Harlem Hospital Center

Mission, Vision and Values

Our Mission
To provide competent, culturally sensitive, quality care to our patients with dignity and compassion regardless of ethnicity, nationality, religion, or ability to pay, in a safe environment.

Our Vision
To be a patient-centered, acute care facility in support of primary care initiatives

Our Values
Consistent
Accountable
Respectful
Excellent
Safe
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INTRODUCTION

As a student member of the Health Care Delivery Team, it is most important that a basic code of professional conduct be observed and followed. In order to remain in good academic and clinical standing, you are expected to adhere to these widely accepted policies by both the School of Radiologic Technology and the hospital. Therefore, it is important that the student clearly understands what these policies entail and the penalties involved in breaking these rules. Noncompliance with these rules, for whatever reasons, shall subject the student to disciplinary intervention up to and including dismissal from the program.

This program description has been compiled to assist the student with the many questions that arise each year relative to the policies of the program, the Department of Radiology and Harlem Hospital Center. The student is expected to be cognizant of these policies and adhere to them.
FACULTY

Dr. Roberta Locko    Medical Advisor
Stephanie Evans     Director of Education
Olive Peart         Program Director
Yanely Peguero      Didactic Instructor
Alcide DiGaetano    Clinical Coordinator
Tial Fidel Skerritt Adjunct Instructor
Rodney Cooper       Adjunct Instructor
Chris Williamson    Adjunct Instructor
Gail Rodney         Teaching Assistant
Helen Olan          Teaching Assistant
HISTORICAL PERSPECTIVE

The Harlem Hospital Center School of Radiologic Technology opened its doors on September 10, 1990. It is located within the Harlem Hospital Center complex on the fourth floor of the Samuel Kountz Pavilion. Except for 2 rooms the entire fourth is dedicated to the program. The program has dedicated rooms for the faculty, a dedicated classroom and a computer lab.

Thirteen students were selected from a pool of 130 applicants, who met the established criteria in our brochure. Upon graduation, the students participated in the National Board exam offered by the American Registry of Radiologic Technologists. To date, ninety-six percent (96%) of the first graduating class is gainfully employed in the field of Radiologic Technology.

The School of Radiologic Technology was developed by Harlem Hospital Center. It was developed with the belief that a community hospital must hold community trust for providing the best possible physical, psychological and social well-being of the sick and injured through quality patient care. The goal is to provide the community with competent personnel who would contribute to meeting the health care and educational needs of the community we serve.

MISSION STATEMENT

The School of Radiologic Technology’s mission is to graduate competent professional Radiologic Technologists who will provide high quality radiographic health care to the community. The School is dedicated to training and graduating students with the necessary entry level skills required to function as Radiographic Technologists.
PROGRAM GOALS & LEARNING OUTCOMES

The program goals are as follows:

GOAL 1. To graduate students who possess the knowledge and skills of a competent entry level radiographer.

Learning Outcomes:

1.1 Students will demonstrate proper positioning skills.
1.2 Students will practice ALARA principles and apply radiation safety guidelines to staff and patients.
1.3 Students will demonstrate effective patient care practices.

GOAL 2. To provide students with the learning environment to become effective communicators.

Learning Outcomes:

2.1 Students will demonstrate effective oral communication skills.
2.2 Students will demonstrate effective written communication skills.
2.3 Students will demonstrate and conduct age appropriate patient interactions

GOAL 3. To provide students with a learning environment that encourages critical thinking and problem solving skills.

Learning Outcomes:

3.1 Students will demonstrate the critical and decision-making skills needed in managing trauma patients.
3.2 Students will evaluate and critique radiographic images for diagnostic quality.

GOAL 4 To help students develop high ethical standards and professionalism

Learning Outcomes:

4.1 Student will demonstrate professionalism while working with faculty, clinical staff and patients.
4.2 Students will demonstrate knowledge of professional organizations and standard of care.
Program Effectiveness Goals

☐ Students will successfully complete the program within 24 months
☐ Graduates will pass the ARRT national board certification on the first attempt
☐ Employers will be satisfied with entry level technologists from the program
☐ Graduates will achieve an employment rate consistent with program mission and goals.
☐ Graduates seeking employment will be gainfully employed within 12 months post-graduation
PHILOSOPHY

The Philosophy of the School of Radiologic Technology at Harlem Hospital Center is based on the belief that all men are created equal and therefore possess dignity and worth from the time of conception to death, regardless of age, race, color, creed or socio-economic status.

We believe in gaining and maintaining community trust in order to provide the best possible physical, psychological and social well being of the sick and injured at all times through the use of the most enlightened methods of care and prevention of disease.

We believe that the quality of care of the sick and injured is dependent upon the advances of education research and scientific knowledge. We also believe that a community hospital should fulfill its part in the advancement of scientific knowledge and in providing for sound educational experiences for students in various medical and health careers.

Our responsibility is to train and provide competent personnel who can achieve a feeling of personal worth and accomplishment in their daily work and in their contributions to their respective professional, technical and scientific societies. We recognize our responsibility as a community health facility to actively cooperate in meeting the health care and educational needs of the community we serve. In addition, the School of Radiologic Technology believes:

1. In the inherent worth and dignity of the individual.
2. That the faculty and technical staff should help in the student development of concepts, skills, abilities and awareness which shall enable him/her to become a better individual and a more competent Radiologic Technologist.
3. That the patient's welfare is of primary concern to the Radiologic Technologist.
4. The faculty must continue to grow professionally and foster an atmosphere of mutual respect between faculty and students.
PROGRAM REQUIREMENTS

The following criteria must be adhered to in all Radiologic Technology courses in order to receive a satisfactory performance evaluation. Failure to meet these criteria may be identified by any program faculty member, both in or out of the clinical facility, who will subject the student to immediate and appropriate disciplinary actions. Each student shall:

1. Adhere to Harlem Hospital School of Radiology policies.
2. Adhere to the student role as outlined by each affiliate contract.
4. Dress appropriately in accordance with the School of Radiologic Technology Uniform Code.
5. Maintain patient confidentiality at all times in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA PL 104-191)
7. Deliver optimum care in a non-discriminatory manner.
8. Document all services provided using standard English (verbal and written).
9. Report immediately, any errors of omission/commission to the proper authorities.
10. Be punctual in reporting to the institution and assigned clinical affiliate as well as in submitting assignments.
11. Adhere to OSHA regulation while in attendance at the clinical affiliate.
12. Demonstrate physical, cognitive, and psychomotor competence.
13. Demonstrate a caring, empathic and non-selfish attitude.
14. Show respect for clinical affiliate staff and avoid the use of words or body language that could be misconstrued as derogatory.
15. Be physically able to perform examinations that require portable equipment to be transported to rooms or floors other than the stationary ones in the radiology department.
16. Utilize the internet or radiology websites as a research and educational tool.
ACCREDITATION

The school holds full accreditation by the Joint Review Committee on Education in Radiologic Technology (JCERT) and the New York State Department of Health. The JRCERT may be reached by mail at 20 North Wacker Drive, Suite 2850 Chicago, IL 60606, by phone @ (312) 704-5300 or by email mail@jrcert.org. Upon completion, the student will be prepared to take the Registry Examination offered by the American Registry of Radiologic Technologists (ARRT) and recognized by the New York State Department of Health as a prerequisite for State licensure.
The Harlem Hospital Center School of Radiologic Technology maintains a standard of conduct in regard to the unlawful possession, use, or distribution of drugs and alcohol by its students on its property or as part of its activities at any location. Students are to report to school and/or the clinical area free of the effects of drugs or alcohol.

Any student found possessing, purchasing, selling, transferring or soliciting, using, distributing or under the influence of any intoxicant on school or hospital property shall be subject to IMMEDIATE EXPULSION. If reasonable suspicion exists that a student may be under the influence of drugs or alcohol, the school retains the right to refer the student to Occupational Health Services for evaluation and/or testing.

Students who are suspected of being under the influence of intoxicants (alcohol and or drugs) shall be requested to report immediately to Occupational Health Services for evaluation. Refusal to honor this request or a positive finding as a result of the examination shall result in IMMEDIATE DISMISSAL of the student from the program.
STUDENT CONFIDENTIALITY

The school subscribes to the Buckley Amendment (Family Education Rights and Privacy Act, 1974). Any student wishing to do so shall inspect any or all of their records and challenge the contents. For the purposes of good administration, all requests must be made (in writing) through the school office.

Under the above mentioned Buckley Amendment, the following records are not available to students:

a. Parent's financial records  
b. Confidential letters of recommendation  
c. Personal notes  
d. Law enforcement records  
e. Employment records  
f. Medical and psychiatric records
VACATION AND HOLIDAY POLICY

1. Students are permitted four (4) weeks vacation per year. There is a one week winter recess between Christmas and New Year, there is a one week spring recess and there is a two week vacation period during the month of August. All vacation periods shall be assigned by the Program Director.

2. A student who is absent on the day prior to/after a scheduled vacation shall face disciplinary actions up to and including suspension as determined by the Program Director. Regarding this infraction the student shall be suspended for a minimum of two days in addition to the day/s missed which has to be made up and potentially more if a chronic pattern is in evidence unless he/she is able to present documentation of an unavoidable/unforeseen occurrence that caused the absence.

