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Vol 1

Handbook

2023-2025

AnMed Health Radiologic Technology Program

800 North Fant Street

Anderson, SC 29621

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	1.10 Mission Statement and Program Goals RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 09/29/2023	Revision Level: 5	Page 1 of 2

Printed copies are for reference only. Please refer to the electronic copy for the current version.

PURPOSE:

The mission statement clearly defines the purpose of the program and is consistent with the mission statement for AnMed.

SCOPE:

Radiologic Technology Program Faculty
Radiography Students

RESPONSIBILITY:

Program Assessment Committee

REFERENCES:

www.jrcert.org

RELATED DOCUMENTS:

JRCERT Accreditation Standards 1.1, 4.1, 6.5
<https://anmed.org/about/mission-vision>

POLICY/PROCEDURE:

AnMed Radiologic Technology Program is the only hospital-based radiography program in South Carolina, lending opportunity for students to learn Medical Imaging in the professional environment of the patient care centers. The Radiologic Technology Program accepts a maximum of 14 students each year. Upon satisfactory completion of the two-year course, curriculum and terminal competencies, the student will receive a Certificate in Radiography and will be eligible to take the National Certification Examination, sponsored by the American Registry of Radiologic Technologists.

The mission of the Radiologic Technology Program is to provide a quality education that enables our students to provide exceptional and compassionate care to all we serve and become a valuable member of the healthcare team. (2023)

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.

	1.10 Mission Statement and Program Goals RADIOLOGIC TECHNOLOGY PROGRAM	
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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.

Document Owner	Emilee McKinsey
Approved By	Emilee McKinsey, Stephan Jones5

	2.10 JRCERT Accreditation RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/01/2023	Revision Level: 5	Page 1 of 1

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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 2021 Radiography RADIOLOGIC TECHNOLOGY PROGRAM](#) Standard 1.7
[JRCERT Certificate of Accreditation](#)

POLICY/PROCEDURE:

The AnMed 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.

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 ANMED HEALTH We're in this together.	2.20 South Carolina State Certification SCRQSA RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 04/18/2022	Revision Level: 4	Page 1 of 3

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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)

 ANMED HEALTH We're in this together.	2.20 South Carolina State Certification SCRQSA RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 04/18/2022	Revision Level: 4	Page 2 of 3

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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 proof of ARRT registration by submitting an ARRT verification letter. A permanent certificate will then be received from the SCRQSA.

 ANMED HEALTH We're in this together.	2.20 South Carolina State Certification SCRQSA RADIOLOGIC TECHNOLOGY PROGRAM	
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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.

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Approved By	Stephan Jones5, Susan Merrill

 ANMED HEALTH We're in this together.	2.30 Ethics Requirements for ARRT Certification RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 04/18/2022	Revision Level: 4	Page 1 of 3

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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 - ARRT](#)
[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.

When applying for certification and registration, you must answer the following ethics-related questions on your application form.

Have you ever been charged with or convicted of a misdemeanor or felony? (This includes court convictions and military courts-martial.)

Answer "Yes" if you have:

Charges or convictions—including those that were stayed, withheld or deferred, set aside, or suspended


Any plea of guilty, Alford plea, or plea of no contest (nolo contendere)

Court conditions applied to your charge—including court supervision, probation, or pretrial diversion

Traffic violations charged as misdemeanors or felonies

Traffic violations that involved drugs or alcohol

Answer "No" if you have no offenses. Also answer "No" if you have:

 ANMED HEALTH We're in this together.	2.30 Ethics Requirements for ARRT Certification RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 04/18/2022	Revision Level: 4	Page 2 of 3

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Offenses and convictions that occurred before you turned 18 and that were processed in juvenile court

Speeding and parking tickets that weren't charged as misdemeanors or felonies and that didn't involve drugs or alcohol (if you have any traffic violation that involved drugs and/or alcohol, you must answer "Yes")

Charges that were dismissed with no court conditions required (if conditions were required, you must answer "Yes")

Court records that were sealed or expunged (if you don't have court documents that prove your case was sealed or expunged, you must answer "Yes")

Offenses you've already reported to ARRT and about which ARRT has sent you communication
Has a regulatory authority or certification board (other than ARRT) ever done one or more of the following?

Denied, revoked, or suspended your professional license, permit, registration, or certification?

Placed you on probation (excluding ARRT Continuing Education probation), under consent agreement, or under consent order?

Allowed voluntary surrender of your professional license, permit, registration, or certification?

Subjected you to any conditions or disciplinary actions?

Answer "Yes" if one or more of these apply to you and the organization imposing the action wasn't ARRT.

Answer "No":

If you have no offenses

If your only offense is ARRT Continuing Education (CE) probation

For offenses previously reported to ARRT and for which ARRT has sent you communication

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

Answer "No" for offenses previously reported to ARRT and for which ARRT has sent you communication.

Whether you answer "Yes" or "No" to this question, you'll:


Agree to Written Consent under the Family Educational Rights and Privacy Act, 20 U.S.C. Section 1232g ("FERPA"), which allows ARRT to:

Communicate freely and openly with your Educational Program Director

Obtain specific parts of your education records in order to verify whether you have ever been suspended, dismissed or expelled from an educational program that you attended in order to meet ARRT certification and registration requirements

Waive, in part, the confidentiality of your education records under "FERPA"

Consent to the release of any and all education records relating to your suspension, dismissal or expulsion to ARRT for purposes of its review of your application for certification and registration by ARRT.

 ANMED HEALTH We're in this together.	2.30 Ethics Requirements for ARRT Certification RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 04/18/2022	Revision Level: 4	Page 3 of 3

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Agree to promptly execute any additional written consents under “FERPA” if your educational program has a different requirement

If you're not sure whether a potential violation is pertinent, contact our Ethics Requirements Department at 651.687.0048. Choose the option for ethics information.

Remember, not reporting an ethics violation is itself a violation.

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

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 ANMED HEALTH We're in this together.	2.40 Greenville Technical College RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 04/16/2019	Revision Level: 4	Page 1 of 1

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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 of the Phase I courses 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/>

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Approved By	Stephan Jones5, Susan Merrill

	2.50 Penn West University of Pennsylvania RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 09/29/2023	Revision Level: 5	Page 1 of 1

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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:

Penn West University Students
Radiography Students

RESPONSIBILITY:

AnMed Health Radiologic Technology Faculty
Penn West 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 Penn West University of Pennsylvania for a Bachelor of Science in Medical Imaging Sciences utilizing a 2 + 2 approach. The Penn West 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 Penn West 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 Penn West University accreditation information is available through the University's published materials.

www.clarion.edu

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Approved By	Stephan Jones5

	2.60 Anderson University Memorandum of Affiliation	
Effective Date: 05/10/2021	Revision Level: 1	Page 1 of 2

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PURPOSE:

The 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 Health Science with a concentration in Medical Imaging.

SCOPE:

Anderson University Students
Radiography Students

RESPONSIBILITY:

AnMed Health Radiologic Technology program faculty
Anderson University program officials

REFERENCES:

Affiliation Agreement between Anderson University and AnMed Health

RELATED DOCUMENTS:

[Affiliation Agreement between Anderson University and AnMed Health](#)


POLICY/PROCEDURE:

An affiliation agreement has been established with Anderson University to earn a Bachelor of Science in Health Science with a concentration in Medical Imaging utilizing a 2 + 2 approach.

Two tracts are established; the traditional tract for students that are seeking to become a certified radiographer and the non-traditional tract for students who hold ARRT certification and desire to complete a bachelor's degree.

To qualify for admission in the traditional program, the student is accepted first to Anderson University and will complete credit hours as specified by the university. In the Fall Semester of the first year the student will apply for admission to the AnMed Health Radiography Program. The University Admissions Coordinator will verify eligibility by including the students' name on the recommended candidates list. After successful completion of the AnMed Health Radiologic Technology Program the student will be awarded a certificate of completion from AnMed Health, eligibility to sit for the ARRT certification exam and 62.5 credits toward their bachelor's degree from Anderson University.


Previous graduates of the AnMed Health Radiologic Technology Program that hold ARRT certification and wish to attain a bachelor's degree may enroll in the non-traditional Bachelor of Science in Health Science with a concentration in Medical Imaging program at Anderson University. The AnMed Health graduate will be granted 62.5 credit hours for completion of the hospital-based certificate program. In addition to these 62.5 credit hours students enrolled in the non-traditional program will complete 73 credit hours at Anderson University for a total of 135.5 credit hours.

 ANMED HEALTH We're in this together.	2.60 Anderson University Memorandum of Affiliation	
Effective Date: 05/10/2021	Revision Level: 1	Page 2 of 2

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For those interested in pursuing the traditional or non-traditional bachelor's degree option through Anderson University, additional information is available through the University's published materials. www.andersonuniversity.edu

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5

 ANMED HEALTH We're in this together.	3.10 Course Description and Clock Hours RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 02/06/2023	Revision Level: 9	Page 1 of 5

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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 - Radiation Protection RADIOLOGIC TECHNOLOGY PROGRAM](#)

[Syllabus - Radiographic Positioning and Procedures RADIOLOGIC TECHNOLOGY PROGRAM](#)

[Syllabus - Registry Review RADIOLOGIC TECHNOLOGY PROGRAM](#)

[Syllabus - Technical Writing RADIOLOGIC TECHNOLOGY PROGRAM](#)

[Syllabus - Patient Care, Medical Ethics 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 2017 ASRT Curriculum for a Radiology Program, and meets the 2021 Standards for an Accredited Program in Radiology as published by the Joint Review Committee on Education in Radiologic Technology. The AnMed Radiologic Technology Program does not guarantee that credits earned will transfer to another institution.

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.

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- 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

80 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 –Introduction to digital imaging and PACS, Nuclear Medicine, AEC (20 hours)

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- 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 (30 hours)

Digital Image Acquisition and Display

50 Clock Hours

This course provides an 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

20 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 (10 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 appearance characteristics, imaging principles, technique selections, 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 parameters, density maintenance equations and math, image appearance standards, and procedural factors and image evaluation for reproductive system radiography and cranium radiography (80 hours)

Scientific Writing

10 Clock Hours

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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 (14 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)

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5

 ANMED HEALTH We're in this together.	3.11 Clinical Competency Plan RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/29/2020	Revision Level: 3	Page 1 of 2

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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 RADIOLOGIC TECHNOLOGY PROGRAM](#)
[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


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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	Emilee McKinsey
Approved By	Stephan Jones5, Susan Merrill

 ANMED HEALTH We're in this together.	3.12 Clinical Competency Process RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/06/2021	Revision Level: 4	Page 1 of 2

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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 4.2

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

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Upon successful completion of academic competency, the student is ready for practical experience. The student will attain the required number of Practice Performance forms, 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 Practice Performance forms 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.

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5, Susan Merrill

	3.13 Academic Competency Repeat Procedure RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/07/2021	Revision Level: 7	Page 1 of 2

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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 4.2


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, 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 ask any Clinical Instructor to complete a Make-Up Competency grade form found in the Trajecsyst Report System. The Clinical Instructor will select an exam from that section and have the student demonstrate the position. The Clinical Instructor will complete and submit the grade form in Trajecsyst.
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

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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 repeated competency testing. If the student fails the positioning portion twice for any given section then the student will be withdrawn from the program.

The student must maintain a 90 average on the competency portion of his/her clinical grade to remain in good standing in the program.

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5, Susan Merrill

	3.14 Clinical Competency-Obtaining Procedure Evaluation Sheets & Final Competency Forms RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/18/2022	Revision Level: 7	Page 1 of 2

Printed copies are for reference only. Please refer to the electronic copy for the current version.

PURPOSE:

To establish guidelines for completing the Practice Procedure Grade Forms 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 4.2

POLICY/PROCEDURE:

Students will show the grading technologist their Student Competency Record prior to being graded on any procedure. The student and the technologist will verify the type of grade form that is needed. The major study and exam listed on the Student Competency Record matches the Major Study and Procedure found in the Trajecsyst Record System.


The number of boxes that are found in the PRACTICE column represents the required number of Practice Procedure Forms. In the COMPETENCY column the letter M=Mandatory, E=Elective and EC=Extra Credit as specified by the ARRT. The ARRT requires documentation of 36 Mandatory procedures and 15 Elective procedures. Additional points are added to the clinic grade in the first, second and third semesters for Extra Credit procedures.

PRACTICE PROCEDURE FORM

- Can be completed by any technologist
- For less frequent procedures, one patient can be shared by more than one student
- Key to a Practice Procedure Form is "did the student have an opportunity to learn?"
- Student may simply watch the procedure and receive a Practice Procedure Form if it is a procedure for extra credit (see Student Competency Record)

FINAL COMPETENCY FORM


- Must be completed by clinical instructor or a technologist with 1 or more years of experience
- If no technologist is available with 1 or more years' experience, then the Final Competency Form must be submitted by the supervisor who was in the area at the time of the exam.

	3.14 Clinical Competency-Obtaining Procedure Evaluation Sheets & Final Competency Forms RADIOLOGIC TECHNOLOGY PROGRAM	
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- Student must request that the technologist complete the Final Competency Form prior to starting the procedure. The technologist has the right to refuse to complete grade form if the student does not ask before the procedure is performed.
- Technologist will observe the entire procedure from introduction to patient to sending images to PACS.
- Only one student can receive a Final Competency Form on one patient.
- Grades do not have to be calculated by the technologist, the technologist will simply choose the *yes/no/NA*
- Must include last 5-digits of accession #
- Must be completed by the staff within one calendar day of the exam.
- Procedure Practice Forms and Final Competency Forms cannot be completed on the same procedure on the same patient at the same time, i.e. you could not get a Procedure Practice Form on os calcis and a Final Competency Form on os calcis on the same patient who had an order for bilateral os calcis views
- The Final Competency Form includes a review of anatomy and image critique points that the student is expected to know and demonstrate to the staff.

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5, Susan Merrill

	3.15 Clinical Competency Semester Grading Scale RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/02/2022	Revision Level: 6	Page 1 of 2

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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 36 mandatory competencies and 34 elective competencies for a total of 71 competencies. Of these, all 36 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 completion 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

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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
10%	= 4-8 competencies	= 1 point

A hypothetical third semester based on 64 mandatory and elective procedures taught.

75%	= 48+ competencies	= 5 points
65%	= 42-47 competencies	= 4 points
55%	= 35-41 competencies	= 3 points
45%	= 29-34 competencies	= 2 points
35%	= 22-28 competencies	= 1 point
<25%	= ≤21 competencies	= 0 points

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5, Susan Merrill

	3.20 Grading Scale and Scholastic Requirements RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/07/2021	Revision Level: 4	Page 1 of 2

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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 4.8

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. 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.

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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 in all subjects by the end of each semester then the student will be academically withdrawn from the program. If a student earns a grade below 80 in any subject the student will be placed on academic probation during the following semester. At interim report the academic status will be re-evaluated and probation will be either lifted or continued until the end of the semester. 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.

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5, Susan Merrill

 ANMED HEALTH We're in this together.	3.30 Graduation Requirements and Terminal Competency Policy RADIOLOGIC TECHNOLOGY PROGRAM	
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PURPOSE:

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 1.1, 4.2

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.

