specific to include patient's name if applicable: ____________________

Have you ever had a surgical procedure or operation of any kind? □ Yes □ No
List ALL surgeries you have had: ____________________

Have you ever had an eye injury where metal was removed by a physician? □ Yes □ No

Have you ever had any invasive catheterization such as a heart cath? □ Yes □ No

Have you ever had an injury by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)? □ Yes □ No

Are you pregnant or suspect that you are pregnant? □ Yes □ No

WARNING: Certain implants, devices, or objects may be hazardous to you in the MR environment or MR scan room. Do not enter the MR environment or MR scan room if you have questions or concerns regarding an implant, device, or object. Please indicate if you have any of the following:

- □ Yes □ No Aneurysm clip(s)
- □ Yes □ No Cardiac pacemaker
- □ Yes □ No Implanted cardioverter defibrillator (ICD)
- □ Yes □ No Electronic implant or device
- □ Yes □ No Magnetically-activated implant or device
- □ Yes □ No Neurostimulation system
- □ Yes □ No Spinal cord stimulator
- □ Yes □ No Cochlear implant or implanted hearing aid
- □ Yes □ No Insulin or infusion pump
- □ Yes □ No Implanted drug infusion device
- □ Yes □ No Any type of prosthesis or implant
- □ Yes □ No Artificial or prosthetic limb
- □ Yes □ No Any metallic fragment or foreign body
- □ Yes □ No Any external or internal metallic object
- □ Yes □ No Hearing aid (Remove before entering the MR room)
- □ Yes □ No Other implant ________

IMPORTANT INSTRUCTIONS

Remove all metallic objects before entering the MR environment or MR scan room including hearing aids, beeper, cell phone, keys, eyeglasses, hair pins, barrettes, jewelry (including body piercing jewelry), watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, steel-toed boots/shoes, and tools. Loose metallic objects are especially prohibited in the MR scan room and MR environment.

Please consult the MRI technologist or the Radiologist if you have any questions or concerns BEFORE you enter the MR scan room.

I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form.

Signature of Person Completing Form: ____________________  Date: __________  Time: __________

MRI Technologist Signature: ____________________  Date: __________  Time: __________
PURPOSE:  
Policy changes are made known to students, faculty and the general public in a timely fashion.

SCOPE:  
Radiography Students

RESPONSIBILITY:  
Radiologic Technology Program Faculty

REFERENCES:  
None

RELATED DOCUMENTS:  
JRCERT Standard 1.9

POLICY/PROCEDURE:  

DISCLAIMER STATEMENT

Policies within this HANDBOOK are in compliance with AnMed Health policies for employees and the Policies and Procedures for the Radiology Department. Policies will be revised annually or as needed. Any changes or additions to the policies in this HANDBOOK prior to reprinting will be presented to the student in writing.
Signature Confirmation Form

This Student Policies and Procedures Handbook is prepared and presented to each student so that he or she will be knowledgeable of the policies of the program as they are presented during the information sessions, interviews and orientation programs, and to use as a reference as needed throughout the two year program. Please read the entire HANDBOOK and sign the statement below:

My signature below confirms that I have received a copy of the AnMed Health Radiologic Technology Program Student Policies and Procedures Handbook. I understand the program mission and goals and the expectations for student learning outcomes. I agree to abide by the rules and policies of the AnMed Health Radiologic Technology Program, the AnMed Health Radiology Department, and the accrediting agencies while I am a student in the program.

____________________________________________
Signature

____________________________________________
Date