3. Students are cautioned to make their travel arrangements with this in mind.

4. The school observes the following holidays:
   - New Years Day
   - Martin Luther King Day
   - Presidents’ Day
   - Memorial Day
   - Independence Day
   - Labor Day
   - Columbus Day
   - Election Day
   - Veterans Day
   - Thanksgiving & the day after Thanksgiving
   - Christmas Day

5. A student shall be allowed to substitute two of the scheduled holidays in order to observe religious holidays with the consent of the Program Director.

6. Students are allowed 5 sick days per calendar year.
STUDENT DRESS CODE

As a professional, your appearance is important. You are representing not only the school but the clinical affiliate and the radiography profession. The following policies shall be adhered to.

1. Students shall report to their clinical assignment in the prescribed uniform. Failure to wear the proper uniform shall result in the student being sent home and marked absent for the day.
2. Students are required to have a clean uniform at all times. Students are urged to have a clean, spare uniform in their locker in case of accidents in the clinical area.
3. No short pants are allowed.
4. Sweaters or T-shirts under the uniform tops are NOT permitted.
5. Hospital scrubs are not permitted to be worn; surgery uniforms shall be worn only during the performance of rotations in the O.R. surgery assignments. Scrubs are not permitted to be worn outside the immediate vicinity of the operating suites.
6. Students are required to wear lab jackets with identification badges at all times while at the clinical sites.
7. Hospital ID badges shall not be defaced and shall be displayed prominently. Any hospital employee, while acting in an official capacity, may inspect the students’ badge for compliance issues.
8. In the event the employee health card, ID badge or dosimeter is lost or destroyed, the Program Director and the Director of Education shall be informed immediately. Students are responsible for the cost of replacement.
9. Under no circumstance should the student deface or cover the ID badge thus obscuring the STUDENT designation on the badge.
10. Each student shall wear name tag and hospital identification while on hospital premises.
11. Personal and oral hygiene shall be the concern and responsibility of each student.
12. As a professional, your appearance is important. You are representing not only the school, but also the clinical affiliate, as well as the radiography profession. As such, the foregoing policies shall be adhered to. It is each student’s responsibility to abide by them.
**FEMALE**

- White uniform trousers or skirts shall be worn with white hose or socks with white shoes.
- **ONLY** buttoned down (oxford blue) shirt shall be worn tucked into the skirt or trousers.
- A short white lab jacket shall be worn with the designated school patch displayed on the upper left sleeve.
- Stretch pants are **not** acceptable.
- Earrings are permitted, but **shall only be worn in the ear lobe** and not dangle, for safety reasons.
- Discreet use of makeup shall be permitted. Heavy eye shadow, rouge, and lipstick shall be avoided. Fingernails shall be short, neat and clean. Students are not permitted to use any nail enhancements. Perfumes shall be used in moderation. Strong scents, which may be offensive to patients, shall be avoided.

**MALE**

- White uniform trousers shall be worn with white socks and shoes.
- **ONLY** a blue buttoned down (oxford blue) shirt shall be worn tucked into trousers with a short white lab jacket.
- The lab jacket shall have the designated school patch displayed on the upper left sleeve.
- Stretch pants are **not** acceptable.
- Earrings are permitted, but **shall only be worn in the ear lobe** and not dangle, for safety reasons.
- Aftershave or cologne shall be used in moderation. Strong scents, which may be offensive to patients, shall be avoided.
TUITION

1. The tuition for this program is **$15,000.00** which is payable at the beginning of each trimester in **$2,500.00** increments.

2. Tuition is due before the first day of the trimester.
   (a) Failure to pay the prescribed fee ($2500) shall result in suspension until paid.

3. Tuition from other sources (i.e. TAP, 1199) shall be deferred pending verifiable awards or other financial aid certification.
   (a) If this award is withdrawn or the student is deemed ineligible, the student shall be held responsible for the tuition.

4. Should a student withdraw voluntarily within two (2) weeks of the start of the trimester, the full tuition shall be refunded.

5. Should a student withdraw before four (4) weeks of the trimester has been completed, half of the tuition shall be refunded.

6. There shall be no refund awarded after four weeks of the trimester has elapsed.

7. In the event that a student is dismissed for any valid reason, there shall be no tuition refund.

8. Students with unpaid tuition or any other unpaid debts to the school will be denied official transcripts. No information will be release until the obligation is satisfied.
ATTENDANCE POLICY

It is essential that all students maintain a high standard of attendance and promptness. Students shall be at their clinical site as their schedule dictates. Adhering to the Attendance Policies is a requirement for continued enrollment in the program.

1. Students are permitted five (5) sick days per year and allowed three (3) bereavement days in the event of the death of an immediate family. An immediate family is a spouse, child, parent/guardian or grandparent.

2. Students shall make up any absences in excess of the allotted amount of sick time. Time shall be made up only when a staff member is on duty and available to supervise the student. Failing the availability of a staff member to supervise the student, he/she shall make up the time that is in excess of his/her allowable allocation after graduation. Approval for make-up must be verified by the clinical coordinator. The student is allowed to participate in volunteer clinical to make up time owed.

3. Excessive absences that are not made up, shall be deducted from the students allotted/holiday schedule, or the students' diploma can be withheld until such deficiency is satisfied. (JRCERT requirement does not allow clinicals on national holidays)

4. It is the responsibility of the student to call into the school on each day of absence (212) 939-3476 or (212) 939-3475, and to their assigned clinical site if the absence occurs on a clinical day. Failure to do so shall result in disciplinary action at the discretion of the Program Director.

5. Hospital and school policy specifies that when an individual is absent for three or more consecutive workdays, a physician’s note shall be submitted upon returning to school.

6. In the event that a student is absent either the day before or the day after the weekend or a holiday a physician’s note shall be submitted upon returning to school.

7. In the event of an emergency, documentation substantiating the emergency shall be submitted.

8. Failure to comply with items 6 & 7 shall result in disciplinary action at the discretion of the Program Director.

9. Students are required to make up all owed time prior to graduation. Failure to do so shall result in the student being rendered ineligible to receive a HARLEM HOSPITAL CENTER diploma and being rendered ineligible to sit for the ARRT Certification Examination and receive state licensure until the time is made up.
INCLEMENT WEATHER OR NON-WEATHER RELATED EMERGENCIES

In severe weather or other non-weather related emergency, classes could be cancelled or delayed. Any school closure in case of inclement weather conditions shall follow the determination of the Public School System. Notification of class delays or cancellations will be made by email or phone.

On snowy or icy days, students shall not be considered tardy if they arrive at clinical within a reasonable time frame allowed by the Program for that day. The amount of time varies with the intensity and severity of each storm and road conditions in any particular region, at the discretion of the faculty.
LATE POLICY/PUNCTUALITY POLICY

• Punctuality is a vital criterion in the evaluation of work ethic evaluation and it is strictly enforced to help the student adjust to the expectations of the workforce.

• Daily Attendance hours for the program (for classes and clinical) are: 8:30 AM - 4:00 PM Monday through Friday with 1 hour lunch, unless otherwise notified. Students are expected to attend all academic and clinical sessions.

• Students are expected to arrive for class or clinical at **8:30 am** each morning.

• Students arriving to class or clinical after **8:45 am** are considered late, regardless of the circumstances (including disaster, inclement weather or emergency).

• Tardiness shall result in the loss of **0.5 hours** from the student’s vacation account.

• Excessive lateness and tardiness beyond 30 minutes is unacceptable. Any student arriving to class or clinical after **9:00am** will be sent home. This will count as an absent.

• Students unable to report to class/clinical due to illness must contact the Program Director and clinical site on the morning of the illness, by **8:00am**.

• Students requesting time off must submit a competed form to the Program Director at the earliest possible date and **at least 24 hours** before the requested time-off date.
ILLNESS/INJURY AT SCHOOL:

1. If the student becomes ill or injured during program hours and feels they cannot complete the day, they shall notify the appropriate personnel in accordance with the clinical or didactic attendance guidelines.

2. If a student’s illness constitutes an emergency the student shall be escorted to the Emergency Room at the clinical site, or OHS at Harlem Hospital. Any costs not covered by their personal health insurance are at the student’s expense. If follow up care is needed after the emergency room visit the student shall see their physician.

3. The School of Radiologic Technology shall not assume liability for any student illness or injury. Students are responsible for maintaining health and accident insurance during the entire enrollment period in the Program.

4. The student's next of kin shall only be notified if the student is unresponsive or if the student is unable to give consent for treatment.
SPECIAL LEAVES

Bereavement Leave:
1. The Program Director shall be contacted immediately in the event of need for bereavement leave.
2. The student shall request bereavement leave in writing and provide proof; (death certificate/funeral program).
3. The student shall be responsible for any missed educational material. The student shall contact the instructor immediately on his/her return to make-up any missed exams.

Jury Duty:
1. Should a student receive a jury summons, the Program Director shall be notified immediately so that the student’s schedule can be adjusted accordingly.
2. A copy of the jury summons and proof of serving as a juror are required.
3. If a student is released early from jury duty, the Program Director shall be contacted to determine whether the student shall report to school for the remainder of the scheduled day.
4. The student shall be responsible for any missed educational material. The student shall contact the instructor immediately on his/her return to make-up any missed exams.

Military Leave:
1. Should a student in the School of Radiologic Technology be called to active or reserve duty, the Program Director shall be notified immediately.
2. Documentation shall be provided to the Program Director.
3. Upon return from military leave, an appointment shall be made to determine program placement.