	3.30 Graduation Requirements and Terminal Competency Policy RADIOLOGIC TECHNOLOGY PROGRAM	
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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 the health care team, professionalism and communication, safety and transfer, evaluating physical needs, infection control, medical emergencies, trauma, 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 hand washing, vital signs, pulse oximetry, oropharyngeal suction, 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 2021 ARRT Radiography Didactic and Clinical Competency Requirements. Thirty-six 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 Practice Procedure Forms, and a Final Competency Form completed by a clinical instructor/technologist and performed on an actual patient. 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

	3.30 Graduation Requirements and Terminal Competency Policy RADIOLOGIC TECHNOLOGY PROGRAM	
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interventional radiography 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 digital imaging 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.
- 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

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demonstrate an understanding of mathematics by manipulating exposure factors, 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 PACS and in the operation of radiographic equipment in diagnostic 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, dose monitoring, 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, 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 22 credit hours of the Radiologic Technology Phase I curriculum at Greenville Technical College
- Enrollment in an affiliated University that offers a 2+2 curriculum toward a bachelor degree such as Anderson University and Clarion University.

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

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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.

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5, Susan Merrill

 ANMED HEALTH We're in this together.	3.40 Student Records Maintenance RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 02/03/2023	Revision Level: 5	Page 1 of 3

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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:

<http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>
www.jrcert.org

RELATED DOCUMENTS:

JRCERT Standard 1.4
[3.40a Consent For Release FERPA](#)

POLICY/PROCEDURE:

The AnMed Health Radiologic Technology Program maintains student records within the scope of the provisions established by the Family Educational Rights and Privacy Act. Records are maintained for a minimum of 6 years from graduation or termination or until no longer needed for reference as the Commission deems appropriate. Student transcripts will be maintained for a minimum of 50 years from graduation or termination.

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.
<http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

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:

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- 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 on the student in the program, in honor recognitions, in the graduation 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

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Approved By

Stephan Jones5

	3.50 Faculty RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 09/29/2023	Revision Level: 9	Page 1 of 2

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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 3.1

POLICY/PROCEDURE:

Medical Advisor	Veena Mathur, M. D. M.D., Medical University of South Carolina College of Medicine, 1995
Program Director	Emilee McKinsey, M.S., R.T. (R) M.S., Capella University, 2023
Clinical Coordinator	Cydney King, B.S., R.T. (R) B.S., North Greenville University, 2016
Didactic Instructors	Emilee McKinsey, M.S., R.T. (R) Cydney King, B.S., R.T. (R)
Clinical Instructors	Chris Payne, R.T. (R) Tonya Cowan, R.T. (R) Medley McIntosh, R.T. (R) Teresa Smith, R.T. (R) Ashley Mullinax, R.T. (R) Lisa Moon, R.T. (R)
CT Instructors	Sharon Gomez, R.T. (R) (CT) Alexis Duncan, B.S., R.T (R) (CT)
Nuclear Medicine Instructor	Brian Howland, C.N.M.T
Nursing Instructor	Erin Short, R.N.
Ultrasound Instructor	Suzanne Jones., R.T. (R), RDMS



**3.50 Faculty
RADIOLOGIC TECHNOLOGY PROGRAM**

Effective Date: 09/29/2023

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Page 2 of 2

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Vascular Imaging Instructors

Gary Pendergrass, R.T. (R)
Jason Ashley, R.T. (R)


PACS Instructor

Kent Hodge, A.S., R.T. (R) (MR)

Radiologists:

Kyle Bryans, M.D.
Monica Grier, M.D.
Carrie Cousar, M.D.
Veena Mathur, M.D.
Alex Tuten, M.D.
Carey Venturella, M.D.
Katherine Abraham, M.D.
Andrew Pavlina, M.D.
Charles Finch, M.D.

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5

 ANMED HEALTH We're in this together.	Library and Reference Books RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/20/2022	Revision Level: 5	Page 1 of 1

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PURPOSE:

To identify resources available to the student and to assure these resources are current and relevant to the radiography curriculum

SCOPE:

Radiologic Technology Program Faculty
 Radiography Students

RESPONSIBILITY:

Radiologic Technology Program Director

REFERENCES:

JRCERT Standard 2.2

RELATED DOCUMENTS:

None

POLICY/PROCEDURE:


The classroom library is located within the Director's office and the Clinical Coordinator's offices for security of books. Students may "borrow" books for class or outside use with instructor notification.

To assure that the students stay abreast of the ever-changing field of Radiology, assignments are given which require the use of references beyond the scope of the class presentations and textbooks. In addition to internet references, current subscriptions for periodicals include *Health Imaging*, *ASRT Radiologic Technology*, *ASRT Scanner*, *Radiology Today*, and *Radiology Business Journal*. These journals are located in the classroom. Management and medical journals are located in the Department of Radiology. These are readily available for scientific essays, abstracts and research assignments.

The budget allows for the purchase of new references annually. In addition, the Program Director and Faculty are encouraged to review latest radiology books and journals and to request desk copies when available. Representatives from vendors such as Elsevier provide an additional source of the newest textbooks as they are published.

The Program Director, Clinical Coordinator and Program Assessment Committee review resources annually.

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5, Susan Merrill

	4.10 Acceptance Criteria RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/02/2022	Revision Level: 5	Page 1 of 3

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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 Health Sciences Medical Imaging Sciences at Anderson University and eligible to apply to AnMed Health clinical site
- 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 of the Phase I courses 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

 ANMED HEALTH We're in this together.	4.10 Acceptance Criteria RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/02/2022	Revision Level: 5	Page 2 of 3

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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, ACCUPLACER, COMPASS, ASSET or TEAS 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
 - ACCUPLACER/COMPASS/ASSET/TEAS – 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.

Document Owner	Emilee McKinsey
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Approved By

Stephan Jones5, Susan Merrill

	4.11 Admissions Procedure RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 11/28/2022	Revision Level: 10	Page 1 of 3

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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, 1.3
[4.12 Technical Standards RADIOLOGIC TECHNOLOGY PROGRAM](#)

POLICY/PROCEDURE:

The Admissions Committee members are:

Emilee McKinsey	Program Director
Cydney King	Clinical Coordinator
Reggie Cooks	Director of Radiology
Denise Wohlford	Radiology Manager
Jerrie Foust	Radiology Manager
Kim Stevens	Radiology Manager
Naomi Jackson	Radiation Safety Coordinator


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 <https://anmed.org/medical-education/radiologic-technology-program>

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, COVID-19 documentation and a

	4.11 Admissions Procedure RADIOLOGIC TECHNOLOGY PROGRAM	
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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 3 months prior to the observation. 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.

Access to the 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. Date the application was completed 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.


If at some point a student is voluntarily or involuntarily withdrawn, the admissions committee will re-evaluate the student for re-admission.

The AnMed Program will evaluate prior credit/clock hours earned from another institution but does not guarantee acceptance of transfer credits or that the length of the program will be shortened.

 ANMED HEALTH We're in this together.	4.11 Admissions Procedure RADIOLOGIC TECHNOLOGY PROGRAM	
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Document Owner	Emilee McKinsey
Approved By	Stephan Jones5, Susan Merrill

 ANMED HEALTH We're in this together.	4.12 Technical Standards RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/02/2022	Revision Level: 5	Page 1 of 2

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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. Lift 50 pounds from floor to waist level.
13. Wear leaded apron for extended periods of time.

 ANMED HEALTH We're in this together.	4.12 Technical Standards RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/02/2022	Revision Level: 5	Page 2 of 2

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14. Calculate, select and manipulate exposure factors according to individual patient needs and the requirements of the procedure's standards of speed and accuracy.
15. Push, pull, bend, kneel, and squat in a manner routinely necessary for radiographic activities.
16. 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.
17. Participate in clinical education rotations involving nighttime hours and weekends.
18. Work with sick patients who may have communicable diseases.
19. Be exposed to low levels of ionizing radiation.
20. Be 18 years of age by July 1 of the year which they are seeking admission. No upper limits of age have been established.

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5, Susan Merrill

 ANMED HEALTH We're in this together.	4.20 Tuition and Refund Policy RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 02/06/2023	Revision Level: 8	Page 1 of 4

Printed copies are for reference only. Please refer to the electronic copy for the current version.

PURPOSE:

To establish tuition expenses for the program and identify the amount of 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 \$3,400.00* per year is charged and paid into AnMed R.T. Program General Ledger account # 35307300015 as follows:


- \$100.00 admissions fee - upon acceptance
- \$3,300.00 first year balance is payable the first day of class

Student may use the following payment plan for the \$3,300.00 balance and make three payments for the first year tuition:

- \$1,100.00 the first day of class
- \$1,100.00 by August 1
- \$1,100.00 balance by September 1

The \$3,400.00* 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

 ANMED HEALTH We're in this together.	4.20 Tuition and Refund Policy RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 02/06/2023	Revision Level: 8	Page 2 of 4

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Total cost of program: approximately- \$8,963.00

- Tuition: \$6,800.00
- Textbooks: approximately \$1000.00
- Uniforms: approximately \$500.00
- SCSRT membership: \$25.00
- ASRT membership: \$125.00
- Trajecsyst computer program: \$150.00
- SCRQSA: \$50.00
- HESI exam: \$88.00
- ARRT certification application: \$225.00

Refund Policy

The AnMed Radiologic Technology Program must provide a full refund of monies paid by a student if the applicant is not accepted by the program. An applicant may cancel this agreement without penalty by notifying the AnMed Radiologic Technology Program within three business days after signing the enrollment agreement. After the third day, but before classes begin, the school may retain \$100. After classes begin, for the first sixty percent of the course, school may retain \$100 plus a pro-rata tuition charge based on the last date attended. The refund is computed in ten-percent increments, rounded downward to the next ten percent of that period. After sixty percent of attendance, the institution may charge for the entire course. The AnMed Radiologic Technology Program will make refunds within 40 days after the effective date of cancellation or the last date attended.


1st Year:

Tuition \$3,400 which includes acceptance retainer of \$100

Clock Hours 1,904

Tuition Refund Calculation Example for First Year

Month Attended	Hours Attended	% Refund	Amount Institution Retains	Amount of Refund
July 1 st - August 31 st	1-190	90%	\$340 + \$100 = \$440	\$2,960
Sept. 1 st - Sept. 30 th	191-380	80%	\$680 + \$100 = \$780	\$2,620
Oct. 1 st - Oct. 31 st	381-571	70%	\$1,020 + \$100 = \$1,120	\$2,280
Nov. 1 st - Dec. 31 st	572-761	60%	\$1,360 + \$100 = \$1,460	\$1,940
Jan. 1 st - Feb 29 th	762-952	50%	\$1,700 + \$100 = \$1,800	\$1,600
March 1 st - April 30 th	953-1142	40%	\$2,040 + \$100 = \$2,140	\$1,260
May 1 st - June 30 th	1143-1904	0%	= \$3,400	\$0

 ANMED HEALTH We're in this together.	4.20 Tuition and Refund Policy RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 02/06/2023	Revision Level: 8	Page 3 of 4

Printed copies are for reference only. Please refer to the electronic copy for the current version.

1st Year Payment Plan:

Payment Plan: Tuition \$3,400 which includes acceptance retainer of \$100

No interest is charged


If payment is not submitted by the due date, risk of termination could occur

Pay \$3,300.00 by July 5th OR participate in the payment plan:

Installments	Due Date
1 st payment: \$1,100	July 5 th
2 nd payment: \$1,100	August 1 st
3 rd payment: \$1,100	September 1 st

Tuition Refund Calculation Example for Payment Plan

Month Exiting	Amount Paid	% Refund	Amount Institution Retains	Amount of Refund
July 31 st	\$1,200	90%	$\$120 + \$100 = \$220$	\$980
August 31 st	\$2,300	90%	$\$120 + \$100 = \$330$	\$1,970
September 30 th	\$3,400	80%	$\$680 + \$100 = \$780$	\$2,620

 ANMED HEALTH We're in this together.	4.20 Tuition and Refund Policy RADIOLOGIC TECHNOLOGY PROGRAM	
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2nd Year:

Tuition \$3,400

Clock Hours 1,796

No payment plan is available for the second year


Tuition Refund Calculation Example for Second Year

Month Attended	Hours Attended	% Refund	Amount Institution Retains	Amount of Refund
July 1 st - July 31 st	1-179	90%	\$340 + \$100 = \$440	\$2,960
Aug. 1 st - Aug. 31 st	180-359	80%	\$680 + \$100 = \$780	\$2,620
Sept.1- Sept. 30 th	360-538	70%	\$1,020 + \$100 = \$1,120	\$2,280
Oct. 1 st - Oct. 31 st	539-718	60%	\$1,360 + \$100 = \$1,460	\$1,940
Nov. 1 st - Dec 31 st	719-898	50%	\$1,700 + \$100 = \$1,800	\$1,600
Jan. 1 st - March 31 st	899-1077	40%	\$2,040 + \$100 = \$2,140	\$1,260
April 1 st - June 30 th	1078-1796	0%	\$3,400	\$0

All AnMed property including ID, dosimeters and parking decals must be returned prior to receiving a refund.

The student is required to complete a withdrawal form.

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5

 ANMED HEALTH We're in this together.	4.21 Expenses RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 11/15/2022	Revision Level: 9	Page 1 of 2

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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 \$1,300
- Approximate cost for uniforms and shoes \$500-\$600

Trajecsys Report System

The Trajecsys Report System is used to track clinical hours, assessments and evaluations in the clinical setting. The cost is \$150.00 and is paid prior to July 1, 2023.

Registry Preparation Exam

A registry preparation exam will be administered during the fourth semester. The cost of the examination is approximately \$94.00 and is paid in the 4th semester.

Extracurricular Functions


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

South Carolina Society of Radiologic Technologists Membership

Membership in the state professional society is required. The 2023-2025 membership fee is \$25 and is paid in July 2023.

American Society of Radiologic Technologists

Membership in the national society is required in the second year. The 2024-2025 membership fee is \$35.00 and is paid in July 2024

 ANMED HEALTH We're in this together.	4.21 Expenses RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 11/15/2022	Revision Level: 9	Page 2 of 2

Printed copies are for reference only. Please refer to the electronic copy for the current version.


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 \$225.00 payable March 2025.

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, 2024 if the student chooses an available employment option as a limited-radiographer.

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5, Susan Merrill

 ANMED HEALTH We're in this together.	4.22 Financial Aid Policy RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/02/2022	Revision Level: 5	Page 1 of 2

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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 2.4

POLICY/PROCEDURE:

The Radiologic Technology Program is approved for Veterans Administration financial assistance.

The R.T Program is partnered with Meritize, a loan program structured to meet the financial needs of eligible students. www.meritize.com


Students that receive scholarships or funding from civic organizations should request that checks be made payable to AnMed Health Radiologic Technology Program.

Currently enrolled students may choose to apply for scholarships made available through local and national professional societies. Additional information will be provided during the first semester 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).

	4.22 Financial Aid Policy RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/02/2022	Revision Level: 5	Page 2 of 2

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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.

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5, Susan Merrill

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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:

[Dress Code Policy HUMAN RESOURCES](#)

[Dress Code RADIOLOGY SERVICES](#)

POLICY/PROCEDURE:**UNIFORM DRESS CODE POLICY**


Each member of the AnMed Health staff is delegated the responsibility of adhering to high personal standards of taste, discretion, and professionalism in their attire. Staff should strive to dress in a conservative and businesslike manner in order to comply with the objectives of the AnMed Health Dress Code Policies.

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

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.

Colognes, perfumes, aftershave lotions and other fragranced personal hygiene products (e.g. shower gel, deodorants, hairspray, etc.) should be avoided, or if used, should not be perceptible by others due to potential allergic reaction by employees, patients or visitors. In addition, smoke is considered a scent that should not be noticeable on clothing or person.

Radiologic Technology students are required to wear professional uniforms when assigned for clinical rotations. Designated styles are presented on Orientation Day, along with instructions on how to purchase them. A smooth plain crew-neck white, yellow, or navy blue 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

	4.30 Uniform and Dress Code Policy RADIOLOGIC TECHNOLOGY PROGRAM	
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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.

A choice of a navy blue or yellow crew-neck knit shirt, may be worn under a white uniform top or lab jacket. Colored shirts must MATCH the navy blue pant 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.

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-heel shoe styles.

GROOMING


Students are to be neat and well groomed at all times. This includes proper personal hygiene and daily change of uniform. Clothes 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 small post styles only. No dangle or large loops are permitted due to personal safety. No adornment in other visible body piercing jewelry is allowed other than ears and one small nose stud piercing is allowed. The nose stud piercing should be no larger than one forth centimeter in diameter. Tongue piercings, visible body piercing (other than the noted above), ear lobe "spacers/gauges" or any other extreme adornment is not permissible. Nails must be kept short and clean according the medical center's nail policy (1/4 inch or shorter length). Acrylic nails and nail enhancements are prohibited for patient care givers. Any tattoos deemed offensive must be covered. Tattoos/body art are prohibited on the head, face, neck, or scalp

CLASS DRESS CODE

The student may dress according to approved AnMed Health dress code for "Class Only" scheduled days (no clinical involvement).

Students who are employed by other departments (pt. transport etc.) are allowed to wear work uniforms to class if scheduled to work after class time.

	4.30 Uniform and Dress Code Policy RADIOLOGIC TECHNOLOGY PROGRAM	
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For female students the dress code includes dresses, skirts, dress pants with a coordinating conservative top, and leggings paired with a top that falls to upper thigh level. The length of dresses and skirts should be conservative and professional, i.e. no shorter than 1 inch above the knee.

For male students the dress code casual pants and tucked in shirts are considered acceptable dress. Males are required to wear socks at all times.

The following may not be worn at any time:

- inappropriate business attire: shorts, jeans, hoodies and sweatshirts, exposed midriff or low cut revealing tops
- hats or caps
- clothing with logo (larger than 2 inches) or other organizational names
- ear buds for use with any technical device
- athletic shoes, thongs, or Crocs with holes

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.

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5



4.40 Attendance Policy RADIOLOGIC TECHNOLOGY PROGRAM

Effective Date: 09/29/2023

Revision Level: 8

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Printed copies are for reference only. Please refer to the electronic copy for the current version.

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. Each class commences annually approximately the first day of July and concludes approximately the third full week in June. Students will be notified via email or phone if the start date is rescheduled. In the event of a start date change, each student will submit a confirmation that he or she requests to withdraw or continue the application.

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. Scheduled hours do not exceed 40 hours per week. A missed class day will result in a 6 hour deduction from the time bank. A missed clinical day will result in an 8 hour deduction from the time bank.

During the two-year program, each student 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 the program, as approved by the program faculty. Time may not be made up on either *Thanksgiving Day or *Christmas Day. Absences may be excused due to scheduling, sickness or prior permission.

	4.40 Attendance Policy RADIOLOGIC TECHNOLOGY PROGRAM	
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The following is a list of scheduled days off:

FIRST YEAR STUDENTS:

- 5 Sick/Personal days
- 1 July 4th
- 1 Labor Day
- 1 Mother's Day
- 1 Father's Day
- 1 Thanksgiving Day*
- 14 Semester Break Dec. 20th - Jan. 2nd
- 1 Memorial Day
- 5 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 allotted days make-up hours can be scheduled at the discretion of the Clinical Coordinator.)

SECOND YEAR STUDENTS:

- 1 July 4th
- 1 Labor Day
- 1 Mother's Day
- 1 Father's Day
- 1 Thanksgiving Day*
- 14 Semester Break Dec. 20th – Jan. 2nd
- 5 Spring Break Days (in spring of 4th semester)
- 1 Memorial Day
- 5 Sick/personal days

2nd Year Five 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 holidays observed by AnMed Health are Thanksgiving Day and Christmas Day.

	4.40 Attendance Policy RADIOLOGIC TECHNOLOGY PROGRAM	
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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.

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5

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) One Saturday or one Sunday may be requested and excused each semester.
- (3) 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 1737
AHNC Radiology	(864) 512-6568 or (864) 512-6554
Ortho Office	(864) 512-5109
Ms. King's Office	(864) 512-3705
Ms. McKinsey's Office	(864) 512-2824
 - 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.
 - 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

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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 (parent, legal guardian, spouse, child, sibling, 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
- (5) A call-in on Friday, Saturday or Sunday preceding or following Spring Break week

Unexcused absences will result in 2% reduction to the overall clinical grade per event:

- | | |
|-----------|---------------------------|
| 1st event | results in a 2% reduction |
| 2nd event | results in a 4% reduction |
| 3rd event | results in a 6% 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.



4.41 Absences Excused and Unexcused

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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 days. Any exam not made up as scheduled will be averaged into the final grade as a “zero”.

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5



4.42 Tardy Policy RADIOLOGIC TECHNOLOGY PROGRAM

Effective Date: 05/01/2023

Revision Level: 4

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Printed copies are for reference only. Please refer to the electronic copy for the current version.

PURPOSE:

To establish fair and definite guidelines regarding the number of tardy events that can be received per semester and the effect excessive events of tardy will have on the clinical grade

SCOPE:

Radiology Students
Radiology Department

RESPONSIBILITY:

Radiologic Technology Program Faculty

REFERENCES:

None

RELATED DOCUMENTS:

None

POLICY/PROCEDURE:

A student is considered tardy if he/she is not present in their assigned area at his/her scheduled time for class or for clinical practice.


If a student is tardy due to oversleeping, car trouble, etc., he/she should call the department supervisor and school personnel as soon as possible. Three occurrences of being tardy are excused per semester and are documented as warnings. Accumulating more than three tardy warnings per semester will result in a grade reduction in the overall clinical grade as follows:

4	results in a 4% reduction	7	results in a 7% reduction
5	results in a 5% reduction	8	results in a 8% reduction
6	results in a 6% reduction	9	results in a 9% reduction

A student, who has 10 or more events of tardiness including the warnings, may be subject to dismissal.

Minutes missed as the result of being tardy are deducted from the bank of time for sick/personal days. If more than 4 hours late, it is deemed a call in not a tardy.

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5

 ANMED HEALTH We're in this together.	4.43 Excessive Absenteeism RADIOLOGIC TECHNOLOGY	
Effective Date: 05/24/2022	Revision Level: 2	Page 1 of 1

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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)

Document Owner	Emilee McKinsey
Approved By	Susan Merrill

	4.44 Extended Leave and Make-Up Time Policy RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/25/2022	Revision Level: 3	Page 1 of 2

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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 or during the program at the discretion of the Clinical Coordinator. Make-up scheduling is voluntary on the student's part and will not exceed 10 hours per day. The student's diploma will

 ANMED HEALTH We're in this together.	4.44 Extended Leave and Make-Up Time Policy RADIOLOGIC TECHNOLOGY PROGRAM	
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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.

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5, Susan Merrill

 ANMED HEALTH We're in this together.	4.45 Inclement Weather Policy RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: January 3, 2019	Revision Level: 4	Page 1 of 1

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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 follows the AnMed Health Inclement Weather policy (IWP). "Inclement weather" means weather with the potential to create harm to person or property, or to materially disrupt communications, routine travel, or the business operations of AnMed Health.

In the event of inclement weather, the Incident Commander has the responsibility of implementing the IWP on a "full" or "partial" basis. Under full or partial IWP the Radiologic Technology Program Director will receive notification and will communicate with the students as soon as possible. Communication will be on a day-to-day basis. Students must rely on this communication rather than public media announcements.

During an implemented IWP didactic classes will **not** be held and faculty will not report unless otherwise deemed necessary by the Radiology Director. Students scheduled for clinical hours are allowed to report during inclement weather as transportation is deemed safe. Students assigned for class hours may also be allowed to report for clinical time based on maintaining a 1:1 student to staff ratio. The Clinical Coordinator and department supervisors will determine appropriate clinical area assignments. The student will receive credit for the amount of time they are present. Any time missed should be documented by the normal call-in process and time will be deducted from vacation/sick/personal days allotted. No call-in or tardy will be documented during IWP. Unexcused absences will only be documented in the event the student fails to communicate that they will not be in attendance for that day.

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5, Susan Merrill



4.46 Off-Hours Policy RADIOLOGIC TECHNOLOGY PROGRAM

Effective Date: 04/25/2023

Revision Level: 6

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Printed copies are for reference only. Please refer to the electronic copy for the current version.

PURPOSE:

To recognize the importance of educationally valid clinical experiences provided to the student through the use of weekend assignments and to establish a standard for these assignments.

SCOPE:

Radiography Students

RESPONSIBILITY:

Radiologic Technology Faculty
Radiology Staff

REFERENCES:

JRCERT Standard 4.4

RELATED DOCUMENTS:

None

POLICY/PROCEDURE:


Weekend rotations are considered as a clinical assignment on either a Saturday or a Sunday. Weekend rotations are essential to the educational process and will make a new graduate more confident in their skills when newly employed. Weekend assignments are either 7:00 a.m. – 3:30 p.m. 11:30 a.m. – 8:00 p.m., or 1:30 p.m.-10:00 p.m. Students are not scheduled for the purpose of replacing staff. A 1:1 ratio of student to staff is always maintained.

Students may request an excused absence for either one Saturday or one Sunday each semester. Students are allowed to switch weekend assignments with other students. Students will not be scheduled for a Sunday assignment on Easter, Mother's Day or Father's Day.

Specific learning objectives are provided each semester for evening and weekend assignments. Learning outcomes include:

- Experience different type of work-flow and team work than Monday – Friday
- Gain experience with a wider variety of patient conditions such as multiple trauma, drug and alcohol related injuries

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5

 ANMED HEALTH We're in this together.	4.50 Student Health Policies RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/02/2022	Revision Level: 5	Page 1 of 1

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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 3 months prior to the clinical observation step in the application process.

All in-coming students must complete a health screening by AnMed Health Employee Health to include a drug screening, TB testing, necessary vaccinations, COVID-19 vaccinations or exemption documentation, and assessment of physical abilities.

There will be an annual physical done in students' birth month in the second year of the program.

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5, Susan Merrill

	4.51 Health Screening Policy RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/02/2022	Revision Level: 6	Page 1 of 1

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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:

[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 TB testing. 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, Rubella and COVID will be offered.

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5, Susan Merrill

	4.52 Flu Vaccination and TB Policy RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/02/2022	Revision Level: 5	Page 1 of 1

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PURPOSE:

To protect patients, visitors, and other health care workers (HCW's), the influenza vaccination COVID 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 fee.

Prospective student must submit COVID-19 vaccination documentation or an exemption. Employee Health can provide the COVID-19 vaccination, if desired, at no cost.

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5, Susan Merrill

	4.53 Reporting Communicable Diseases, Illnesses and Accidents RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/02/2022	Revision Level: 5	Page 1 of 2

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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 5.5


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 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 (eSREO) is completed by the clinical supervisor. 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 in EPIC 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 (eSREO) 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.

 ANMED HEALTH We're in this together.	4.53 Reporting Communicable Diseases, Illnesses and Accidents RADIOLOGIC TECHNOLOGY PROGRAM	
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If a student is involved in an accident off site, he/she should see their 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.

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5, Susan Merrill

	4.54 Standard Precautions Policy RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/02/2022	Revision Level: 5	Page 1 of 1

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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 5.5

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 Pathogens and Other Potentially Infectious Materials Exposure/Exposure Control Policy 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.

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5, Susan Merrill

 ANMED HEALTH We're in this together.	4.55 Drug Screening and Substance Abuse Policy RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/02/2022	Revision Level: 4	Page 1 of 2

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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 5.5

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.


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

 ANMED HEALTH We're in this together.	4.55 Drug Screening and Substance Abuse Policy RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/02/2022	Revision Level: 4	Page 2 of 2

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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.

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5, Susan Merrill

 ANMED HEALTH We're in this together.	4.60 Safety and Training Requirements RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/02/2022	Revision Level: 6	Page 1 of 1

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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 5.5


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.

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.

Utilizing HealthStream, a computer-based safety review program with post-testing is required for each student at the beginning of the second year. New safety programs may be added throughout the year. Records are maintained through the HealthStream Learning Center. All HealthStream assignments must be completed prior to December 15th annually. Failure to complete assignments on time will result in an automatic "zero" on the employee performance evaluation and a corrective action write-up.

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5, Susan Merrill

	<p align="center">4.70 Code of Conduct RADIOLOGIC TECHNOLOGY PROGRAM</p>	
<p align="center">Effective Date: 05/02/2022</p>	<p align="center">Revision Level: 5</p>	<p align="center">Page 1 of 2</p>

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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 2.30 Code of Ethics.

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

 ANMED HEALTH We're in this together.	4.70 Code of Conduct RADIOLOGIC TECHNOLOGY PROGRAM	
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Printed copies are for reference only. Please refer to the electronic copy for the current version.

- 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

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5, Susan Merrill

	4.71 Academic Dishonesty Policy RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/02/2022	Revision Level: 6	Page 1 of 2

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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 examination assessment materials
- 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
- copying, publishing, reconstructing (whether be memory or otherwise), reproducing or transmitting any portion of examination assessment materials by any means, verbal, written, electronic, or mechanical

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

 ANMED HEALTH We're in this together.	4.71 Academic Dishonesty Policy RADIOLOGIC TECHNOLOGY PROGRAM	
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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 EPIC 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 Due Process Policy)

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Approved By	Stephan Jones5, Susan Merrill

 ANMED HEALTH We're in this together.	4.72 Confidentiality Policy RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/02/2022	Revision Level: 4	Page 1 of 1

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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.

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5, Susan Merrill

 ANMED HEALTH We're in this together.	4.73 Communication Policy RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/18/2022	Revision Level: 3	Page 1 of 2

Printed copies are for reference only. Please refer to the electronic copy for the current version.

PURPOSE:

To provide guidelines for radiography students in regards to communication with patients, clinical staff, and faculty

SCOPE:

Radiography Students
 Radiology Department

RESPONSIBILITY:

Radiologic Technology Program Faculty
 Radiology Management

REFERENCES:

Human Resource Policies

RELATED DOCUMENTS:

None

POLICY/PROCEDURE:


PATIENT INFORMATION: The student technologist is expected to communicate with 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 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 adhere to 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

 ANMED HEALTH We're in this together.	4.73 Communication Policy RADIOLOGIC TECHNOLOGY PROGRAM	
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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.

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Approved By	Stephan Jones5, Susan Merrill

 ANMED HEALTH We're in this together.	4.74 Harassment Policy RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/18/2022	Revision Level: 3	Page 1 of 1

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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.

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Approved By	Stephan Jones5, Susan Merrill

 ANMED HEALTH We're in this together.	4.75 Due Process Policy RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 02/03/2023	Revision Level: 7	Page 1 of 2

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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 1.1, 1.5

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.

 ANMED HEALTH We're in this together.	4.75 Due Process Policy RADIOLOGIC TECHNOLOGY PROGRAM	
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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.

If students have complaints about a classroom situation, they should first attempt to resolve the situation with the instructor. If resolution cannot be made with the instructor, or if the complaint is about a general school policy which the instructor has no jurisdiction, then the students may contact the school director for mediation. If the complaint cannot be resolved at the school level through its complaint procedure, students may contact the South Carolina Commission on Higher Education. The form is available on the Commission's website at https://www.che.sc.gov/sites/che/files/Documents/Institutions%20and%20Educators/Licensing/Student_Complaint_Procedures_and_Form_09192022.pdf

Specific details of any Complaint forms can be located electronically on the Radiology I-drive/ Administrative File/Radiology School/Grievances and Due Process folder.

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5

 ANMED HEALTH We're in this together.	4.76 Process for Handling Student Complaints RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/18/2022	Revision Level: 4	Page 1 of 1

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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 1.1
[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.