Leave of Absence:
A leave of absence (LOA) is a scheduled or an administrative absence for an extended or intermittent period of time. Reasons a student may request a LOA:
1. Serious illness or hospitalization of the student.
2. Serious illness or hospitalization of an immediate family member.
3. Financial or other unforeseen adverse circumstances.
Student Request For A Leave of Absence (LOA)

1. The student is required to make a request for a LOA in writing (dated and signed) to their Program Director as soon as the need arises. The student shall submit all verifying documentation with the request. The Program Director shall meet with the program & adjunct faculty to outline the LOA guidelines in accordance with School policies (i.e. length of time, scheduled make up time, course work, etc.).

2. The didactic and clinical occurrences shall not apply during an approved LOA.

3. Approval or disapproval of the LOA shall be made in writing to the student within two (2) program days following the faculty meeting.

4. For extended or ongoing medical conditions, documentation shall be required.

5. If the LOA is a result of a physician order, a physician’s release is required to return to school.

6. A student returning from a LOA is not guaranteed that the courses required to complete their training shall be available at the time of return.

7. The student shall also be required to repeat the course/s from which he/she elected to withdraw.

8. Make up time from a LOA shall be scheduled at the discretion of the Program.

9. An LOA shall most likely extend the time needed to complete the program.

10. Any program extension shall incur additional tuition or related fees

11. Students are required to fulfill all requirements for graduation including completion of all course work and clinical requirements.
ACADEMIC POLICIES

1. The first trimester of the program is considered to be probationary. The school reserves the right to terminate or suspend any student who, in the judgment of the Program Director, does not satisfy the requirements of scholarship, clinical ability, ethical behavior, health or personal suitability for the profession of Radiologic Technology.

2. Students shall maintain an overall average of 75% in each didactic course and an 85% for clinical competencies to remain in good academic standing. Failure to do so shall result in the imposition of disciplinary action to include probation/dismissal.

3. If a student fails an examination, he/she shall repeat the section or demonstrate academic competency as determined by the Program Director and Director of Education.

4. If a student fails more than one course per trimester, the student shall either be dismissed from the program or be requested to repeat the trimester. Failing (2) consecutive classes i.e. Physics I and Physics II, shall result in dismissal and student shall have the option to reapply for admission if they so desire. A reapplication does not imply guaranteed automatic admission to the program.
GRADING POLICY

A student shall maintain an average of 75% in academic courses and 85% in clinical education to remain in good academic standing. Failure of two sequential courses (e.g. Physics I and Physics II), shall result in dismissal. A student shall be permitted to repeat a final examination at the discretion of the instructor. Grading homework, midterms and final examinations is up to each instructor, but is clearly stated at the beginning of each trimester.

100 = A+
95 – 99 = A
90 – 94 = A-
86 – 89 = B+
83 – 85 = B
79 – 82 = B-
76 – 78 = C+
73 – 75 = C
69 – 72 = C-
66 – 68 = D+
63 – 65 = D
59 – 62 = D-
Below 59 = F

If, in the opinion of the school staff, a student is experiencing difficulty in classroom work, or is experiencing difficulty in the clinical phase of the program, a warning shall be issued in writing and the student shall be so informed in an attempt to determine the reason for the poor performance. In the event that a student continues to perform unsatisfactorily, the student shall be placed on probation until such time that his or her work improves or a determination is made to drop the student for cause.
DIDACTIC GUIDELINES

• Students will be given objectives and course requirement by each course instructor at the beginning of the course. The requirements shall clearly inform students the degree of aid and collaboration, if any, allowed on assignments, projects, and examinations.

• Students are expected to complete the course requirements in compliance with standards described above. Students shall direct all questions on the didactic guidelines to the instructor BEFORE submitting an assignment.

• Students are required to attend all classes. The subject matters presented in the classrooms shall be used in the clinical setting and ultimately as a professional in the Imaging Sciences.

• Students shall be on time and shall remain for the entire lecture session. All effort shall be made to attend to personal needs during the scheduled breaks to avoid disrupting the lecture session.

• All classroom and clinical assignments shall be handed in on time. In the event of illness, it is the responsibility of the students to make arrangements for the assignments to be delivered to the school office by the stated deadline.

• Material submitted after the deadline shall not be accepted and a zero grade shall be awarded.

• Professional demeanor is expected of the students in the classroom at all times. Disruptive behavior, sleeping, and leaving during lectures shall not be tolerated. The instructor reserves the right to dismiss a student from class for any of the above infractions. The class dismissal shall be treated as an absence.

• If the student finds it necessary to miss class, the following procedures shall be followed:
  o The student shall notify his/her instructor & Program Director or designee if they will be absent, tardy or need to leave a class before dismissal time.

• Make-up exams due to catastrophic incidence or serious illness, shall be given at the discretion of the Instructor.

• At the first instance of a student found cheating on an examination, the student shall be immediately dismissed from the program.

• Students shall have the required textbooks.

• Cellular telephones shall be on off while in class. Hospital regulations require that cellular phones be off in all patient care areas. No “ear buds” shall be worn in the classroom or clinical areas.

• All students are required to successfully complete an approved program in BLS prior to graduation.
CLASSROOMS POLICY

- Students shall adhere to the School of Radiologic Technology’s Code of Conduct in the classroom and clinical settings.

- Students are forbidden to write on and/or deface any school books, desks or other hospital property.
- Students are required to keep the classroom neat and clean at all times. Smoking, eating or drinking is not permitted in the classroom at any time whether classes are in session or not.
- Students are expected to respect and obey the code of ethics and ethical standards as explained in the student handbook. Cheating, plagiarism or other forms of academic dishonesty are not acceptable, shall not be tolerated and are basis for suspension and/or termination.
- **Personal Beepers and Cellular Phones** shall not be worn and shall be turned off while in backpack or purse during class and clinic education. *Non medical electronic devices are not allowed in classrooms (PDA, MP3 players etc.)*.
- Students are not allowed to use the classroom audio-visual equipment unless instructed to do so by the instructor.
- Consumption of food or drink is not allowed during a lecture or lab session.
- Students are encouraged to use the lounge in the Kountz Pavilion for lunch and between class breaks.
- Students are prohibited from altering the condition of the classrooms (desks, skeleton, podium, audio-visual equipment, etc.)
- The student lounge has a cleaning roster posted on the bulletin board. The assigned students are required to keep the lounge clean for the specific period. Failure on the part of the students to keep the lounge neat and clean shall result in the termination of the lounge privileges.
- The School of Radiologic Technology is not responsible for student articles left unattended in the classrooms.
- Students shall use classrooms and labs during program hours Monday – Friday between 7am and 8pm with faculty supervision.
- Children are not allowed on the school premises or in the classrooms.
STUDENT EMPLOYMENT

• Students cannot work as technologist before graduation and without a valid state license.

• Students are not discouraged from holding other jobs outside the program. All students are advised of this at interview. However, students shall realize that no special privileges shall be given. The job shall not interfere with academic or clinical responsibilities. If a student is employed in a radiology department, the student’s school dosimeter shall not be worn at their place of employment.

• Clinical rotations are not considered employment and students shall not receive any compensation while on clinical rotations.

• No signatures obtained for clinical competencies shall be valid during the students' employment. Preference for clinical rotation assignments shall not be based on the student’s place of employment.
ACADEMIC CODE OF CONDUCT

The Academic Code of Conduct of the School is a policy that outlines the procedures by which academic honesty is enforced. It outlines offenses, procedures for dealing with offenses and possible penalty if charges are found to be true.

**Introduction:** The ethical integrity of School of Radiologic Technology is dependent on the honesty and soundness of the administration/faculty – student learning relationship. All students are expected to be honest in all of their academic activities and relationships with the institution.

Academic Violations consist of the following three categories.

**Cheating:**
Cheating includes the actual giving or receiving of unauthorized material, or any unauthorized aid of assistance or the actual giving or receiving of any unfair advantage of any form of any academic work.

**Plagiarism:**
Plagiarism includes the copying of the language, structure, ideas and thoughts of another person and passing them off as one’s own original work or the attempt to do so. Plagiarism does include paraphrasing without attribution.

**Falsification:**
Falsification includes the statement of any untruth, either verbally or in writing, with respect to any circumstances relating to one’s academic pursuit, or the attempt to do so. Such acts include, but are not limited to, the forgery of official signatures, tampering of official records, fraudulently adding or deleting information on academic documents.
Offenses:

- Academic offenses include, but are not limited to the participation in:
  - Stealing or obtaining examination questions, examination answers or any other documents without authorization.
  - Possession and/or use of any non-authorized materials, documents, hidden notes during an examination. This also applies to books which can be accessed during the examination.
  - The use of any type of electronic/communication device for the purposes of obtaining assistance for answers to an examination.
  - Copying answers from someone else’s examination paper during an exam, or getting unauthorized help during an examination.
  - Communicating (speaking, gesturing, writing) for any reason, with any person other than the instructor during the examination.
  - Making any changes to an examination answer sheet after it has been submitted for grading.
  - Removing an examination paper from the office or classroom without permission.
  - The selling of an examination paper.
  - Impersonation: assuming the identity of another person or having another person assume one’s own identity for the purpose of academic fraud in writing an examination. Both students shall be charged.
  - The contribution by one student to another student of work with the knowledge that the latter may submit the work in part or in whole as his or her own.
  - Submitting the same assignment homework for evaluation in two or more courses without the knowledge or permission of the instructor.
  - Falsifying documents including any document being submitted to the institution as well as any documents of the institution. Examples of falsified documents include transcripts and records for the purpose of admission, attendance records, notes from medical doctors or other documents to avoid sitting for an examination or not handing in assignments on the due date.
  - Plagiarism is an offense of the presentation of work of another person as one’s own or without the proper acknowledgement.
COMMUNICATION– COMPUTER AND INTERNET USAGE

The computers, fax, voicemail, e-mail and Internet are for educational and school research only. The use of the computer and Internet for business unrelated to clinical rotations or the Program in Radiography is not allowed.