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Approved By	Stephan Jones5, Susan Merrill

	4.77 Corrective Action Policy RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/01/2023	Revision Level: 3	Page 1 of 2

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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 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:



4.77 Corrective Action Policy RADIOLOGIC TECHNOLOGY PROGRAM

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- Reprimand
- Probation
- Suspension
- Termination

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5

 ANMED HEALTH We're in this together.	4.78 Termination Policy RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/18/2022	Revision Level: 2	Page 1 of 1

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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

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Approved By	Stephan Jones5, Susan Merrill

 ANMED HEALTH We're in this together.	4.80 Student Employment RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 02/06/2023	Revision Level: 6	Page 1 of 2

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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


[Request for Permissible Accumulated Dose Records From Previous Employer RADIATION SAFETY](#)

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 may wear their student uniform and ID or transporter 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).

Completion of the AnMed Radiologic Technology Program can open the door to a rewarding and satisfying career in the field of health care. The AnMed Radiologic Technology Program does not guarantee employment. The AnMed Radiologic Technology Program provides no job placement assistance.

 ANMED HEALTH We're in this together.	4.80 Student Employment RADIOLOGIC TECHNOLOGY PROGRAM	
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 ANMED HEALTH We're in this together.	4.90 Student Services RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/18/2022	Revision Level: 5	Page 1 of 1

Printed copies are for reference only. Please refer to the electronic copy for the current version.

PURPOSE:

Students of the Radiologic Technology Program have access to services and benefits equivalent to other AnMed Health employees; benefits do not include health insurance coverage. 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 2.3

POLICY/PROCEDURE:

- Access to Employee Health services
- Employee discounts for cafeteria meals
- Employee discounts for uniform purchase at Read'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
- Access to reference textbooks

All available student services are in compliance with the Americans with Disabilities Act of 1990.

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Approved By	Stephan Jones5, Susan Merrill

 ANMED HEALTH We're in this together.	4.99 Evaluations of Program RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/18/2022	Revision Level: 5	Page 1 of 1

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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

RELATED DOCUMENTS:

JRCERT Standards 3.4

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 an e-mailed GRADUATE FOLLOW-UP EVALUATION along with a request for employer contact information so the EMPLOYER SATISFACTION QUESTIONNAIRE FORM can be sent.

All regularly scheduled staff technologists will evaluate each student at the end of each 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.

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Approved By	Stephan Jones5, Susan Merrill

	7.0 Disclaimer Statement RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/01/2023	Revision Level: 3	Page 1 of 1

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PURPOSE:

Policy changes are made know 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 1.1

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.

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Approved By	Stephan Jones5



7.1 Veteran Transfer Credit Policy

Effective Date: 05/01/2023

Revision Level: 2

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PURPOSE:

The AnMed Radiologic Technology Program is designed to provide an education to all students with various backgrounds, including veterans.

SCOPE:

Veterans
Radiography Students


RESPONSIBILITY:

AnMed Radiologic Technology Program faculty

POLICY/PROCEDURE:

Veterans enrolled with the AnMed Radiologic Technology Program who have attended another post-secondary program must request and submit official academic transcripts from all schools previously attended. The AnMed Radiologic Technology Program will evaluate prior credit/clock hours earned from another institution but does not guarantee acceptance of transfer credits or that the program length will be shortened.

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5

	7.2 South Carolina Commission on Higher Education	
Effective Date: 04/28/2023	Revision Level: 2	Page 1 of 1

Printed copies are for reference only. Please refer to the electronic copy for the current version.

PURPOSE:

South Carolina Commission on Higher Education license ensures that our program adheres to the highest education requirements in South Carolina.

SCOPE:

Radiology Students
Radiology Management

RESPONSIBILITY:

Radiologic Technology Program Faculty


REFERENCES:

Citation of items used as substantial sources of information to support the content of the document.

POLICY/PROCEDURE:

Licensed by the South Carolina Commission on Higher Education, 1122 Lady Street, Suite 300, Columbia, SC 29201, Telephone (803) 737-2260, www.che.sc.gov. Licensure indicates only that minimum standards have been met; it is not an endorsement or guarantee of quality. Licensure is not equivalent to or synonymous with accreditation by an accrediting agency recognized by the U.S. Department of Education.

Document Owner	Emilee McKinsey
Approved By	Emilee McKinsey

	7.3 Physical Facility	
Effective Date: 02/17/2023	Revision Level: 2	Page 1 of 2

Printed copies are for reference only. Please refer to the electronic copy for the current version.

PURPOSE:

To indicate the physical facility of the AnMed Health Radiologic Technology Program

SCOPE:

Radiography Students
Radiologic Technology Faculty

RESPONSIBILITY:

Radiologic Technology Program Faculty

POLICY/PROCEDURE:


The AnMed Health Radiologic Technology Program holds class at the AnMed Health Medical Center in the Education Building on the second floor. The AnMed Health Radiologic Technology Program has an agreement with the Medical Center to hold class within the facility. There is not an owner, lease, or rental agreement.

The AnMed Health Radiologic Technology Program has a classroom, break room, and supply closet. Within the break room, there are student lockers that each student is assigned. The program accepts the maximum of 14 students per year. There is not a set minimum number of students we will accept. The AnMed Health Radiologic Technology Program does not provide living quarters/room/board.

Students have clinical rotations at the Medical Center, North Campus, and the Orthopedics & Sports Medicine office in Anderson, SC. Within each of these facilities, there is an extensive amount of x-ray equipment student's use. Equipment such as:

Medical Center Equipment:

Konica mKDR Portable 1
Konica mKDR Portable 2
LEGACY DIGITAL 22
SHIMADZU RADSPEED ED 1
SHIMADZU RADSPEED ED 2
Shimadzu RadSpeed W Konica RM 7
SHIMADZU SONIALVISION GA

 ANMED HEALTH We're in this together.	7.3 Physical Facility	
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Printed copies are for reference only. Please refer to the electronic copy for the current version.


North Campus Equipment:

AMX IV PLUS
 GE PRECISION 500D
 GE PROTEUS
 GE PROTEUS XR/a 80KW
 Konica mKDR Portable
 MOBILE DART #3 W/KONICA
 OEC 9900 C-ARM NC#1
 OEC 9900 C-ARM NC#2
 OEC 9900 C-ARM NC#3
 OEC 9900 C-ARM NC#4
 OEC ELITE MINIVIEW
 REVOLUTION XR/D CAN
 SHIMADZU BK-300
 UROSKOP OMNIA CYSTO RM
 GE PROTEUS

Orthopedic & Sports Medicine Equipment:

Del Medical FMT
 Del Medical OTC18
 Orthoscan

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5

	5.10 Clinical Plan RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 09/29/2023	Revision Level: 6	Page 1 of 1

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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 4.2

POLICY/PROCEDURE:

AnMed Health offers a competency based clinical education program. The students will perform under the direct supervision of a registered staff technologist until he/she has proven clinical competency in a procedure and then under the indirect supervision of a technologist throughout the clinical educational program. The student documents all procedures performed via the EPIC system and Trajecslog sheets.. Mandatory and elective competency procedures are completed by Clinical Instructors and designated RTs via standardized competency forms.

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5



5.11 Clinical Scheduling and Objectives Policy RADIOLOGIC TECHNOLOGY PROGRAM

Effective Date: 05/01/2023

Revision Level: 7

Page 1 of 2

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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 4.4

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 week day rotations. 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 digital radiography, EPIC, and PACS. Students gain experience at AnMed Health Medical Center, AnMed Health North Campus and AnMed Health Orthopedics and Sports Medicine. Clinical experience is also provided in Computed Tomography to compliment basic didactic CT instruction. A brief rotation is provided through Interventional Radiology 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 program faculty at the end of the semester. If a student completes the semester without completing objectives for the clinical areas this will result in the student's ineligibility to attend clinic until the objectives are completed and turned in.

	5.11 Clinical Scheduling and Objectives Policy RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/01/2023	Revision Level: 7	Page 2 of 2

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 supervising R.T. will contact the clinical coordinator to verify approval. 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 due to a meal break 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 send verification to the clinical coordinator and he/she will receive time compensation.

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5

	5.12 Clinical Attendance Verification Policy RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/18/2022	Revision Level: 3	Page 1 of 1

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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 the Trajecsys system. 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 from the correct location will result in deduction of the scheduled clinical hours for that day, unless the student notifies program personnel within 24 hours and has verification by a CI/Supervising R.T. In the event that the internet is down, the student should text the Clinical Coordinator for permission to clock in using their mobile phone.

Failure to be in a clinical area as assigned will result in a deduction of clinical hours.

Clocking verification will be evaluated at the end of each week by the clinical coordinator.

Each student must demonstrate competency in using the Trajecsys system and must sign the *Protocol for Documentation of Clinical Hours Form*.

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5, Susan Merrill

	5.13 Documentation of Clinical Hours RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/20/2022	Revision Level: 6	Page 1 of 1

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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 clinical time, the following steps must be completed by each student:

The student will:


1. Correctly use the Trajecsyst system to enter the time he/she arrives and leaves the clinical area. Lunch breaks must be indicated.
2. Take responsibility to assure the clocking transaction occurred at the correct clinical site.
3. Report to the clinical office (2824) any failure to clock as soon as the error is realized. To get credit for the clinical hours not indicated by the time entry, the student must have a clinical instructor or the supervisor in charge verify/approve that the student was present. Failure to properly complete this step will result in the assumption that the student was tardy and/or 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.

Errors on clocking transactions are assessed. Multiple errors will 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.

By choosing "Mark as Read" I verify that I understand the protocol for documentation of my clinical time and I am competent in the use of the Trajecsyst system.

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5, Susan Merrill

 ANMED HEALTH We're in this together.	5.14 Clinical Area Expectations RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/18/2022	Revision Level: 6	Page 1 of 3

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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.

 ANMED HEALTH We're in this together.	5.14 Clinical Area Expectations RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/18/2022	Revision Level: 6	Page 2 of 3

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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 for clinical documentation using the Trajecsyst system.

Additionally, students should advise friends and relatives not to call during clinical hours unless it is an emergency.

Department phone number	(864) 512-1407		
Information Line	(864) 512-1249		
Office phone number	(864) 512-3705	or	(864) 512-2824
Department Administrative Secretary	(864) 512-1401	or	(864) 512-2341

Electronic Devices:

The use of an electronic device is required to document clinical performance. The use of cell phones, personal computers, cameras, iPods, etc. for any other purpose 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 anywhere on the front or the back of 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.

Communication/Student Boxes:

Students are responsible for reviewing all memos and information posted on the communication boards located in the clinical areas 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 the Trajecsyst system 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.

	5.14 Clinical Area Expectations RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/18/2022	Revision Level: 6	Page 3 of 3

Printed copies are for reference only. Please refer to the electronic copy for the current version.


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 Lot C on the lower level of the parking deck. At the North Campus parking is allowed in the last 3 rows of any lot.

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5, Susan Merrill

 ANMED HEALTH We're in this together.	5.15 Clinical Evaluations RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/18/2022	Revision Level: 4	Page 1 of 2

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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:


Using the Trajecsyst Report System, 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 requesting the evaluation from the technologist. The technologist will complete the evaluation within one week. If the evaluation is not completed within one week the student will report to the Clinical Coordinator. The Clinical Coordinator will then follow-up with the staff to assure the evaluation is completed. Students have electronic access to view every evaluation. The student will view the evaluation in the Trajecsyst Report System. The Clinical Coordinator verifies that the evaluation has been viewed by the student before validating the evaluation.

Using the Trajecsyst Report System, end-of-the-semester evaluations are completed by clinical instructors, supervisors and staff technologists. The program faculty members review the evaluations with each individual student to identify 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.

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5, Susan Merrill

	6.10 Pregnancy Policy RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/18/2022	Revision Level: 5	Page 1 of 2

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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 5.1
[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

 ANMED HEALTH We're in this together.	6.10 Pregnancy Policy RADIOLOGIC TECHNOLOGY PROGRAM	
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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 will 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.

By completing readership of this policy, I acknowledge that I have read the above pregnancy policy and understand its content.

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5, Susan Merrill

 ANMED HEALTH We're in this together.	6.11 Radiation Safety Policy RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/18/2022	Revision Level: 4	Page 1 of 3

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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 5.3
[Request for Permissible Accumulated Dose Records From Previous Employer RADIATION SAFETY](#)
[Dosimeter Request Form for Employee/Physician Identified as Radiation Worker](#)


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 image receptors during exposures.
- Students should not hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care.

 ANMED HEALTH We're in this together.	6.11 Radiation Safety Policy RADIOLOGIC TECHNOLOGY PROGRAM	
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- 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.

 ANMED HEALTH We're in this together.	6.11 Radiation Safety Policy RADIOLOGIC TECHNOLOGY PROGRAM	
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Investigational levels (ICRP Report 26) are as follows:

MREMS PER QUARTER

	<u>Level I</u>	<u>Level II</u>
1. Whole Body	125 mrems	375 mrems
2. Extremities/skin	1875 mrems	5625 mrems

AnMed Health radiography students should not exceed 125 mrem per quarter, whole body radiation.

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5, Susan Merrill

 ANMED HEALTH We're in this together.	6.12 Supervision and Repeat Policy RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/18/2022	Revision Level: 4	Page 1 of 2

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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 most 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 5.4

POLICY/PROCEDURE:

Supervision Policy


Students must have adequate and proper supervision during all clinical area assignments.

Direct supervision is defined 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 approved the procedure and/or image.

Direct supervision is required until the student has achieved competency on the specific procedure to be performed. Once students have achieved competency, they may work under indirect supervision.

Indirect supervision is defined as having the R.T. immediately available to assist the student regardless of the level of student achievement. Immediately available is within visual or hearing distance from the student (on the premises, in the vicinity of the radiographic area).

 ANMED HEALTH We're in this together.	6.12 Supervision and Repeat Policy RADIOLOGIC TECHNOLOGY PROGRAM	
Effective Date: 05/18/2022	Revision Level: 4	Page 2 of 2

Printed copies are for reference only. Please refer to the electronic copy for the current version.

The following prerequisites 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 achievement. 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
 - the qualified registered radiographer critiques and approves the images prior to the dismissal of the patient

If either of the above determinations is questionable or negative, the radiographer must be present in the radiographic room.

Direct Supervision is required for all surgical procedures and all mobile procedures, including mobile fluoroscopy, contrast media procedures, pediatric procedures, and procedures performed in the Emergency Department.


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.

Using the Trajecsyst system, all repeats performed by a student are documented in the student's Daily Log and are signed-off in Trajecsyst by the radiographer in order to verify direct supervision. Repeats are also documented in EPIC.

Document Owner	Emilee McKinsey
Approved By	Stephan Jones5, Susan Merrill

	6.13 Magnetic Resonance Safety Screening Protocol RADIOLOGIC TECHNOLOGY SCHOOL	
Effective Date: 05/01/2023	Revision Level: 4	Page 1 of 2

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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](#)
www.jrcert.org


RELATED DOCUMENTS:

JRCERT Standards 5.3
[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.

	6.13 Magnetic Resonance Safety Screening Protocol RADIOLOGIC TECHNOLOGY SCHOOL	
Effective Date: 05/01/2023	Revision Level: 4	Page 2 of 2

Printed copies are for reference only. Please refer to the electronic copy for the current version.

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.

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Standards for an Accredited Educational Program in Radiography

Effective January 1, 2021

Adopted April 2020



Excellence in Education

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 is recognized by both the United States Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA). The JRCERT **Standards** incorporate many of the regulations required by the USDE for accrediting organizations to assure the quality of education offered by higher education programs. Accountability for performance and transparency are also reflected in the **Standards** as they are key factors for CHEA recognition.