- Students shall not share passwords with anyone. All passwords are to be treated as sensitive and confidential.
- If a password becomes compromised or is suspected to have been compromised it shall be reported to the program director for action. Students must not attempt to use, view or access another person’s accounts, computer files, programs, or data.
- Unauthorized attempts to view Patient Health or other restricted information are not allowed.
- Students shall not attempt to use the program’s computers or account to gain unauthorized access to other systems.
- Student shall not attempt to download unauthorized program material to external sources.
- Students shall not attempt to degrade the performance of program’s computers and/or networks.
- Student shall not use the program’s resources for commercial activity such as creating products or services for sale and cannot install personal software on the program’s computers.
- Copying software protected by copyright, except as permitted by software licensing agreements is not allowed.
- Students are not allowed to send, store, or access fraudulent, harassing, or obscene messages and/or materials on the program’s systems.
- Students are not allowed to initiate or propagate electronic chain letters, or mass mailing to newsgroups, mailing lists or to other individuals.

Misuse of computer and/or Internet shall result in disciplinary action.
COMPETENCY BASED EDUCATION

Competency-based education is a means of checking the progress of students during their clinical education by determining whether or not they are able to meet specified objectives, thus demonstrating competency. The clinical evaluation system is a uniform, structured and progressive approach to the clinical development of a student.

Students begin this process with didactic instruction, laboratory instruction, and student demonstration of positioning skills, the student proceeds by observing an examination or group of examinations. The next step is the participatory stage of the competency-based clinical education system.

In the participatory stage, the student shall now assume a more active role in his/her clinical responsibilities. However, the students shall only perform those radiographic procedures previously taught in the classroom and laboratory. Students shall perform these examinations under direct supervision.

The final stage in the competency-based clinical education system is the ability of the student to perform radiographic examinations under indirect supervision. Before the student advances to this level, he/she shall demonstrate competency.

To summarize, the competency-based clinical education system is a step-by-step process as outlined below:

- Didactic instruction
- Laboratory instruction
- Student demonstration of ability in the laboratory
- Observation
- Student participation in the department under direct supervision
- Practice competencies as required
- Competency examination
- Student participation in the department under indirect supervision

No student shall be allowed to perform any examination on a patient before they have satisfactorily demonstrated proficiency in performing these procedures in the classroom and laboratory settings.
Students are required to have a completed competency for each of the examinations covered didactically and listed on the Student Clinical Proficiency Log by appropriate semesters.

In compliance with competency based education, there is no minimum number of examinations required, prior to seeking a competency on that examination.

The established ARRT Clinical Competency Examination criteria are required for graduation. All mandatory competency examinations shall be completed within or before the trimester mentioned. Failure to complete the required clinical competency examinations per trimester, shall adversely affect the student's chances of graduating on schedule. It is the responsibility of the student to complete all clinical competencies in a reasonable timely fashion to avoid being put on clinical probation.

Only the faculty of Harlem Hospital School of Radiography or designated technologists at each clinical affiliate is eligible to complete competency forms. Competency forms completed by non-eligible clinical personnel shall not be accepted for grade or shall not contribute to fulfilling minimum requirements by students. Students shall receive a list of all designated technologists
CLINICAL POLICIES

Student Radiographers are **NOT PERMITTED** to assume the responsibility of a paid staff radiographer. Student Radiographers shall only perform under the direct or indirect supervision of a qualified Radiographer. Students are only allowed to work under indirect supervision after achieving the program’s required level of competency in a given procedure.

**DIRECT SUPERVISION**

For students who have not yet achieved competency on a particular procedure or examination, supervision is provided by a certified radiographer/clinical instructor. It is the responsibility of the radiographer/clinical instructor to:

- Review the consult to determine the examination in relation to the student’s level of achievement.
- Evaluate the condition of the patient in relation to the student’s knowledge.
- Be physically present in the radiography room while the student performs the radiographic examination.
- Review and approve the final radiographs.

**INDIRECT SUPERVISION**

For students who have achieved competency on a particular procedure or examination, supervision is provided by a certified radiographer who is immediately available to assist students, regardless of the level of student achievement.

“Immediately available” is interpreted as the presence of a radiographer in or adjacent to the room or location where the procedure is being performed. The radiographer should not be involved in an additional radiographic procedure, as this could render the radiographer not immediately available under some circumstances.

**REPEAT POLICY**

- Under **no circumstance** is a Student Radiographer allowed to repeat an image without the direct supervision of a qualified Radiographer. A student Radiographer is **NEVER** allowed to perform bedside or Operating Room (OR) radiography under indirect supervision.
- If a student Radiographer feels that these standards are not being adhered to, written notification shall be immediately made to the Program Director for follow-up.
**CLINICAL GUIDELINES**

1. All students are required to obtain permission to leave the Radiology department during their scheduled tour of duty. Permission shall be obtained from the Radiology supervisor. In all cases, the Program Director shall be informed and the school must be notified.

2. All students are to remain in their assigned areas.

3. Students are to keep their assigned area clean at all times.

4. Students shall exercise care and comply with all established radiographic safety standards when performing exams.

5. All radiographic procedures performed either with or without direct supervision shall be properly recorded on the students' log sheet. A specific number of examinations in various areas shall be validated in order to qualify for state licensure and national certification.

6. Students are responsible for securing the required weekly record of clinical time. The records of clinical time are to be completed and accurately documented and submitted to the Clinical Coordinator. The documentation of clinical time is in addition to the established sign-in procedure at the individual clinical sites.

7. In the event a student needs to make up time (clinical or class), the student shall submit a make-up request to the Clinical Coordinator/Didactic Instructor for approval. The request shall remain a part of the student’s permanent file.

8. Normal clinical rotation hours are from 8:30 am to 4:00 pm. “Off Hours” Elective rotations are available to students on request. Off-hours rotations shall only be scheduled on times/days when a designated technologist or clinical instructor is available.

9. In general, students participating in the Off-hours rotation shall be given a compensatory clinical day off in the week. This ensures that the combined assigned clinical and academic hours do not exceed forty (40) hours per week. Students can however request to voluntary give up their compensatory day off.

10. Unscheduled rotations, visits or loitering on the premises of **HARLEM HOSPITAL CENTER and affiliates** after 4:30 PM on Friday until 8:30 am on Monday is not permitted.

11. It is the responsibility of all students to check Hospital, Department and school bulletin boards and student mail boxes on a daily basis.
12. Under no circumstance shall a student eat or drink in patient areas. The area supervisor shall inform the student of the designated area for these activities.

13. While assigned to the clinical area students shall, at all times, wear the required school uniform. Failure to do so shall result in the student being sent home and marked absent for the day.

14. Students are required to wear clean uniforms and to be well groomed at all times. Failure to do so shall result in the student being sent home and marked absent for the day.

15. Students who are suspected of being under the influence of intoxicants (alcohol or drugs) shall be requested to report immediately to Occupational Health Services for evaluation. Refusal to honor this request or a positive finding as a result of the examination shall result in the **IMMEDIATE TERMINATION** of the student from the program.

16. Students are required to inform their clinical supervisor of any malfunctioning equipment, accessories or any other item, which may prove hazardous to a patient or themselves.

17. Students are responsible for conducting themselves in a professional manner at all times. Failure to do so shall result in the appropriate disciplinary action as determined by the Program Director, Director of Education, Department Manager and/or the Medical Advisors.

18. Hospital rules are to be followed at all times.

19. Hospital and department supplies are to be used only for the purposes intended and shall not be removed from the hospital premises. Students in violation are subjected to disciplinary action up to and including dismissal.

20. **HARLEM HOSPITAL CENTER and all clinical affiliates** are smoke free. There is to be no smoking while on these premises. Students shall be fined 1/2 day vacation for each infraction and shall be subjected to legal action by Hospital Police.
CLINICAL SITES

This program currently utilizes several clinical affiliates. Clinical education shall be completed through scheduled utilization of approved clinical affiliates. Every effort is made to geographically accommodate students in their clinical rotations; however, the program reserves the final decision of all clinical assignments. The process for determining clinical site assignment is coordinated by the Clinical Coordinator. Clinical site assignment remains solely at the discretion of the program faculty.

During the clinical component of the Radiologic Technology program, the student shall have the opportunity to practice at a variety of clinical sites. Clinical sites offer similar learning experience. All students are required to rotate at a site if it has a unique learning experience to offer. The student is expected to adhere to the policies and procedures of each clinical site and provide his/her own transportation to clinical faculties.

The recognized clinical education sites are:

Harlem Hospital Center
506 Lenox Avenue
New York, NY 10037

Kings County Hospital
451 Clarkson Avenue
Brooklyn, NY 11203

Elmhurst Hospital
79-01 Broadway
Elmhurst, NY 11373

Metropolitan Hospital
1901 First Avenue
New York, NY 10029

North Central Bronx
3424 Kossuth Avenue
Bronx, NY 10467

Interfaith Medical Center
1545 Atlantic Ave
Brooklyn NY 11213
PROFESSIONAL CONDUCT

The hospital and the school expect and demand that every student observe the basic code of professional conduct. As a member of the Health Care Delivery Team, it is important that the student understand the accepted policies and the penalties involved in violating these rules. The following occurrences shall make the student subject to disciplinary action up to and including dismissal from the program:

1. Deliberate inattention to patient care.
2. Divulging confidential information concerning patients or their care.
3. Refusal to carry out orders or instructions of their supervisors.
4. Deliberate violation of a posted rule pertaining to health, safety, fire prevention or security.
5. Deliberate false, fraudulent or malicious statements or actions involving relations with a patient, the hospital, staff or the public.
6. Falsification of hospital or school records, documents or forms.
7. Unauthorized use, removal, theft or intentional damage to the property of a patient, visitor, employee, student, the hospital or an independent contractor.
8. Threatening to commit actual physical violence.
9. The use of profanity either in the hospital or in the school.
10. Disorderly, immoral or unethical conduct on hospital grounds.
11. Conviction of a crime while enrolled in the program.
12. Failure to report an injury or incident concerning a patient, visitor, employee, student or any other person on the hospital grounds.
13. Soliciting tips from patients or any other person.
14. Sale of services to patients.
15. Rude or discourteous behavior.
16. Unauthorized absence from the assigned area.
17. Gambling on hospital premises.
18. Refusal to participate in a medical procedure due to its nature or the nature, condition or behavior of the patient.
19. Inattention to the patient’s sense of modesty.
20. Administration of any medication, water, food or treatment to a patient without proper authorization.
22. Taking radiographs without proper authorization.
23. Failure to meet the financial obligations of the program.
24. Excessive lateness or excessive absenteeism.
25. Taking photographs of patients.
CURRICULUM SEQUENCE

The curriculum is designed to integrate the cognitive, affective and psychomotor aspects of the student's educational experience. The curriculum as presented at the Harlem program is as follows:

FIRST YEAR

Trimester I

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course</th>
<th>Hours</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>HR 101.01</td>
<td>Medical Terminology</td>
<td>15</td>
<td>1</td>
</tr>
<tr>
<td>HR 101.02</td>
<td>Introduction to Computers, PACS &amp; RIS</td>
<td>15</td>
<td>1</td>
</tr>
<tr>
<td>HR 101.03</td>
<td>Introduction to Radiologic Technology</td>
<td>15</td>
<td>1</td>
</tr>
<tr>
<td>HR 101.04</td>
<td>Patient Care I (Ethics &amp; Medicolegal)</td>
<td>45</td>
<td>3</td>
</tr>
<tr>
<td>HR 101.05</td>
<td>Radiation Protection I</td>
<td>30</td>
<td>2</td>
</tr>
<tr>
<td>HR 101.06</td>
<td>Anatomy and Physiology I</td>
<td>45</td>
<td>3</td>
</tr>
<tr>
<td>HR 101.07</td>
<td>Physics I</td>
<td>30</td>
<td>2</td>
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<tr>
<td>HR 101.08</td>
<td>Radiographic Procedures I</td>
<td>60</td>
<td>4</td>
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<tr>
<td>HR 101.09</td>
<td>Radiographic Procedures Lab I</td>
<td>60</td>
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Total Hours 315  21

Trimester II

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<th>Course #</th>
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<tr>
<td>HR 102.10</td>
<td>Principle of Imaging and Image Analysis I</td>
<td>30</td>
<td>2</td>
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<tr>
<td>HR 102.11</td>
<td>Radiographic Procedures II</td>
<td>45</td>
<td>3</td>
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<tr>
<td>HR 102.12</td>
<td>Radiographic Procedures Lab II</td>
<td>45</td>
<td>3</td>
</tr>
<tr>
<td>HR 102.13</td>
<td>Anatomy and Physiology II</td>
<td>45</td>
<td>3</td>
</tr>
<tr>
<td>HR 102.14</td>
<td>Physics II (plus Quality Assurance)</td>
<td>30</td>
<td>2</td>
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<tr>
<td>HR 102.15</td>
<td>Patient Care II</td>
<td>45</td>
<td>3</td>
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<tr>
<td>HR 102.16</td>
<td>Pharmacology</td>
<td>30</td>
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<tr>
<td>HR 102.17</td>
<td>Clinical Practice I</td>
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Total Hours 494  18
### Trimester III

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<tr>
<td>HR 103.18</td>
<td>Anatomy and Physiology III</td>
<td>45</td>
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<tr>
<td>HR 103.19</td>
<td>Patient Care III (plus Venipuncture)</td>
<td>30</td>
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<td>HR 103.20</td>
<td>Radiographic Procedures III</td>
<td>45</td>
<td>3</td>
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<tr>
<td>HR 103.21</td>
<td>Radiographic Procedures Lab III</td>
<td>45</td>
<td>3</td>
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<tr>
<td>HR 103.22</td>
<td>Physics III</td>
<td>30</td>
<td>2</td>
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<tr>
<td>HR 103.23</td>
<td>Principle of Imaging and Image Analysis II</td>
<td>30</td>
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<td>HR 103.24</td>
<td>Clinical Practice II</td>
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**Total Hours** 449  

### SECOND YEAR

### Trimester IV

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<tr>
<td>HR 204.25</td>
<td>Radiation Biology</td>
<td>30</td>
<td>2</td>
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<tr>
<td>HR 204.26</td>
<td>Anatomy and Physiology IV</td>
<td>45</td>
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<td>HR 204.27</td>
<td>Radiographic Procedures IV</td>
<td>30</td>
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<td>HR 204.28</td>
<td>Radiographic Procedures Lab IV</td>
<td>30</td>
<td>2</td>
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<tr>
<td>HR 204.29</td>
<td>Image Critique I</td>
<td>30</td>
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<td>HR 204.30</td>
<td>Clinical Practice III</td>
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**Total Hours** 501  

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41
### Trimester V

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<tr>
<td>HR 205.31</td>
<td>Pathology</td>
<td>45</td>
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<tr>
<td>HR 205.32</td>
<td>Anatomy and Physiology V</td>
<td>45</td>
<td>3</td>
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<tr>
<td>HR 205.33</td>
<td>Advanced Imaging I</td>
<td>30</td>
<td>2</td>
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<tr>
<td>HR 204.34</td>
<td>Image Critique II</td>
<td>15</td>
<td>1</td>
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<tr>
<td>HR 205.35</td>
<td>Comprehensive Review I</td>
<td>45</td>
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<td>HR 205.36</td>
<td>Clinical Practice IV</td>
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### Trimester VI

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<tbody>
<tr>
<td>HR 206.37</td>
<td>Anatomy and Physiology VI</td>
<td>30</td>
<td>2</td>
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<tr>
<td>HR 206.38</td>
<td>Advanced Imaging II</td>
<td>30</td>
<td>2</td>
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<tr>
<td>HR 206.39</td>
<td>Comprehensive Review IIA</td>
<td>45</td>
<td>3</td>
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<td>HR 206.40</td>
<td>Comprehensive Review IIB</td>
<td>45</td>
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<tr>
<td>HR 206.41</td>
<td>Seminar in Career Education</td>
<td>15</td>
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<td>HR 206.42</td>
<td>Clinical Practice V</td>
<td>336</td>
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<td><strong>Total Hours</strong></td>
<td>501</td>
<td>11</td>
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COMPREHENSIVE ACADEMIC EXAMINATIONS

It is important for graduates of the School of Radiologic Technology to be competent, perform well clinically, and be able to assimilate their classroom and other cognitive learning so that they shall be able to think independently, communicate their knowledge effectively, and successfully pass their national credentialing examinations.

To prepare the student for their certification examinations, “Registry Type” exams shall be given periodically throughout the last academic year.
BONUS POINTS AND/OR DEBIT POINTS

Bonus and/or debit points are included in calculation of the student's total procedure laboratory grade. It is the mission of Harlem Hospital Program in Radiography to provide quality patient care and satisfaction. All clinical skills, actions, and behavior contribute to the overall laboratory grade.

A clinical bonus adds to the laboratory grade. A debit point is a numerical documentation of student's unsatisfactory performance and shall affect the student's laboratory grade. The debit point(s) shall be subtracted from the initial grade when computing the final laboratory grade.

Bonus and debits can be applied at the discretion of the program's faculty.

Some examples are as follows:

Bonus Point as indicated shall be awarded for:

- Any exemplary action deemed appropriate by the Program Director and/or Clinical Coordinator:
  * 1 – 3 Bonus Points
- No late days in one semester (personal days must be scheduled 24 hours in advance, no late, early leaves or sick days) *½ bonus point.

Debit point(s) can be assigned for infraction of any program policy. Some examples are as follows:

½ debit point can be assigned for the following infractions

- Not properly calling in when sick or tardy
- Violation of the dress/appearance code

One debit point can be assigned for the following infractions:

- Leaving assigned area without notification/permission
- Not having markers in clinical assigned area
- Failure to wear dosimeter
- Violation of hospital NO SMOKING policy
- Failure to turn in written assignments or forms on time
- Not following professional standards
- Using another person’s marker or failure to put the correct marker on the images
• Failure to follow department policy on passing unsatisfactory/undiagnostic films
• Violation of the school’s Internet or Communications policy

More than one debit points:
• Any action deemed inappropriate according to policies of the clinical sites, at the discretion of the Program Director and/or Clinical Coordinator
DISCIPLINARY ACTION

When an infraction of any of the policies of the Radiologic Technology Program is committed, disciplinary action, commensurate with the nature and severity of the offense, shall be imposed on the student involved.