The JRCERT accreditation process offers a means of providing assurance to the public that a program meets specific quality standards. The process not only helps to maintain program quality but stimulates program improvement through outcomes 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 in determining compliance with the particular objective. Review of supplemental materials and/or interviews is at the discretion of the site visit team.

Regarding each standard, the program must:

- Identify strengths related to each standard
- Identify opportunities for improvement related to each standard
- Describe the program's plan for addressing each opportunity for improvement
- Describe any progress already achieved in addressing each opportunity for improvement
- Provide any additional comments in relation to each standard

The self-study report, as well as the results of the on-site evaluation conducted by the site visit team, will determine the program's compliance with the Standards by the JRCERT Board of Directors.

Standards for an Accredited Educational Program in Radiography

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Standard One: Accountability, Fair Practices, and Public Information

The sponsoring institution and program promote accountability and fair practices in relation to students, faculty, and the public. Policies and procedures of the sponsoring institution and program must support the rights of students and faculty, be well-defined, written, and readily available.

Objectives:

- 1.1 The sponsoring institution and program provide students, faculty, and the public with policies, procedures, and relevant information. Policies and procedures must be fair, equitably applied, and readily available.
- 1.2 The sponsoring institution and program have faculty recruitment and employment practices that are nondiscriminatory.
- 1.3 The sponsoring institution and program have student recruitment and admission practices that are nondiscriminatory and consistent with published policies.
- 1.4 The program assures the confidentiality of student educational records.
- 1.5 The program assures that students and faculty are made aware of the JRCERT **Standards for an Accredited Educational Program in Radiography** and the avenue to pursue allegations of noncompliance with the **Standards**.
- 1.6 The program publishes program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.
- 1.7 The sponsoring institution and program comply with the requirements to achieve and maintain JRCERT accreditation.

1.1 The sponsoring institution and program provide students, faculty, and the public with policies, procedures, and relevant information. Policies and procedures must be fair, equitably applied, and readily available.

Explanation:

Institutional and program policies and procedures must be fair, equitably applied, and promote professionalism. Policies, procedures, and relevant information must be current, accurate, published, and made readily available to students, faculty, staff, and the public on the institution's or program's website to assure transparency and accountability of the educational program. For example, requiring the public to contact the institution or program to request program information is not fully transparent. Policy changes must be made known to students, faculty, and the public in a timely fashion. It is recommended that revision dates be identified on program publications.

At a minimum, the sponsoring institution and/or program must publish policies, procedures, and/or relevant information related to the following:

- ☐ admission and transfer of credit policies;
- ☐ tuition, fees, and refunds;
- ☐ graduation requirements;
- ☐ grading system;
- ☐ program mission statement, goals, and student learning outcomes;
- ☐ accreditation status;
- ☐ articulation agreement(s);
- ☐ academic calendar;
- ☐ clinical obligations;
- ☐ grievance policy and/or procedures.

Any policy changes to the above must be made known to students, faculty, and the public in a timely fashion.

In addition, programs must develop a contingency plan that addresses any type of catastrophic event that could affect student learning and program operations. Although the contingency plan does not need to be made readily available to the public, program faculty must be made aware of the contingency plan.

Required Program Response:

- Describe how institutional and program policies, procedures, and relevant information are made known to students, faculty, staff, and the public.
- Describe how policies and procedures are fair, equitably applied, and promote professionalism.
- Describe the nature of any formal grievance(s) and/or complaints(s) and their resolution.
- Provide publications that include the aforementioned policies, procedures, and relevant information, including the hyperlink for each.
- Provide a copy of the resolution of any formal grievance(s).

Possible Site Visitor Evaluation Methods:

- Review of institutional and program website
- Review of institutional and program materials
- Review of student handbook
- Review of student records
- Review of formal grievance(s) record(s), if applicable
- Interviews with institutional administration
- Interviews with faculty
- Interviews with staff
- Interviews with students

1.2 The sponsoring institution and program have faculty recruitment and employment practices that are nondiscriminatory.

Explanation:

Nondiscriminatory recruitment and employment practices assure fairness and integrity. Equal opportunity for employment must be offered to each applicant with respect to any legally protected status such as race, color, gender, age, disability, national origin, or any other protected class. Employment practices must be equitably applied.

Required Program Response:

- Describe how nondiscriminatory recruitment and employment practices are assured.
- Provide copies of employment policies and procedures that assure nondiscriminatory practices.

Possible Site Visitor Evaluation Methods:

- Review of employee/faculty handbook
- Review of employee/faculty application form
- Review of institutional catalog
- Interviews with faculty

1.3 The sponsoring institution and program have student recruitment and admission practices that are nondiscriminatory and consistent with published policies.

Explanation:

Nondiscriminatory recruitment practices assure applicants have equal opportunity for admission. Defined admission practices facilitate objective student selection. In considering applicants for admission, the program must follow published policies and procedures. Statistical information such as race, color, religion, gender, age, disability, national origin, or any other protected class may be collected; however, the student must voluntarily provide this information. Use of this information in the student selection process is discriminatory.

Required Program Response:

- Describe how institutional and program admission policies are implemented.
- Describe how admission practices are nondiscriminatory.
- Provide institutional and program admission policies.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
- Review of student records
- Interviews with faculty
- Interviews with admissions personnel, as appropriate
- Interviews with students

1.4 The program assures the confidentiality of student educational records.

Explanation:

Maintaining the confidentiality of educational records protects students' right to privacy. Educational records must be maintained in accordance with the Family Educational Rights and Privacy Act (FERPA). If educational records contain students' social security numbers, this information must be maintained in a secure and confidential manner. Space should be made available for the secure storage of files and records.

Required Program Response:

Describe how the program maintains the confidentiality of students' educational records.

Possible Site Visitor Evaluation Methods:

- Review of institution's/program's published policies/procedures
- Review of student academic and clinical records, including radiation monitoring reports
- Tour of program offices
- Tour of clinical setting(s)
- Interviews with faculty
- Interviews with clerical staff, if applicable
- Interviews with clinical preceptor(s)
- Interviews with clinical staff
- Interviews with students

- 1.5** The program assures that students and faculty are made aware of the JRCERT **Standards for an Accredited Educational Program in Radiography** and the avenue to pursue allegations of noncompliance with the **Standards**.

Explanation:

The program must assure students and faculty are cognizant of the **Standards** and must provide contact information for the JRCERT.

Any individual associated with the program has 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 and/or JRCERT policies. Additionally, an individual has the right to submit allegations against the program if the student believes that conditions at the program appear to jeopardize the quality of instruction or the general welfare of its students.

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

Required Program Response:

- Describe how students and faculty are made aware of the **Standards**.
- Provide documentation that the **Standards** and JRCERT contact information are made known to students and faculty.

Possible Site Visitor Evaluation Methods:

- Review of program publications
- Review of program website
- Interviews with faculty
- Interviews with students

1.6 The program publishes program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.

Explanation:

Program accountability is enhanced, in part, by making its program effectiveness data available to the program's communities of interest, including the public. In an effort to increase accountability and transparency, the program must publish, at a minimum, its most recent five-year average credentialing examination pass rate data, five-year average job placement rate data, and annual program completion rate data on its website to allow the public access to this information. If the program cannot document five years of program effectiveness data, it must publish its available effectiveness data.

The program effectiveness data must clearly identify the sample size associated with each measure (i.e., number of first-time test takers, number of graduates actively seeking employment, and number of graduates).

Program effectiveness data is published on the JRCERT website. Programs must publish a hyperlink to the JRCERT website to allow students and the public access to this information.

Required Program Response:

- Provide the hyperlink for the program's effectiveness data webpage.
- Provide samples of publications that document the availability of program effectiveness data via the JRCERT URL address from the program's website.

Possible Site Visitor Evaluation Methods:

- Review of program website
- Review of program publications
- Interviews with faculty
- Interviews with students

1.7 The sponsoring institution and program comply with requirements to achieve and maintain JRCERT accreditation.

Explanation:

Programs must comply with all JRCERT policies and procedures to maintain accreditation. JRCERT policies are located at www.jrcert.org. In addition, substantive changes must be reviewed and approved by the JRCERT prior to implementation, with the exception of a change of ownership.

JRCERT accreditation requires that the sponsoring institution has the primary responsibility for the educational program and grants the terminal award. Sponsoring institutions may include educational programs established in colleges, universities, vocational/technical schools, hospitals, or military facilities. The JRCERT does 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 each program to have a separate accreditation award and does not recognize branch campuses. The JRCERT recognizes a consortium as an appropriate sponsor of an educational program.

The JRCERT requires programs to maintain a current and accurate database. The program must maintain documentation of all program official qualifications, including updated curricula vitae and current ARRT certification and registration, or equivalent documentation. This documentation is not required to be entered into the Accreditation Management System (AMS). Newly appointed institutional administrators, program officials, and clinical preceptors must be updated through the AMS within thirty (30) days of appointment.

No Required Program Response

Possible Site Visitor Evaluation Method:

Review of a representative sample of program official qualifications

Standard Two: Institutional Commitment and Resources

The sponsoring institution demonstrates a sound financial commitment to the program by assuring sufficient academic, fiscal, personnel, and physical resources to achieve the program's mission.

Objectives:

- 2.1 The sponsoring institution provides appropriate administrative support and demonstrates a sound financial commitment to the program.
- 2.2 The sponsoring institution provides the program with the physical resources needed to support the achievement of the program's mission.
- 2.3 The sponsoring institution provides student resources.
- 2.4 The sponsoring institution and program maintain compliance with United States Department of Education (USDE) Title IV financial aid policies and procedures, if the JRCERT serves as gatekeeper.

2.1 The sponsoring institution provides appropriate administrative support and demonstrates a sound financial commitment to the program.

Explanation:

The program must have sufficient institutional support and ongoing funding to operate effectively. The program's relative position in the organizational structure helps facilitate appropriate resources and enables the program to meet its mission.

The sponsoring institution should provide the program with administrative/clerical services as needed to assist in the achievement of its mission.

Required Program Response:

- Describe the sponsoring institution's level of commitment to the program.
- Describe the program's position within the sponsoring institution's organizational structure and how this supports the program's mission.
- Describe the adequacy of financial resources.
- Describe the availability and functions of administrative/clerical services, if applicable.
- Provide institutional and program organizational charts.

Possible Site Visitor Evaluation Methods:

- Review of organizational charts of institution and program
- Review of published program materials
- Review of meeting minutes
- Interviews with institutional administration
- Interviews with faculty
- Interviews with clerical staff, if applicable

2.2 The sponsoring institution provides the program with the physical resources needed to support the achievement of the program's mission.

Explanation:

Physical resources include learning environments necessary to conduct teaching and facilitate learning. The sponsoring institution must provide faculty with adequate office and classroom space needed to fulfill their responsibilities. Faculty office space should be conducive to course development and scholarly activities. Space must be made available for private student advisement and program meetings. Classrooms must be appropriately designed to meet the needs of the program's curriculum delivery methods.

Resources include, but are not limited to, access to computers, reliable and secure Internet service, instructional materials (computer hardware and/or software, technology-equipped classrooms, simulation devices, and other instructional aides), and library resources.

Laboratories must be conducive to student learning and sufficient in size. The sponsoring institution must provide the program with access to a fully energized laboratory. An energized laboratory on campus is recommended. The program may utilize laboratory space that is also used for patient care. In the event patient flow disallows use of the laboratory space, the program must assure that laboratory courses are made up in a timely manner. A mobile unit and/or simulation software cannot take the place of a stationary/fixed energized laboratory.

The JRCERT does not endorse any specific physical resources.

Required Program Response:

Describe how the program's physical resources, such as offices, classrooms, and laboratories, facilitate the achievement of the program's mission.

Possible Site Visitor Evaluation Methods:

- Tour of the classroom, laboratories, and faculty offices
- Review of learning resources
- Interviews with faculty
- Interviews with students

2.3 The sponsoring institution provides student resources.

Explanation:

Student resources refer to the variety of services and programs offered to promote academic success. The institution and/or program must provide access to information for personal counseling, requesting accommodations for disabilities, and financial aid.

The JRCERT does not endorse any specific student resources.

Required Program Response:

- Describe how students are provided with access to information on personal counseling, disability services, and financial aid.
- Describe how the program utilizes other student resources to promote student success.

Possible Site Visitor Evaluation Methods:

- Tour of facilities
- Review of published program materials
- Review of surveys
- Interviews with faculty
- Interviews with students

2.4 The sponsoring institution and program maintain compliance with United States Department of Education (USDE) Title IV financial aid policies and procedures, if the JRCERT serves as gatekeeper.

Explanation:

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.

The program must comply with all USDE requirements to participate in Title IV financial aid.

Required Program Response:

- Describe how the program informs students of their responsibility for timely repayment of financial aid.
- 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.

Possible Site Visitor Evaluation Methods:

- Review of records
- Interviews with administrative personnel
- Interviews with faculty
- Interviews with students

Standard Three: Faculty and Staff

The sponsoring institution provides the program adequate and qualified faculty that enable the program to meet its mission and promote student learning.

Objectives:

- 3.1 The sponsoring institution provides an adequate number of faculty to meet all educational, accreditation, and administrative requirements.
- 3.2 The sponsoring institution and program assure that all faculty and staff possess the academic and professional qualifications appropriate for their assignments.
- 3.3 The sponsoring institution and program assure the responsibilities of faculty and clinical staff are delineated and performed.
- 3.4 The sponsoring institution and program assure program faculty performance is evaluated and results are shared regularly to assure responsibilities are performed.
- 3.5 The sponsoring institution and/or program provide faculty with opportunities for continued professional development.

3.1 The sponsoring institution provides an adequate number of faculty to meet all educational, accreditation, and administrative requirements.

Explanation:

An adequate number of faculty promotes sound educational practices. Full- and part-time status is determined by, and consistent with, the sponsoring institution's definition. Institutional policies and practices for faculty workload and release time must be consistent with faculty in other comparable health sciences programs in the same institution. Faculty workload and release time practices must include allocating time and/or reducing teaching load for educational, accreditation, and administrative requirements expected of the program director and clinical coordinator.

A full-time program director is required. A full-time equivalent clinical coordinator is required if the program has more than fifteen (15) students enrolled in the clinical component of the program (e.g., the total number of students simultaneously enrolled in all clinical courses during a term). 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.

A minimum of one clinical preceptor must be designated at each recognized clinical setting. The same clinical preceptor may be identified at more than one site as long as a ratio of one full-time equivalent clinical preceptor for every ten (10) students is maintained. The program director and clinical coordinator may perform clinical instruction; however, they may not be identified as clinical preceptors.

Required Program Response:

- Describe faculty workload and release time in relation to institutional policies/practices and comparable health sciences programs within the sponsoring institution.
- Describe the adequacy of the number of faculty and clinical preceptors to meet identified accreditation requirements and program needs.
- Provide institutional policies for faculty workload and release time.

Possible Site Visitor Evaluation Methods:

- Review institutional policies for faculty workload and release time
- Review of faculty position descriptions, if applicable
- Review of clinical settings
- Interviews with faculty
- Interviews with clinical preceptor(s)
- Interviews with students

3.2 The sponsoring institution and program assure that all faculty and staff possess the academic and professional qualifications appropriate for their assignments.