The following sanctions shall be considered as appropriate, and imposed by the Program Director:

1. Verbal Reprimand
2. Debits
3. Written Reprimand
4. Probation
5. Suspension
6. Expulsion

Whatever the action taken, the decision shall be communicated to the student in writing within five (5) days of the process. A copy of the decision is to be placed in his/her files.

In the event that the student disagrees with the decision, it is the student’s responsibility to pursue his/her concern through each successive step of the appeals procedure, within the allotted time.

Any infraction of the policies of the Radiologic Technology program, and/or any infraction of the policies and regulations of the hospital in which the student is assigned shall warrant disciplinary action. The type of action taken shall depend upon the seriousness of the infraction.

If the infraction occurs within an assigned site, the hospital shall notify the program through the appropriate channels. This notice shall identify the problem and any circumstances surrounding the infraction.

The program faculty shall investigate the situation, decide upon the appropriate disciplinary measure to pursue, and notify the student and hospital by letter and meeting.

Disciplinary action shall take into consideration the student’s right to due process.
**VERBAL WARNING**
The program faculty shall on the first offense discuss the problem with the student and suggest some remedial action.

**DEBIT POINTS**
Debit point(s) can be assigned for infraction of any program policy or for any action deemed inappropriate according to policies of the program or the clinical sites, at the discretion of the Program Director and/or Clinical Coordinator.

**WRITTEN WARNING**
Student conference forms shall be used to provide the student with a formal written warning. The situation shall be discussed with the student when they are presented with the form. The student will be given opportunity to write a statement of agreement or appeal on the conference form. The student’s signature on the conference form indicates that they have been made aware of the report, not that they agree or disagree with the report.

**PROBATION**
All students entering the program are placed on probationary status for the first trimester. Any evidence of unsatisfactory performance or ethical misconduct shall result in disciplinary action including termination. Unsatisfactory performance shall include but not limited to:

- Failure to maintain an average grade of seventy five percent (75%) for each course
- Excessive absences and tardiness
- Inability to meet financial obligations to the program

Ethical misconduct shall refer to incidents outlined under **Professional Conduct** and the **ASRT Code of Ethics**.

At any point during the program, the student shall be placed on clinical, academic and attendance probation. Length of probation shall be decided upon by the Program Director. The problem shall be discussed with the student and the terms of probation specified in a meeting with the student. After this period, the student shall be re-evaluated, resulting in either release from the probationary status or release from the program.
SUSPENSION
The student shall be suspended from the program for severe infractions of program/ hospital policies. The period of suspension shall be specified by the Program Director.

Clinical affiliates have the right to request the removal of a student(s) for infractions of hospital policies, etc. If such a request is made, and the student is eligible for placement in another clinical affiliate, reassignment of that student shall be made to an alternate facility. Suspension and or reassignment shall be decided by the Program Director.
TERMINATION or SUSPENSION

Immediate Termination and/or Suspension shall result from any of the following:

1. Failure to meet academic and clinical standards as set forth by the School of Radiologic Technology and affiliated clinical education sites.
2. Improper performance of duty, neglect, or any malpractice.
3. Dishonesty.
4. Intoxication – reporting to class or clinic under the influence of alcohol or narcotics or partaking of these drugs while on the premises.
5. Verbal, written or implied insubordination to supervising persons and school faculty (or clinical faculty staff).
6. Improper conduct of any kind that might result in discredit to the department or Program.
7. Falsifying records/falsifying applications to the School of Radiologic Technology.
8. Accepting tips or gratuities from patients.
9. Sharing patients Protected Health Information with others for any reason other than direct patient care.
10. Abuse of hospital equipment.
11. Abandoning class or clinic without notification or permission.
12. Willful destruction of hospital or School property.
13. Cheating on class or clinical examinations.
14. Convictions of criminal acts or jail sentence while a student.
15. Tampering with attendance records or student records.
16. Willfully exposing someone else’s dosimeter.
17. Use of improper language to classmates, faculty, staff or others.
18. Imaging or being imaged by another student.
19. Verbal or physical abuse to supervising technologists and academic instructors.
20. Inappropriate use of email towards faculty and other students.
21. Imaging students or technologist’s personal family and friends without a proper radiology requisition.
22. Malicious intent to impede another student’s progress in the School.
24. Violating the Right to Privacy whether it is a fellow student or a patient.
GRIEVANCE PROCEDURE / DUE PROCESS

The program has a step-by-step process to address any claim by a student that the program is not in compliance with the STANDARDS of the JRCERT. The grievance procedure addresses any claim that there has been a violation, misinterpretation, or inequitable application of any existing policy, procedure, or regulation. The process provides all students with an unbiased avenue and the opportunity to be heard in a timely manner.

Step 1
The student has seven (7) days after the event or violation to register his/her grievance in writing to the Program Director. A scheduled meeting will take place between the student and the Program Director in an attempt to resolve the matter. If the student is not satisfied, the student shall proceed to Step 2, within three (3) days of the Step 1 meeting. If the student lets 3 days pass and does not pursue Step 2; the appeal process is terminated with the understanding that the student has accepted the Program Director's decision.

Step 2
The student shall request a meeting with the Director of Education in an attempt to resolve the matter to his/her satisfaction. The request shall be made in writing. The student shall bring any representative, witness(es) or documentation they deem necessary to this meeting. The meeting shall take place within fourteen (14) working days from the request for the meeting. The Director of Education shall reach a decision and notify the student within ten (10) working days. If the student finds the decision unsatisfactory he/she shall proceed to Step #3, within five (5) days of the response. Failure to proceed to step 3 within the allotted time period shall result in the appeals process being terminated with the understanding that the student has accepted the group decision.

Step 3
If the student is not satisfied with the decision of the Director of Education, he/she shall request (in writing) within five (5) days that the appeal process be forwarded to the Grievance Committee, Chaired by the Director of Volunteer Service who is external to the Program.

The decision of the Grievance Committee (or designee) is final and binding with no further recourse in the appeal process. The decision shall be communicated to the aggrieved student within ten (10) days of its findings.
JRCERT Noncompliance Procedure

If a student believes that the Program is not in compliance with the JRCERT “Standards”, the student has the option to speak with Program officials regarding his/her concern.

Before submitting allegations, the individual must first attempt to resolve the complaint directly with program/institution officials by following the due process or grievance procedures.

If the individual is unable to resolve the complaint with program/institution officials or believes that the concerns have not been properly addressed, he or she may submit allegations of non-compliance to the JRCERT. The report must include the area of noncompliance, all supporting material and must include the student’s name and signature.

It should be forwarded to the following address:

Chief Executive Officer, Ms. Leslie Winter
Joint Review Committee on Education in Radiologic Technology
20 North Wacker Drive, Suite 2850
Chicago, IL  60606-3182
Ph:   (312) 704-5300
Fax:  (312) 704-5304
e-mail:  mail@jrcert.org

Important Information
1. The JRCERT cannot advocate on behalf of any student(s). An investigation into allegations of non-compliance addresses only the program’s compliance with accreditation standards and will not affect the status of any individual student.

2. The investigation process may take several months.

3. The JRCERT will not divulge the identity of any complainant(s) unless required to do so through legal process.
3. The Allegations Reporting Form must be completed and sent to the above address with required supporting materials. All submitted documentation must be legible.

4. Forms submitted without a signature or the required supporting material will not be considered.

5. If a complainant fails to submit appropriate materials as requested, the complaint will be closed.

The Federal Higher Education Act of 1965, as amended, provides that a student, graduate, faculty or any other individual who believes he or she has been aggrieved by an educational program or institution has the right to submit documented allegation(s) to the agency accrediting the institution or program. The JRCERT, recognized by the United States Department of Education for the accreditation of radiography, radiation therapy, magnetic resonance, and medical dosimetry educational programs investigates allegation(s) submitted, in writing, signed by any individual with reason to believe that an accredited program has acted contrary to the relevant accreditation standards or that conditions at the program appear to jeopardize the quality of instruction or the general welfare of its students.
HEALTH AND SAFETY

1. Illness or accidents while on duty shall be reported to the Program Director. An incident report shall be immediately filled out. The student shall then be sent to Occupational Health Services/ The Emergency Room for evaluation/treatment.

2. Students are required to have their Employee Health card in their possession at all times. Referral to the clinic cannot be accomplished unless the card is presented.

3. Accidents to students or patients while on duty shall be reported to the floor supervisor and the Program Director or his designee.

4. Students are required to familiarize themselves with the current Hospital policy for Communicable disease. This is done for the health and safety of the patient as well as the student.
INFECTION CONTROL POLICY

BLOOD OR BODY FLUIDS

All students who have a blood and/or body fluid injury/exposure incident shall be evaluated and documented by the Clinical Instructor and the Clinical Supervisor. The incident shall be documented on the Incident report. The student shall then be referred to the Occupational Health Services for evaluation.

Appropriate first aid shall be rendered which includes cleansing of the wounds with soap and water. Mucous membranes shall be flushed with water.

Student’s reports exposure to the Clinical Instructor and the Clinical Supervisor.

Instructor/Supervisor completes the Incident report. The instructor/supervisor completing the Incident report shall clearly indicate that the exposure affected a non-employee, but the incident shall be accurately and confidentially recorded pursuant to applicable OSHA regulations.