Position	Qualifications
Program Director	Holds, at a minimum, a master's degree;
	For master's degree programs, a doctoral degree is preferred;
	Proficient in curriculum design, evaluation, instruction, program administration, and academic advising;
	Documents three years' clinical experience in the professional discipline;
	Documents two years' experience as an instructor in a JRCERT-accredited program;
	Holds current American Registry of Radiologic Technologists (ARRT) certification and registration, or equivalent ¹ , in radiography.
Clinical Coordinator	Holds, at a minimum, a bachelor's degree;
	For master's degree programs, holds, at a minimum, a master's degree;
	Proficient in curriculum development, supervision, instruction, evaluation, and academic advising;
	Documents two years' clinical experience in the professional discipline;
	Documents one year's experience as an instructor in a JRCERT-accredited program;
	Holds current American Registry of Radiologic Technologists (ARRT) certification and registration, or equivalent ¹ , in radiography.
Full-time Didactic Faculty	Holds, at a minimum, a bachelor's degree;
	Is qualified to teach the subject;
	Proficient in course development, instruction, evaluation, and academic advising;
	Documents two years' clinical experience in the professional discipline;
	Holds current American Registry of Radiologic Technologists (ARRT) certification and registration, or equivalent ¹ , in radiography.
Adjunct Faculty	Holds academic and/or professional credentials appropriate to the subject content area taught;
	Is knowledgeable of course development, instruction, evaluation, and academic advising.
Clinical Preceptor	Is proficient in supervision, instruction, and evaluation;
	Documents two years' clinical experience in the professional discipline;
	Holds current American Registry of Radiologic Technologists (ARRT) certification and registration, or equivalent ² , in radiography.
Clinical Staff	Holds current American Registry of Radiologic Technologists (ARRT) certification and registration, or equivalent ² , in radiography.

¹ Equivalent: an unrestricted state license for the state in which the program is located.

² Equivalent: an unrestricted state license for the state in which the clinical setting is located.

Explanation:

Faculty and clinical staff must possess academic and professional qualifications appropriate for their assignment. Clinical preceptors and clinical staff supervising students' performance in the clinical component of the program must document American Registry of Radiologic Technologists (ARRT) certification and registration (or equivalent) or other appropriate credentials. Health care professionals with credentials other than ARRT certification and registration (or equivalent) may supervise students in specialty areas (e.g., Registered Nurse supervising students performing patient care skills, phlebotomist supervising students performing venipuncture, etc.).

No Required Program Response.

3.3 The sponsoring institution and program assure the responsibilities of faculty and clinical staff are delineated and performed.

Position	Responsibilities must, at a minimum, include:
Program Director	Assuring effective program operations;
	Overseeing ongoing program accreditation and assessment processes;
	Participating in budget planning;
	Participating in didactic and/or clinical instruction, as appropriate;
	Maintaining current knowledge of the professional discipline and educational methodologies through continuing professional development;
	Assuming the leadership role in the continued development of the program.
Clinical Coordinator	Correlating and coordinating clinical education with didactic education and evaluating its effectiveness;
	Participating in didactic and/or clinical instruction;
	Supporting the program director to assure effective program operations;
	Participating in the accreditation and assessment processes;
	Maintaining current knowledge of the professional discipline and educational methodologies through continuing professional development;
	Maintaining current knowledge of program policies, procedures, and student progress.
Full-Time Didactic Faculty	Preparing and maintaining course outlines and objectives, instructing, and evaluating student progress;
	Participating in the accreditation and assessment process;
	Supporting the program director to assure effective program operations;
	Participating in periodic review and revision of course materials;
	Maintaining current knowledge of professional discipline;
	Maintaining appropriate expertise and competence through continuing professional development.
Adjunct Faculty	Preparing and maintaining course outlines and objectives, instructing and evaluating students, and reporting progress;
	Participating in the assessment process, as appropriate;
	Participating in periodic review and revision of course materials;
	Maintaining current knowledge of the professional discipline, as appropriate;
	Maintaining appropriate expertise and competence through continuing professional development.

Position	Responsibilities must, at a minimum, include:
Clinical Preceptor	Maintaining knowledge of program mission and goals;
	Understanding the clinical objectives and clinical evaluation system and evaluating students' clinical competence;
	Providing students with clinical instruction and supervision;
	Participating in the assessment process, as appropriate;
	Maintaining current knowledge of program policies, procedures, and student progress and monitoring and enforcing program policies and procedures.
Clinical Staff	Understanding the clinical competency system;
	Understanding requirements for student supervision;
	Evaluating students' clinical competence, as appropriate;
	Supporting the educational process;
	Maintaining current knowledge of program clinical policies, procedures, and student progress.

Explanation:

Faculty and clinical staff responsibilities must be clearly delineated and support the program's mission. The program director and clinical coordinator may have other responsibilities as defined by the sponsoring institution; however, these added responsibilities must not compromise the ability, or the time allocated, to perform the responsibilities identified in this objective. For all circumstances when a program director's and/or clinical coordinator's appointment is less than 12 months and students are enrolled in didactic and/or clinical courses, the program director and/or clinical coordinator must assure that all program responsibilities are fulfilled.

Required Program Response:

- Describe how faculty and clinical staff responsibilities are delineated.
- Describe how the delegation of responsibilities occurs to assure continuous coverage of program responsibilities, if appropriate.
- Provide documentation that faculty and clinical staff positions are clearly delineated.
- Provide assurance that faculty responsibilities are fulfilled throughout the year.

Possible Site Visitor Evaluation Methods:

- Review of position descriptions
- Review of handbooks
- Interviews with institutional administration
- Interviews with faculty
- Interviews with clinical preceptors
- Interviews with clinical staff
- Interviews with students

3.4 The sponsoring institution and program assure program faculty performance is evaluated and results are shared regularly to assure responsibilities are performed.

Explanation:

Evaluating program faculty, including but not limited to program directors and clinical coordinators, assures that responsibilities are performed, promotes proper teaching methodology, and increases program effectiveness. The performance of program faculty must be evaluated and shared minimally once per year. Any evaluation results that identify concerns must be discussed with the respective individual(s) as soon as possible.

It is the prerogative of the program to evaluate the performance of clinical preceptors who are employees of clinical settings. If the program elects to evaluate the clinical preceptors, a description of the evaluation process should be provided to the clinical preceptors, along with the mechanism to incorporate feedback into professional growth and development.

Required Program Response:

- Describe the evaluation process.
- Describe how evaluation results are shared with program faculty.
- Describe how evaluation results are shared with clinical preceptors, if applicable.
- Provide samples of evaluations of program faculty.
- Provide samples of evaluations of clinical preceptors, if applicable.

Possible Site Visitor Evaluation Methods:

- Review of program evaluation materials
- Review of faculty evaluation(s)
- Review of clinical preceptor evaluation(s), if applicable
- Interviews with institutional administration
- Interviews with faculty
- Interviews with clinical preceptor(s), if applicable
- Interviews with students

3.5 The sponsoring institution and/or program provide faculty with opportunities for continued professional development.

Explanation:

Opportunities that enhance and advance educational, technical, and professional knowledge must be available to program faculty. Faculty should take advantage of the available resources provided on an institutional campus. Program faculty should not be expected to use personal leave time in order to attend professional development activities external to the sponsoring institution.

Required Program Response:

- Describe how professional development opportunities are made available to faculty.
- Describe how professional development opportunities have enhanced teaching methodologies.

Possible Site Visitor Evaluation Methods:

- Review of institutional and/or program policies for professional development
- Interviews with institutional administration
- Interviews with faculty

Standard Four: Curriculum and Academic Practices

The program's curriculum and academic practices prepare students for professional practice.

Objectives:

- 4.1 The program has a mission statement that defines its purpose.
- 4.2 The program provides a well-structured curriculum that prepares students to practice in the professional discipline.
- 4.3 All clinical settings must be recognized by the JRCERT.
- 4.4 The program provides timely, equitable, and educationally valid clinical experiences for all students.
- 4.5 The program provides learning opportunities in advanced imaging and/or therapeutic technologies.
- 4.6 The program assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.
- 4.7 The program measures didactic, laboratory, and clinical courses in clock hours and/or credit hours through the use of a consistent formula.
- 4.8 The program provides timely and supportive academic and clinical advisement to students enrolled in the program.
- 4.9 The program has procedures for maintaining the integrity of distance education courses.

4.1 The program has a mission statement that defines its purpose.

Explanation:

The program's mission statement should clearly define the purpose or intent toward which the program's efforts are directed. The mission statement should support the mission of the sponsoring institution. The program must evaluate the mission statement, at a minimum every three years, to assure it is effective. The program should engage faculty and other communities of interest in the reevaluation of its mission statement.

Required Program Response:

- Describe how the program's mission supports the mission of the sponsoring institution.
- Describe how the program reevaluates its mission statement.
- Provide documentation of the reevaluation of the mission statement.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
- Review of meeting minutes
- Interviews with institutional administration
- Interviews with faculty

4.2 The program provides a well-structured curriculum that prepares students to practice in the professional discipline.

Explanation:

A well-structured curriculum must be comprehensive, current, appropriately sequenced, and provide for evaluation of student achievement. This allows for effective student learning by providing a knowledge foundation in didactic and laboratory courses prior to competency achievement. Continual refinement of the competencies achieved is necessary so that students can demonstrate enhanced performance in a variety of situations and patient conditions. The well-structured curriculum is guided by a master plan of education.

At a minimum, the curriculum should promote qualities that are necessary for students/graduates to practice competently, make ethical 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 required of programs at the bachelor's degree or higher levels.

Use of a standard curriculum promotes consistency in radiography education and prepares the student to practice in the professional discipline. All programs must follow a JRCERT-adopted curriculum. An adopted curriculum is defined as:

- the most recent American Society of Radiologic Technologists (ASRT) Radiography curriculum and/or
- another professional curriculum adopted by the JRCERT Board of Directors.

The JRCERT encourages innovative approaches to curriculum delivery methods that provide students with flexible and creative learning opportunities. These methods may include, but are not limited to, distance education courses, part-time/evening curricular tracks, service learning, and/or interprofessional development.

Required Program Response:

- Describe how the program's curriculum is structured.
- Describe the program's clinical competency-based system.
- 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(s)).
- Describe any innovative approaches to curriculum delivery methods.
- Provide the Table of Contents from the master plan of education.
- Provide current curriculum analysis grid.
- Provide samples of course syllabi.

Possible Site Visitor Evaluation Methods:

- Review of the master plan of education
- Review of didactic and clinical curriculum sequence
- Review of input from communities of interest
- Review of part-time, evening and/or weekend curricular track(s), if applicable
- Review of course syllabi
- Observation of a portion of any course offered via distance delivery
- Interviews with faculty
- Interviews with students

4.3 All clinical settings must be recognized by the JRCERT.

Explanation:

All clinical settings must be recognized by the JRCERT. Clinical settings must be recognized prior to student assignment. Ancillary medical facilities and imaging centers that are owned, operated, and on the same campus of a recognized setting do not require JRCERT recognition. A minimum of one (1) clinical preceptor must be identified for each recognized clinical setting.

If a facility is used as an observation site, JRCERT recognition is not required. An observation site is used for student observation of equipment operation and/or 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 participate in community-based learning do not require recognition.

Required Program Response:

- Assure all clinical settings are recognized by the JRCERT.
- Provide a listing of ancillary facilities under one clinical setting recognition.
- 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 preceptors
- Interviews with clinical staff
- Interviews with students

4.4 The program provides timely, equitable, and educationally valid clinical experiences for all students.

Explanation:

Programs must have a process in place to assure timely, appropriate, and educationally valid clinical experiences to all admitted students. A meaningful clinical education plan assures that activities are equitable, as well as prevents the use of students as replacements for employees. Students must have sufficient access to clinical settings that provide a wide range of procedures for competency achievement, including mobile, surgical, and trauma examinations. 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 assigned clinical staff. The student to clinical staff ratio must be 1:1; however, it is acceptable that more than one student may be temporarily assigned to one technologist during infrequently performed procedures.

Clinical placement must be nondiscriminatory in nature and solely determined by the program. Students must be cognizant of clinical policies and procedures including emergency preparedness and medical emergencies.

Programs must assure that clinical involvement for students is limited to not more than ten (10) hours per day. If the program utilizes evening and/or weekend assignments, these assignments must be equitable, and program total capacity must not be increased based on these assignments. Students may not be assigned to clinical settings on holidays that are observed by the sponsoring institution. Programs may permit students to make up clinical time during the term or scheduled breaks; however, appropriate supervision must be maintained. Program faculty need not be physically present; however, students must be able to contact program faculty during makeup assignments. The program must also assure that its liability insurance covers students during these makeup assignments.

Required Program Response:

- Describe the process for student clinical placement including, but not limited to:
 - assuring equitable learning opportunities,
 - assuring access to a sufficient variety and volume of procedures to achieve program competencies, and
 - orienting students to clinical settings.
- Describe how the program assures a 1:1 student to radiography clinical staff ratio at all clinical settings.
- Provide current clinical student assignment schedules in relation to student enrollment.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
- Review of clinical placement process
- Review of course objectives
- Review of student clinical assignment schedules
- Review of clinical orientation process/records
- Review of student records
- Interviews with faculty
- Interviews with clinical preceptors
- Interviews with clinical staff
- Interviews with students

4.5 The program provides learning opportunities in advanced imaging and/or therapeutic technologies.

Explanation:

The program must provide learning opportunities in advanced imaging and/or therapeutic technologies. It is the program's prerogative to decide which advanced imaging and/or therapeutic technologies should be included in the didactic and/or clinical curriculum.

Programs are not required to offer clinical rotations in advanced imaging and/or therapeutic technologies; however, these clinical rotations are strongly encouraged to enhance student learning.

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

Required Program Response:

Describe how the program provides opportunities in advanced imaging and/or therapeutic technologies in the didactic and/or clinical curriculum.

Possible Site Visitor Evaluation Methods:

- Review of clinical rotation schedules, if applicable
- Interviews with faculty
- Interviews with students

4.6 The program 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

4.7 The program measures didactic, laboratory, and clinical courses in clock hours and/or credit hours through the use of a consistent formula.

Explanation:

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

Required Program Response:

- Describe the method used to award credit hours for didactic, laboratory, and clinical courses.
- Provide a copy of the program's policies and procedures for determining credit hours and an example of how such policies and procedures have been applied to the program's coursework.
- Provide a list of all didactic, laboratory, 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 institutional administration
- Interviews with faculty
- Interviews with students

4.8 The program provides timely and supportive academic and clinical advisement to students enrolled in the program.

Explanation:

Appropriate academic and clinical advisement promotes student achievement and professionalism. Student advisement should be both formative and 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 student advisement.
- Provide sample records of student advisement.

Possible Site Visitor Evaluation Methods:

- Review of students' records
- Interviews with faculty
- Interviews with clinical preceptor(s)
- Interviews with students

4.9 The program has procedures for maintaining the integrity of distance education courses.

Explanation:

Programs that offer distance education courses 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 logins, passcodes, proctored exams, and/or video monitoring. These processes must protect the student's privacy.

Required Program Response:

- Describe the process for assuring the integrity of distance education courses.
- Provide published institutional/program materials that outline procedures for maintaining the integrity of distance education courses.

Possible Site Visitor Evaluation Methods:

- Review of published institutional/program materials
- Review the process of student identification
- Review of student records
- Interviews with institutional administration
- Interviews with faculty
- Interviews with students

Standard Five: Health and Safety

The sponsoring institution and program have policies and procedures that promote the health, safety, and optimal use of radiation for students, patients, and the public.

Objectives:

- 5.1 The program assures the radiation safety of students through the implementation of published policies and procedures.
- 5.2 The program assures each energized laboratory is in compliance with applicable state and/or federal radiation safety laws.
- 5.3 The program assures that students employ proper safety practices.
- 5.4 The program assures that medical imaging procedures are performed under the appropriate supervision of a qualified radiographer.
- 5.5 The sponsoring institution and/or program have policies and procedures that safeguard the health and safety of students.

5.1 The program assures the radiation safety of students through the implementation of published policies and procedures.

Explanation:

Appropriate policies and procedures help assure that student radiation exposure is kept as low as reasonably achievable (ALARA). The program must monitor and maintain student radiation exposure data. All students must be monitored for radiation exposure when using equipment in energized laboratories as well as in the clinical environment during, but not limited to, simulation procedures, image production, or quality assurance testing.

Students must be provided their radiation exposure report within thirty (30) school days following receipt of the data. The program must have a published protocol that identifies a threshold dose for incidents in which student dose limits are exceeded. Programs are encouraged to identify a threshold dose below those identified in federal regulations.

The program's radiation safety policies must also include provisions for the declared pregnant student in an effort to assure radiation exposure to the student and fetus are kept as low as reasonably achievable (ALARA). The pregnancy policy must be made known to accepted and enrolled female students, and include:

- a written notice of voluntary declaration,
- an option for written withdrawal of declaration, and
- an option for student continuance in the program without modification.

The program may offer clinical component options such as clinical reassignments and/or leave of absence. Pregnancy policies should also be in compliance with Title IX regulations. The program should work with the Title IX coordinator and/or legal counsel to discuss and resolve any specific circumstances.

Required Program Response:

- Describe how the policies and procedures are made known to enrolled students.
- Describe how the radiation exposure report is made available to students.
- Provide copies of appropriate policies.
- Provide copies of radiation exposure reports.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
- Review of student records
- Review of student radiation exposure reports
- Interviews with faculty
- Interviews with clinical preceptor(s)
- Interviews with students

5.2 The program assures each energized laboratory is 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.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
- Review of compliance records
- Interviews with faculty

5.3 The program assures that students employ proper 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 safety practices prior to assignment to clinical settings. As students progress in the program, they must become increasingly proficient in the application of radiation safety practices.

- 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.
- Programs must develop policies regarding safe and appropriate use of energized laboratories by students. Students' utilization of energized laboratories must be under the supervision of a qualified radiographer who is available should students need assistance. If a qualified radiographer is not readily available to provide supervision, the radiation exposure mechanism must be disabled.

Programs must establish a magnetic resonance imaging (MRI) safety screening protocol and students must complete MRI orientation and screening which reflect current American College of Radiology (ACR) MR safety guidelines prior to the clinical experience. This assures that students are appropriately screened for magnetic field or radiofrequency hazards. Policies should reflect that students are mandated to notify the program should their status change.

Required Program Response:

- Describe how the curriculum sequence and content prepares students for safe radiation practices.
- Describe how the program prepares students for magnetic resonance safe practices.
- Provide the curriculum sequence.
- Provide policies/procedures regarding radiation safety.
- Provide the MRI safety screening protocol and screening tool.

Possible Site Visitor Evaluation Methods:

- Review of program curriculum
- Review of radiation safety policies/procedures
- Review of magnetic resonance safe practice and/or screening protocol
- Review of student handbook
- Review of student records
- Interviews with faculty
- Interviews with clinical preceptor(s)
- Interviews with clinical staff
- Interviews with students

5.4 The program assures that medical imaging procedures are performed under the appropriate supervision of a qualified radiographer.

Explanation:

Appropriate supervision assures patient safety and proper educational practices. The program must develop and publish supervision policies that clearly delineate its expectations of students, clinical preceptors, and clinical staff.

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. Once students have achieved competency, they may work under indirect supervision. The JRCERT defines indirect supervision as student supervision provided by a qualified radiographer who is immediately available to assist students regardless of the level of student achievement.

Repeat images must be completed under direct supervision. The presence of a qualified radiographer during the repeat of an unsatisfactory image assures patient safety and proper educational practices.

Students must be directly supervised during surgical and all mobile, including mobile fluoroscopy, procedures regardless of the level of competency.

Required Program Response:

- Describe how the supervision policies are made known to students, clinical preceptors, and clinical staff.
- Describe how supervision policies are enforced and monitored in the clinical setting.
- Provide policies/procedures related to supervision.
- Provide documentation that the program's supervision policies are made known to students, clinical preceptors, 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 preceptor(s)
- Interviews with clinical staff
- Interviews with students

5.5 The sponsoring institution and/or program have policies and procedures that safeguard the health and safety of students.

Explanation:

Appropriate health and safety policies and procedures assure that students are part of a safe, protected environment. These policies must, at a minimum, address campus safety, emergency preparedness, harassment, communicable diseases, and substance abuse. Enrolled students must be informed of policies and procedures.

Required Program Response:

- Describe how institutional and/or program policies and procedures are made known to enrolled students.
- Provide institutional and/or program policies and procedures 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

**Standard Six: Programmatic Effectiveness and Assessment:
Using Data for Sustained Improvement**

The extent of a program's effectiveness is linked to the ability to meet its mission, goals, and student learning outcomes. A systematic, ongoing assessment process provides credible evidence that enables analysis and critical discussions to foster ongoing program improvement.

Objectives:

- 6.1 The program maintains 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, and
 - annual program completion rate.
- 6.2 The program analyzes and shares its program effectiveness data to facilitate ongoing program improvement.
- 6.3 The program has a systematic assessment plan that facilitates ongoing program improvement.
- 6.4 The program analyzes and shares student learning outcome data to facilitate ongoing program improvement.
- 6.5 The program periodically reevaluates its assessment process to assure continuous program improvement.

6.1 The program maintains 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, and
- annual program completion rate.

Explanation:

Program effectiveness outcomes focus on issues pertaining to the overall curriculum such as admissions, retention, completion, credentialing examination performance, and job placement.

The JRCERT has developed the following definitions and criteria related to program effectiveness outcomes:

Credentialing examination pass rate: The number of 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: 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, for example, due to salary or hours, 4) graduate is on active military duty, and/or 5) graduate is continuing education.

Program completion rate: The number of students who complete the program within the stated program length. 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 the program's completion rate. When calculating the total number of students enrolled in the program (denominator), programs need not consider students who attrite due to nonacademic reasons such as: 1) financial, medical/mental health, or family reasons, 2) military deployment, 3) a change in major/course of study, and/or 4) other reasons an institution may classify as a nonacademic withdrawal.

Credentialing examination, job placement, and program completion data must be reported annually via the JRCERT Annual Report.

No Required Program Response.

Possible Site Visitor Evaluation Methods:

- Review of program effectiveness data
- Interviews with faculty

6.2 The program analyzes and shares its program effectiveness data to facilitate ongoing program improvement.

Explanation:

Analysis of program effectiveness data allows the program to determine if it is meeting its mission. This analysis also provides a means of accountability to faculty, students, and other communities of interest. Faculty should assure all data have been analyzed and discussed prior to sharing results with an assessment committee or other communities of interest. Sharing the program effectiveness data results should take place in a timely manner.

Programs must use assessment results to promote student success and maintain and improve program effectiveness outcomes. Analysis of program effectiveness data must occur at least annually, and results of the evidence-based decisions must be documented.

In sum, the data analysis process must, at a minimum, include:

- program effectiveness data that is compared to expected achievement; and
- documentation of discussion(s) of data analysis including trending/comparing of results over time to maintain and improve student learning.
 - If the program does not meet its benchmark for a specific program effectiveness outcome, the program must implement an action plan that identifies the issue/problem, allows for data trending, and identifies areas for improvement. The action plan must be reassessed annually until the performance concern(s) is/are appropriately addressed.

Required Program Response:

- Describe examples of evidence-based changes that have resulted from the analysis of program effectiveness data and discuss how these changes have maintained or improved program effectiveness outcomes.
- Provide actual program effectiveness data since the last accreditation award.
- Provide documentation of an action plan for any unmet benchmarks.
- Provide documentation that program effectiveness data is shared in a timely manner.

Possible Site Visitor Evaluation Methods:

- Review of aggregated data
- Review of data analysis and actions taken
- Review of documentation that demonstrates the sharing of results with communities of interest
- Review of representative samples of measurement tools used for data collection
- Interviews with faculty
- Interview with institutional assessment coordinator, if applicable

6.3 The program has a systematic assessment plan that facilitates ongoing program improvement.

Explanation:

A formalized written assessment plan allows programs to gather useful data to measure the goals and student learning outcomes to facilitate program improvement. Student learning outcomes must align with the goals and be explicit, measurable, and state the learning expectations. The development of goals and student learning outcomes allows the program to measure the attainment of its mission. It is important for the program to engage faculty and other communities of interest in the development or revision of its goals and student learning outcomes.

The program must have a written systematic assessment plan that, at a minimum, contains:

- goals in relation to clinical competency, communication, and critical thinking;
- two student learning outcomes per goal;
- two assessment tools per student learning outcome;
- benchmarks for each assessment method to determine level of achievement; and
- timeframes for data collection.

Programs may consider including additional goals in relation to ethical principles, interpersonal skills, professionalism, etc.

Programs at the bachelor's and higher degree levels should consider the additional professional content when developing their goals and student learning outcomes.

The program must also assess graduate and employer satisfaction. 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 prerogatives of the program.

Required Program Response:

- Describe how the program determined the goals and student learning outcomes to be included in the systematic assessment plan.
- Describe the program's cycle of assessment.
- Describe how the program uses feedback from communities of interest in the development of its assessment plan.
- Provide a copy of the program's current assessment plan.

Possible Site Visitor Evaluation Methods:

- Review of assessment plan
- Review of assessment methods
- Interviews with faculty
- Interview with institutional assessment coordinator, if applicable

6.4 The program analyzes and shares student learning outcome data to facilitate ongoing program improvement.

Explanation:

Analysis of student learning outcome data allows the program to determine if it is meeting its mission, goals, and student learning outcomes. This analysis also provides a means of accountability to faculty, students, and other communities of interest. Faculty should assure all data have been analyzed and discussed prior to sharing results with an assessment committee or other communities of interest. Sharing the student learning data results must take place in a timely manner.

Programs must use assessment results to promote student success and maintain and improve student learning outcomes. Analysis of student learning outcome data must occur at least annually, and results of the evidence-based decisions must be documented.

In sum, the data analysis process must, at a minimum, include:

- student learning outcome data that is compared to expected achievement; and
- documentation of discussion(s) of data analysis including trending/comparing of results over time to maintain and improve student learning.
 - If the program does meet its benchmark for a specific student learning outcome, the program should identify how student learning was maintained or improved and describe how students achieved program-level student learning outcomes.
 - If the program does not meet its benchmark for a specific student learning outcome, the program must implement an action plan that identifies the issue/problem, allows for data trending, and identifies areas for improvement. The action plan must be reassessed annually until the performance concern(s) is/are appropriately addressed.

Required Program Response:

- Describe examples of changes that have resulted from the analysis of student learning outcome data and discuss how these changes have maintained or improved student learning outcomes.
- Describe the process and timeframe for sharing student learning outcome data results with its communities of interest.
- Provide actual student learning outcome data and analysis since the last accreditation award.
- Provide documentation of an action plan for any unmet benchmarks.
- Provide documentation that student learning outcome data and analysis is shared in a timely manner.

Possible Site Visitor Evaluation Methods:

- Review of aggregated/disaggregated data
- Review of data analysis and actions taken
- Review of documentation that demonstrates the sharing of results with communities of interest
- Review of representative samples of measurement tools used for data collection
- Interviews with faculty
- Interview with institutional assessment coordinator, if applicable

6.5 The program periodically reevaluates its assessment process to assure continuous program improvement.

Explanation:

Identifying and implementing needed improvements in the assessment process leads to program improvement and renewal. As part of the assessment process, the program must review its mission statement, goals, student learning outcomes, and assessment plan to assure that assessment methods are providing credible information to make evidence-based decisions.

The program must assure the assessment process is effective in measuring student learning outcomes. At a minimum, this evaluation must occur at least every three years and be documented. In order to assure that student learning outcomes have been achieved and that curricular content is well-integrated across the curriculum, programs may consider the development and evaluation of a curriculum map. Programs may wish to utilize assessment rubrics to assist in validating the assessment process.

Required Program Response:

- Describe how assessment process reevaluation has occurred.
- Discuss changes to the assessment process that have occurred since the last accreditation award.
- Provide documentation that the assessment process is evaluated at least once every three years.

Possible Site Visitor Evaluation Methods:

- Review of documentation related to the assessment process reevaluation
- Review of curriculum mapping documentation, if applicable
- Interviews with faculty
- Interview with institutional assessment coordinator, if applicable

Glossary of Terms

Academic calendar: the official institutional/program document that, at a minimum, identifies specific start and end dates for each term, holidays recognized by the sponsoring institution, and breaks.

Accreditation status: a statement of the program's current standing with the JRCERT. Per JRCERT Policies [10.000](#) and [10.700](#), accreditation status is categorized as one of the following: Accredited, Probationary Accreditation, and Administrative Probationary Accreditation. The program must also identify its current length of accreditation award (i.e., 8-year, 5-year, 3-year, probation). The JRCERT publishes each program's current accreditation status at www.jrcert.org.

Administrator: individual(s) that oversee student activities, academic personnel, and programs.

Campus: the buildings and grounds of a school, college, university, or hospital. A campus does not include geographically dispersed locations.

Clinical capacity: the maximum number of students that can partake in clinical experiences at a clinical setting at any given time. Clinical capacity is determined by the availability of human and/or physical resources. Students assigned to imaging modalities such as computed tomography, magnetic resonance, interventional procedures, and sonography, are not included in the calculation of the approved clinical capacity unless the clinical setting is recognized exclusively for advanced imaging modality rotations.

Clinical obligations: relevant requirements for completion of a clinical course including, but not limited to, background checks, drug screening, travel to geographically dispersed clinical settings, evening and/or weekend clinical assignments, and documentation of professional liability.

Communities of interest: the internal and external stakeholders, as defined by the program, who have a keen interest in the mission, goals, and outcomes of the program and the subsequent program effectiveness. The communities of interest may include current students, faculty, graduates, institutional administration, employers, clinical staff, or other institutions, organizations, regulatory groups, and/or individuals interested in educational activities in medical imaging and radiation oncology.

Comparable health sciences programs: health science programs established in the same sponsoring institution that are similar to the radiography program in curricular structure as well as in the number of faculty, students, and clinical settings.

Consortium: two or more academic or clinical institutions that have formally agreed to sponsor the development and continuation of an education program. A consortium must be structured to recognize and perform the responsibilities and functions of a sponsoring institution.

Curriculum map (-ping): process/matrix used to indicate where student learning outcomes are covered in each course. Level of instructional emphasis or assessment of where the student learning outcome takes place may also be indicated.

Distance education: refer to the Higher Education Opportunity Act of 2008, [Pub. L. No. 110-315, §103\(a\)\(19\)](#) and JRCERT [Policy 10.800](#) - Alternative Learning Options.

Asynchronous distance learning: learning and instruction that do not occur in the same place or at the same time.

Distance education: an educational process characterized by the separation, in time and/or place, between instructor and student. Distance education supports regular and substantive interaction synchronously or asynchronously between the instructor and student through one or more interactive distance delivery technologies.

Distance (Delivery) technology: instructional/delivery methods that may include the use of TV, audio, or computer transmissions (broadcast, closed-circuit, cable, microwave, satellite transmissions); audio, computer, or Internet-based conferencing; and/or methodologies.

Hybrid radiography course: a professional level radiography course that uses a mix of face-to-face traditional classroom instruction along with synchronous or asynchronous distance education instruction. Regardless of institutional definition, the JRCERT defines a hybrid radiography course as one that utilizes distance education for more than 50% of instruction and learning.