Once the student has cleaned the wounds, reported the exposure to the Clinical Instructor and Clinical Site Supervisor, and completed the Incident report, the remaining steps shall be followed depending on whether the source patient is known or unknown.
THE FOLLOWING PROCEDURE SHALL BE FOLLOWED IF THE SOURCE PATIENT IS KNOWN:

Student notifies supervisor where incident occurred to complete an Incident report.

Student takes the Incident report form to Occupational Health Services. 
The OHS shall order lab work to be done on the patient source to determine if exposure to HIV has occurred.

Once the lab results are known, the OHS shall counsel with the student and notify the student of the lab results of the source patient.

If the student has been exposed to HIV, the student shall be referred to the Emergency Department to be evaluated for an appropriate post-exposure prophylaxis treatment. This treatment shall be at the student’s expense.

If the student has been exposed to Hepatitis B or Hepatitis C, the Occupational Health Services shall refer the student to the student’s private physician for treatment and follow-up, at the student’s expense.

THE FOLLOWING PROCEDURE SHALL BE FOLLOWED IF THE SOURCE PATIENT IS UNKNOWN:

Student takes the Incident report form to Occupational Health Services. Occupational Health Services shall counsel student and refer the student to the student’s private physician for treatment and follow-up, at the student’s expense.
COMMUNICABLE DISEASES

Students who have been diagnosed as having any communicable disease(s) shall immediately contact the Program Director. It is the responsibility of the student to inform Program Director/ Director of Education that he/she has a known or expected form of communicable disease. The Program Director shall then contact the Occupational Health Services. Appropriate student confidentiality shall be maintained. The student shall request a leave of absence if needed due to illness.

The School of Radiologic Technology does not discriminate against individuals with communicable diseases; however, patient care shall be emphasized at all times. A doctor’s release shall be provided to the program before the student is allowed to return to clinical education and academic classes.
ACCIDENTS AND INCIDENTS

- All accidents and incidents, whether or not a personal injury is involved, shall be reported to the supervisor in the area of the occurrence and a program faculty member. This is the student’s responsibility. An incident report shall be filed relating the details of such accidents or incidents. Any student who witnesses an accident to a patient or a visitor, no matter how slight the injury, shall report the matter immediately to the area supervisor or the in-charge person.

- The clinical Coordinator, the Program Director and the clinical site supervisor shall review incidents involving students, after which counseling of the student the appropriate action shall be taken.

- A copy of all incident forms involving students shall be filed with the students records.

- Students enrolled in the School of Radiologic Technology are covered for professional liability.

- In addition to this policy students are also subject to meet and shall comply with the policies related to the specific clinical site.

CATASTROPHIC ILLNESS/INJURY POLICY

In the event that a student suffers an illness or injury, which shall result in an extended period of recuperation, the student shall request a medical leave of absence. Upon completion of the leave of absence, the student shall be allowed to resume academic and clinical duties without prejudice. In all cases however, the standards of academic performance and clinical competency shall be met.
RADIATION SAFETY, PROTECTION & MONITORING POLICY

Students shall be made aware of methods and procedures for protecting themselves, the patient and the general public from unnecessary exposure to radiation before being allowed to use the college energized lab or to be out on the floor at the clinical assignment.

- The students shall utilize ionizing radiation equipment in a safe manner and provide patient and personnel protection by practicing the following:
  - Implementation of the Three Cardinal Rules (time, distance & shielding) of Radiation Protection.
  - Wearing a dosimeter at the collar at all times. During fluoroscopy the dosimeter must be worn outside the lead apron.
  - Providing gonadal shielding correctly, as the specific exams allow.
  - Wearing protective apparel (lead aprons, thyroid shields, etc.) during any fluoroscopic or mobile procedure.
  - Questioning all female patients of childbearing age, as to the likelihood of pregnancy.
  - Complying with the program policy prohibiting the holding of patients during exposure.
  - Complying with the program policy pertaining to student pregnancy.
  - Complying with the program policy pertaining to performing any repeat exposure under direct supervision only.

- Students shall be issued a dosimeter to be worn at their clinical assignment. The Clinical Coordinator shall supply the radiation monitor to the students at the start of the program. Wearing the radiation-monitoring device is done in order to maintain accordance with established recommendations of the National Council on Radiation Protection and Measurements (NCRP) and current regulations of the State of New York Bureau of Environmental Control. In that radiation doses are maintained “As Low As Reasonable Achievable,” and to provide protection for the program by providing documentation and proper management of student radiation exposure.

- Students shall not, under any circumstances, be allowed to perform radiologic examinations without wearing their radiation-monitor dosimeter. The radiation-monitor is to be worn at the collar level and outside the protective lead apron. The student is responsible for wearing the radiation monitor whenever he/she reports to clinical. In the case of a lost or damaged monitor, the students shall report the situation to the Clinical Coordinator and a replacement badge shall be ordered. A fee shall be charged for the replacement. The student shall not attend their clinical assignment until the new badge is received. The student is then responsible for making up any clinical assignment in accordance with the attendance policy.
- In an effort to keep the radiation exposure levels of students to a minimum, the following guidelines are established:
  - Students shall not hold patients during exposure for any reason.
  - Students shall not make an exposure while another Radiology employee holds the patient.
  - Students shall inform the Clinical Coordinator of any incidences of their radiation-monitoring being exposed while it was not being worn.
  - The student shall inform the Clinical Coordinator of any incidences that may have caused excessive radiation to their person. The Clinical Coordinator shall report this to the Program Director and the Director of Education, who may deem it necessary, shall report the incident to the Radiation Safety Officer for appropriate follow up.
  - Upon receipt of the quarterly radiation monitoring report, the Clinical Coordinator shall:
    - Review the report and post the exposure statement in the bulletin board of the Administrative Offices. Each student is allowed the opportunity to initial and date the report to indicate they have reviewed it.
    - A quarterly exposure report above 125 mrem shall be deemed higher than expected and require the following action:
      - The Clinical Coordinator shall review the report with the student in an effort to determine possible reasons for the elevated exposure.
      - The Clinical Coordinator shall document any findings that may explain the excess exposure on the student’s exposure report.
      - If overexposure is due to student negligence or disregard of radiation safety, the student’s suitability for the radiography field shall be reevaluated.
      - Any documentation of excessive radiation will be review by the Radiation Safety Officer for appropriate follow-up.
      - All documentation shall be maintained in the student’s file.

A Cumulative report of student’s exposure history during their enrollment in the program shall be issued upon request when the student graduates or withdraws from the program.
PREGNANCY POLICY

Should a student become pregnant, the student is encouraged to notify the Program Director, in writing, as soon as possible. This is a recommendation only and the student has the option of continuing the educational program without modification or interruption and without a declared pregnancy. However, the declared pregnant student:

- May withdraw the declaration, in writing, at any time.
- Shall indicate her expected date of delivery
- Shall consult with the Radiation Physicist for appropriate options counseling related to pregnancy and radiation safety.
- Shall be assigned an additional “fetal badge” and instructed in its use.
- May request maternity leave or leave of absence
  - Any requested absence from the program shall be submitted in writing according to the Program's Policies.
  - Upon completion of the leave of absence, the student shall be allowed to resume her duties without prejudice.
  - Time lost from the program shall be made up in terms of clinical hours before a certificate of graduation shall be awarded.
  - In all events however, the standards of academic and clinical rotations shall be met by the student.

At no time shall a student be required to perform clinical assignments deemed unsuitable by her physician. The determination of her ability to engage in clinical experiences shall be determined by her own physician and the Medical Director of the Department of Radiology and the radiation safety office.

In the absence of a voluntary written disclosure the student shall continue in the program unmodified.

Process:

- Once the student declares her pregnancy status to the Program Director or his/her designee, the student/is:
- Directed to proceed to the office of the physicist to complete the appropriate forms.
- Counseled by the physicist concerning MPD as it relates to the pregnant female.
  
  Clinical rotations shall be altered to accommodate her pregnancy.
STUDENT SERVICES

O.H.S. - Occupational Health Services

Students who are accepted in the school are offered the same benefits as an employee.

1. The students are given a complete physical which is (as with the new employee) the final determinant of their acceptance in the program.

2. Should the O.H.S. rule against the students for any reason such as evidence of substance abuse he/she shall be terminated immediately with no recourse for appeal.

3. Should the student become ill during established school hours he/she shall be referred to the O.H.S. for evaluation. The referral procedure is performed by either the Program Director.

Advisement and Guidance Services:

1. Advisement and guidance is available to assist the students toward increasing self-understanding and effective self-direction. There are several sources that can be contacted for counseling – Social Services, Pastoral Care, Psychiatric/Psychological Counseling etc.

2. The Program Director/designee shall refer the student to the appropriate intervening service.
**Computer Labs:**

The student shall adhere to the School of Radiologic Technology’s policy on protection and use of information, property and assets documented in the schools Code of Ethical Conduct.