Online radiography course: a professional level radiography course that primarily uses asynchronous distance education instruction. Typically, the course instruction and learning is 100% delivered via the Internet. Often used interchangeably with Internet-based learning, web-based learning, or distance learning.

Synchronous distance learning: learning and instruction that occur at the same time and in the same place.

[Definitions based on Accrediting Commission of Education in Nursing (ACEN) Accreditation Manual glossary]

Equivalent: with regards to certification and registration, an unrestricted state license for the state in which the program and/or clinical setting is located.

Faculty: the teaching staff for didactic and clinical instruction. These individuals may also be known as academic personnel.

Faculty workload: contact/credit hours or percentages of time that reflect the manner in which the sponsoring institution characterizes, structures, and documents the nature of faculty members' teaching and non-teaching responsibilities. Workload duties include, but are not limited to, teaching, advisement, administration, committee activity, service, clinical practice, research, and other scholarly activities.

Gatekeeper: the agency responsible for oversight of the distribution, record keeping, and repayment of Title IV financial aid.

Grievance policy and/or procedure: 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 a policy/procedure to provide individuals an avenue to pursue grievances. If the institutional policy/procedure is to be followed, this must be clearly identified and provided to students. The policy/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, faculty, administrator). 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. Additionally, the program must have a procedure to address any complaints apart from those that require invoking the grievance procedure (e.g., cleanliness of classroom). The program must determine if a pattern of any grievance or complaint exists that could negatively affect the quality of the educational program.

Master plan of education: an overview of the program and documentation of all aspects of the program. In the event of new faculty and/or leadership to the program, a master plan of education provides the information needed to understand the program and its operations. At a minimum, a master plan of education must include course syllabi (didactic and clinical courses), program policies and procedures, and the curricular sequence calendar. If the program utilizes an electronic format, the components must be accessible by all program faculty.

Meeting minutes: a tangible record of a meeting of individuals, groups, and/or boards that serve as a source of attestation of a meeting's outcome(s) and a reference for members who were unable to attend. The minutes should include decisions made, next steps planned, and identification and tracking of action plans.

Program effectiveness outcomes/data: the specific program outcomes established by the JRCERT. The JRCERT has developed the following definitions and criteria related to program effectiveness outcomes:

Credentialing examination pass rate: the number of 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: 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: the number of students who complete the program within the stated program length. 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 the program's completion rate. When calculating the total number of students enrolled in the program (denominator), programs need not consider graduates who attrite due to nonacademic reasons such as: 1) financial, medical/mental health, or family reasons, 2) military deployment, 3) a change in major/course of study, and/or 4) other reasons an institution may classify as a nonacademic withdrawal.

Program total capacity: the maximum number of students that can be enrolled in the educational program at any given time. Program total capacity is dependent on the availability of human and physical resources of the sponsoring institution. It is also dependent on the program's clinical rotation schedule and the clinical capacities of recognized clinical settings.

Release time (reassigned workload): a reduction in the teaching workload to allow for the administrative functions associated with the responsibilities of the program director or clinical coordinator or other responsibilities as assigned.

Sponsoring institution: the facility or organization that has primary responsibility for the educational program and grants the terminal award. A recognized institutional accreditor must accredit a sponsoring institution. Educational programs may be established in: community and junior colleges; senior colleges and universities; hospitals; medical schools; postsecondary vocational/technical schools and institutions; military/governmental facilities; proprietary schools; and consortia. Consortia must be structured to recognize and perform the responsibilities and functions of a sponsoring institution.

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) is initiated by a program through the written request for accreditation sent to the JRCERT, on program/institutional letterhead. The request must include the name of the program, the type of program, and the address of the program. The request is to be submitted, with the applicable fee, to:

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

Submission of such information will allow the program access to the JRCERT's Accreditation Management System (AMS). The initial application and self-study report will then be available for completion and submission through the AMS.

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 preceptor(s).
- d. Paying JRCERT fees within a reasonable period of time. Returning, by the established deadline, a completed Annual Report.
- e. 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 Administrative Probationary Accreditation and potentially 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

Consistent with JRCERT policy, the JRCERT defines the following as accreditation actions:

Accreditation, Probationary Accreditation, Administrative Probationary Accreditation, Withholding Accreditation, and Withdrawal of Accreditation (Voluntary and Involuntary).

For more information regarding these actions, refer to JRCERT [Policy 10.200](#).

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

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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



Excellence in Education

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 race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, familial status, disability, sexual orientation, gender identity, veteran status, age, or any other legally protected basis.
- 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.
- 11 The radiologic technologist refrains from the use of illegal drugs and/or any legally controlled substances which result in impairment of professional judgment and/or ability to practice radiologic technology with reasonable skill and safety to patients.



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ARRT STANDARDS OF ETHICS

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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 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 race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, familial status, disability, sexual orientation, gender identity, veteran status, age, or any other legally protected basis.
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.
11. The radiologic technologist refrains from the use of illegal drugs and/or any legally controlled substances which result in impairment of professional judgment and/or ability to practice radiologic technology with reasonable skill and safety to patients.

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. R.T.s are required to notify ARRT of any ethics violation, including state licensing issues and criminal charges and convictions, within 30 days of the occurrence or during their annual renewal of certification and registration, whichever comes first. Applicants for certification and registration are required to notify ARRT of any ethics violation, including state licensing issues and criminal charges and convictions, within 30 days of the occurrence.

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:

The titles and headings are for convenience only, and shall not be used to limit, alter or interpret the language of any Rule.

Fraud or Deceptive Practices

Fraud Involving Certification and Registration

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 ARRT or any state or federal agency, or by indicating in writing certification and registration with ARRT when that is not the case.

Fraudulent Communication Regarding Credentials

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

Fraudulent Billing Practices

3. 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.

Subversion

Examination / CQR Subversion

4. Subverting or attempting to subvert ARRT's examination process, and/or the Structured Self-Assessments (SSA) that are part of the *Continuing Qualifications Requirements* (CQR) process. Conduct that subverts or attempts to subvert ARRT's examination and/or CQR SSA process includes, but is not limited to:
 - (i) disclosing examination and/or CQR SSA information using language that is substantially similar to that used in questions and/or answers from ARRT examinations and/or CQR SSA when such information is gained as a direct result of having been an examinee or a participant in a CQR SSA 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) soliciting and/or receiving examination and/or CQR SSA information that uses language that is substantially similar to that used in questions and/or answers on ARRT examinations or CQR SSA 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 SSA 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

- SSA participants, or any other individual for the purpose of reconstructing any portion of examination and/or CQR SSA materials; and/or
- (iv) using or purporting to use any portion of examination and/or CQR SSA materials that were obtained improperly or without authorization for the purpose of instructing or preparing any Candidate for examination or participant for CQR SSA; 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 SSA materials without authorization; and/or
 - (vi) removing or attempting to remove examination and/or CQR SSA materials from an examination or SSA room; and/or
 - (vii) having unauthorized possession of any portion of or information concerning a future, current, or previously administered examination or CQR SSA of ARRT; and/or
 - (viii) 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 SSA of ARRT; and/or
 - (ix) communicating with another individual during administration of the examination or CQR SSA for the purpose of giving or receiving help in answering examination or CQR SSA questions, copying another Candidate's or CQR participant's answers, permitting another Candidate or a CQR participant to copy one's answers, or possessing or otherwise having access to unauthorized materials including, but not limited to, notes, books, mobile devices, computers and/or tablets during administration of the examination or CQR SSA; and/or
 - (x) impersonating a Candidate, or a CQR participant, or permitting an impersonator to take or attempt to take the examination or CQR SSA on one's own behalf; and/or
 - (xi) using any other means that potentially alters the results of the examination or CQR SSA such that the results may not accurately represent the professional knowledge base of a Candidate, or a CQR participant.

Education Subversion

5. Subverting, attempting to subvert, or aiding others to subvert or attempt to subvert ARRT's education requirements, including but not limited to, *Continuing Education Requirements (CE)*, clinical experience and competency requirements, structured education activities, and/or ARRT's *Continuing Qualifications Requirements (CQR)*. Conduct that subverts or attempts to subvert ARRT's education or CQR Requirements includes, but is not limited to:
- (i) providing false, inaccurate, altered, or deceptive information related to CE, clinical experience or competency requirements, structured education 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 education requirements 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, clinical experience or competency requirements, structured education activities or CQR completion; and/or
 - (iv) conduct that in any way compromises the integrity of ARRT's education requirements, including, but not limited to, CE, clinical experience and competency requirements, structured education activities, 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 or clinical procedures that were not performed.

Failure to Cooperate with ARRT Investigation

6. Subverting or attempting to subvert ARRT's 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 ARRT.

Unprofessional Conduct

Failure to Conform to Minimal Acceptable Standards

7. 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.

Sexual Misconduct

8. 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.

Unethical Conduct

9. 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.

Scope of Practice

Technical Incompetence

10. 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).

Improper Supervision in Practice

11. 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.

Improper Delegation or Acceptance of a Function

12. 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.

Fitness to Practice

Actual or Potential Inability to Practice

13. 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.

Inability to Practice by Judicial Determination

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

Improper Management of Patient Records

False or Deceptive Entries

15. 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.

Failure to Protect Confidential Patient Information

16. 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.

Knowingly Providing False Information

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

Violation of State or Federal Law or Regulatory Rule

Narcotics or Controlled Substances Law

18. Violating a state or federal narcotics or controlled substance law, even if not charged or convicted of a violation of law.

Regulatory Authority or Certification Board Rule

19. 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.

Criminal Proceedings

20. Convictions, criminal proceedings, or military courts-martial as described below:
 - (i) conviction of a crime, including, but not limited to, a felony, a gross misdemeanor, or a misdemeanor. 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 an Alford plea, a plea of guilty or nolo contendere (no contest); or where the individual enters into a pre-trial diversion activity; and/or
 - (iii) military courts-martial related to any offense identified in these Rules of Ethics; and/or
 - (iv) required sex offender registration.

Duty to Report

Failure to Report Violation

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 ARRT.

Failure to Report Error

22. Failing to immediately report to the Certificate Holder's or Candidate's 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. All Certificate Holders and Candidates are expected to conduct themselves in a professional and respectful manner in their interactions with the ARRT Board of Trustees, Ethics Committee and/or staff. Failure to cooperate with the Ethics Committee or the Board of Trustees in a proceeding involving a challenge or ethics review 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 Violations 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.

At the Chair's direction and upon request, the Chief Executive Officer of ARRT shall have the power to investigate allegations regarding the possible settlement of an alleged violation of the Rules of Ethics. The Chief Executive Officer may be assisted by staff members and/or legal counsel of ARRT. The Chief Executive Officer is not empowered to enter into a binding settlement, but rather may convey and/or recommend proposed settlements 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.

2. Hearings

Whenever 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 ARRT) within such period or submission of a properly executed Hearing Waiver form 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 the intention to appear at the hearing. A Certificate Holder or Candidate who requests a hearing may elect to appear in person, via teleconference, or by a written submission which shall be verified or acknowledged under oath.

A Certificate Holder or Candidate may waive the 30 day timeframe to request a hearing. To request a waiver of the 30 day timeframe, the Certificate Holder or Candidate must complete a Hearing Waiver form that is available on the ARRT website at www.rrt.org. The Hearing Waiver form must be signed by the Certificate Holder or Candidate, notarized, and submitted to ARRT. The Chief Executive Officer of ARRT shall have the authority to receive, administer, and grant the Hearing Waiver form and may be assisted by staff members and/or legal counsel of ARRT.

Failure to appear at the hearing in person or via teleconference, 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 Chief Executive Officer. 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 (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 the Certificate Holder's or Candidate's 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 and teleconference 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 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 appeal fee may be waived, in whole or in part, at the sole discretion of the Ethics Committee.

Failure to make a written request for an appeal and to remit the appeal fee (unless the appeal fee is waived in writing by ARRT) within such period or submission of a properly executed Appeal Waiver form within such period shall constitute consent to the action taken by the Ethics Committee or Board of Trustees pursuant to such notice.

A Certificate Holder or Candidate may waive the 30 day timeframe to request an appeal. To request a waiver of the 30 day timeframe, the Certificate Holder or Candidate must complete an Appeal Waiver form that is available on the ARRT website at www.arrt.org. The Appeal Waiver form must be signed by the Certificate Holder or Candidate, notarized, and submitted to ARRT. The Chief Executive Officer of ARRT shall have the authority to receive, administer, and grant the Appeal Waiver form and may be assisted by staff members and/or legal counsel of ARRT.

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 the Certificate Holder's or Candidate's attorney or other representative, immediate superior, or employer.

4. Adverse Decisions

(a) Private Reprimands

A private reprimand is a reprimand that is between the individual and ARRT and is not reported to the public. Private reprimands allow for continued certification and registration.

(b) Public Reprimands

A public reprimand is a sanction that is published on ARRT's website for a period of one year. Public reprimands allow for continued certification and registration.

(c) Conditional

Conditional status may be given for continued certification and registration in those cases where there are additional requirements that need to be met before the ethics file can be closed (e.g., court, regulatory authority and/or Ethics Committee conditions).

(d) Suspensions

Suspension is the temporary removal of an individual's certification and registration in all categories for up to one year.

(e) Summary Suspensions

Summary suspension is an immediate suspension of an individual's certification and registration in all categories. 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 the 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, 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) Ineligible

An individual may be determined ineligible for certification and registration or ineligible for reinstatement of certification and registration. The time frame may be time limited or permanent.

(g) Revocation

Revocation removes the individual's certification and registration in all categories. The time frame may be time limited or permanent.

(h) Alternative Dispositions

An Alternative Disposition (“AD”) is a contract between an individual and the ARRT Ethics Committee that allows for continued certification and registration in lieu of revocation, provided the individual performs certain requirements, including, but not limited to, providing documentation, attending counseling and/or submitting to random drug and/or alcohol screening. A Certificate Holder or Candidate who voluntarily enters into an Alternative Disposition Agreement agrees to waive all rights set forth in these Administrative Procedures.

(i) Civil or Criminal Penalties

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

5. Publication of Adverse Decisions

Summary suspensions and final decisions (other than private reprimands) 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. The 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.

6. Procedure to Request Removal of a Sanction

A sanction imposed by ARRT, including a sanction specified in a Settlement Agreement, 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 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 or to modify a Settlement Agreement.

Although there is no required format, Requests for both sanction removal and Settlement Agreement modification must include compelling reasons justifying the removal of the sanction or modification of the Settlement Agreement. 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 the Certificate Holder’s or Candidate’s behavior has improved and similar activities will not be repeated. Letters of recommendation from individuals, who are knowledgeable about the person’s sanction imposed; and 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 apply for certification and registration. If, at the sole discretion of the Ethics Committee, the sanction is removed, the individual will be allowed to pursue certification and registration 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 a Request for removal of the sanction or modification of a Settlement Agreement, the decision is not subject to a hearing or to an appeal, and the Committee will not reconsider removal of the sanction or modification of the Settlement Agreement for as long as is directed by the Committee.

7. Amendments to the *Standards of Ethics*

The 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*.

AnMed Health Radiologic Technology Program

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

Confidentiality

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

AnMed Health
**Radiologic Technology Program
Complaint Form**

Nature of Complaint:

Student Signature

Date

Action Taken

Additional Comments

Faculty Signature

Date

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 mrem (0.5 rem/ 5 mSv) during the entire gestational period not to exceed 50 mrem (0.05 rem) per month.
2. I will be issued a second radiation dosimeter (fetal dosimeter) to be worn over the abdominal area, under a lead 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 mrem 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



ANMED HEALTH
Radiology Services
800 N. Fant Street, Anderson, SC 29621

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

ANMED HEALTH
NON PATIENT SCREENING
MRI

LABEL



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: _____

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