1. No food or drinks are allowed at any computer workstation.
2. Each student shall log-off of the computer they have been working on.
3. Shutdown procedures shall be performed appropriately.
4. Nothing shall be saved to the hard drive.
5. Do not use USB memory stick or CD disks to save your information.
6. No programs, software, files, etc. shall be loaded on the computers.
7. No programs, software, files, etc. shall be run from disks unless they have been checked and approved in advance.
8. Do not put on any screen savers.
9. Do not change any of the settings or configurations.
10. Don’t set up personal bookmarks.
11. Any problems shall be reported to the Director of Education.
12. Students shall not leave any personal items or documents in any computer lab.
13. Students shall use the computer lab during established hours only.
14. Students shall use classrooms and labs during program hours of Monday – Friday. Classrooms and labs are not available during term breaks unless accompanied by faculty member or staff.
LEARNING RESOURCES

Hospital Library

1. Students have full access to the Harlem Hospital Center library located in the MLK Pavilion in Rm 6108.
2. Students are permitted to withdraw books from the hospital library for a period of two weeks. Arrangements for such withdrawals shall be made with the library office clerk.
3. The student has access to the school’s computer Lab.

School Library

Students are also allowed to borrow books from the school library as long as they adhere to the lending policy. Failure to follow the protocol shall result in the student forfeiting rights to borrow.

1. Students are allowed to checkout one book at a time.
2. Borrow period shall be for two weeks ONLY. Students shall be notified at checkout of the due date.
   i. Books shall be returned on time.
3. Student shall return the book in the condition it was received.
   i. Do not write in, highlight, rip out any pages of the book or DAMAGE the book in any other way.
4. If a book is Lost or Damaged, the student shall be charged the replacement cost of the book.
5. Keep in mind copying any part of any book is copyright infringement and is against the law.
6. Students are also allowed to reserve CD’s or CD-ROM’s under the library guidelines.

Reserves

Students are allowed to place on reserve an item/s (Books, video cassettes or CD’s) that is not immediately available. The item on reserve is held for 3 days only.

Late Materials

A fine of $2.00 per day shall be charged for each overdue book or CD.
LOCKER ROOMS

1. Each student shall be provided with a locker in which to store his/her personal effects. The student shall provide his or her own lock.

2. The lockers are the property of HARLEM HOSPITAL CENTER. Lockers shall be opened by Hospital Security with or without the students’ permission. Such lockers shall only be opened when the student and faculty member are present.

3. Students are discouraged from keeping anything of value in their lockers. The school is not responsible for a student's personal possessions.

4. Students shall provide their own lock for these lockers. If they use a keyed lock they shall leave a duplicate key at the school office.

5. Student lockers are located in the didactic area of the Program suite and are assigned to each student.

6. Students shall remove their lock and belongings within 2 days prior to graduation or all items shall be discarded.

7. If a student needs access to their locker after program hours, then the student shall request access through the Hospital Police and Program faculty.
STUDENT RADIOGRAPHER’S RESPONSIBILITIES

The student has a definite obligation to uphold the profession’s dignity and honor in his/her personal and professional life. The student’s standards shall enhance and promote the status of both. It is the student’s responsibility to act and react as a responsible team member in all situations encountered in the clinical education center. The student shall be aware of the responsibilities they have to themselves, the patient, the physician, the technologist and their fellow students. The principles of each of these are outlined in the following:

Scope of Practice
Patient Bill of Rights
Principles of Professional Conduct for Radiologic Technologists
GRADUATION REQUIREMENTS

1. Passing all program curricula, including academic and clinical courses.
2. Completing all clinical competencies and program final assessments.
3. Tuition paid in full.
4. Any fees assessed to the student shall be paid in full including all graduation and student fees.
5. Time due to absences shall be made up before or after graduation.
6. School of Radiologic Technology’s photo identification and personal monitoring badges shall be returned, as well as any other school property.

Graduation Documentation

To be eligible for graduation all students shall complete the competency requirement as specified by the American Registry of Radiologic Technologist (ARRT). Students completes competencies through their clinical experience and Harlem Hospital, School of Radiography required verification of experiences gained while in the clinical rotations. This is essential for maintaining and providing high quality education to the students. It is the student’s responsibility to maintain documentation and records.
GRADUATION AWARDS

At the end of the program, the School of Radiologic Technology recognizes students who have excelled in the areas of academic and clinical excellence. Eligibility is based on the student attending the entire program in consecutive semesters. All students shall meet the same criteria for the entire program class year.

**Academic Excellence:** This award is given to the student with the highest didactic GPA at the end of their program. This does not include the clinical grade. In the event of a tie, both individuals shall be identified.

**Academic Recognition:** Academic recognition shall be identified as the class valedictorian and the salutatorian. In addition, the valedictorian shall receive the JRCERT certificate of excellence and the AERT Duordonis award. These achievements shall be based on the final cumulative GPA.

**Clinical Excellence:** This award is given to the student who throughout his/her clinical tenure demonstrated the highest level of clinical competency and professionalism to include interpersonal skills, commitment and dedication. This evaluation involves input from the impressions, opinions and evaluations of the Technical staff at the clinical sites.
REGISTRY EXAMINATION

Completion Requirement

Minimum achievement of the following criteria determines successful completion of this program:

- Completion of academic program requirements under criteria established
- Completion of certification in BLS (under established guidelines)
- Completion of all scheduled clinical hours
- Completion of all required exam competencies
- Participation in graduation ceremonies
- Meeting financial obligations of the Program

The American Registry of Radiologic Technologists (ARRT) offers its examination year-round at a Pearson Vue Test Center.

A $200.00 application fee is required along with a completed ARRT examination application form. Upon receipt and verification of eligibility status, the ARRT shall mail an application status report and admission ticket to each examinee within six weeks. Students are assigned to the examination on a conditional basis pending processing of the application and substantiation of eligibility. This assignment is subject to cancellation if information indicating ineligibility reaches the registry office prior to the date of the examination.

The examination is composed of 220 multiple choice questions. Each examinee is allowed 3 hours and 30 minutes to complete the examination. All students meeting the program requirements shall be eligible to sit for the National Board Examination given by the ARRT.

Upon successfully completing the ARRT examination, the student shall also receive a New York State license to practice Radiography in the State of New York for a fee of $150.00.
ADVANCED PLACEMENT

Applicants to the program as Advanced Placement students must have prior education in the radiological sciences and are evaluated on an individual basis.

Applicant wishing placement as an advanced student must complete a four-stage process of admission which can include, initial application, assessment/review, evaluation, and final placement.
**FEE SCHEDULE**

The School of Radiologic Technology at Harlem Hospital

<table>
<thead>
<tr>
<th>School Fee Schedule*</th>
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<tbody>
<tr>
<td><strong>Application Fee</strong></td>
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<td><strong>Entrance Exam Fee</strong></td>
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<tr>
<td><strong>Tuition Per Trimester</strong></td>
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<tr>
<td><strong>Official Transcripts of Record</strong></td>
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<tr>
<td><strong>Student Fee</strong></td>
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<td><strong>Graduation Fee</strong></td>
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*Replacement Items*

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<tr>
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<tr>
<td>Patches</td>
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<tr>
<td>Lost Markers</td>
<td>$30.00 pair</td>
</tr>
<tr>
<td>Lost Dosimeters</td>
<td>$30.00</td>
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<tr>
<td>Lost Dosimeters</td>
<td>$2.00 per day</td>
</tr>
<tr>
<td>Lost Books (when borrowed from the school)</td>
<td>Replacement Cost</td>
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*Per the Student Policy Manual fee’s subject to change at any time without notice.*

**NOTE:** ALL TUITION FEES ARE DUE BEFORE YOU START THE EACH TRIMESTER
PROFESSIONAL ORGANIZATIONS

The School of Radiologic Technology Program encourages students’ participation in professional endeavors (activities, contests, organizations, etc.). These activities enhance learning and retention of applicable information. In view of this, it is recommended that each student become familiar and involved with a professional Radiologic society during their training. Related professional organizations include (but are not limited to) the following:

1. American Society of Radiographic Technologist (ASRT) (www.asrt.org)

2. New York State Society of Radiologic Technologist
JRCERT COMPLAINT RESOLUTION POLICY

The School of Radiologic Technology (SRT) Program is designed and developed to be in full compliance with the established standards published by the JRCERT. These standards are to be used as the guide in the administration of the Program.

In the event that Harlem Hospital School of Radiology receives citation/s of non-compliance relative to any of the standards, it shall primarily be the responsibility of the Program Director and the faculty to initiate corrective measures. If the citation is outside the scope of the Program Director, assistance shall be sought from the schools’ administration to resolve the non-compliant issue.

It is the practice of the School of Radiology program to make the JRCERT standards available to the students, faculty, advisory board and the clinical instructors. This is accomplished by posting copies on the bulletin boards and issuing them to interested individuals of the groups cited above. In addition the specific citation/s and the resolution/s shall also be made available through the same means as above. If the resolution is not acceptable to the interested parties, they are invited to contact the JRCERT at the address/e-mail posted below:

Joint Review Committee on Education
In Radiologic Technology
20 N Wacker Drive, Suite 900
Chicago, IL 60606-2901
Tel. #312-709-5300
Fax#312-704-5305
E-mail – mail@jrcert.org
THE STANDARDS

The Joint Review Committee on Education in Radiologic Technology (JRCERT) Standards for an Accredited Educational Program in Radiography are designed to promote academic excellence, patient safety, and quality healthcare.

The STANDARDS require a program to articulate its purposes; to demonstrate that it has adequate human, physical, and financial resources effectively organized for the accomplishment of its purposes; to document its effectiveness in accomplishing these purposes; and to provide assurance that it can continue to meet accreditation standards.

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

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

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

Following each standard, the program must provide a Summary that includes

- Major strengths related to the standard
- Major concerns related to the standard
- The program’s plan for addressing each concern identified
- Describe any progress already achieved in addressing each concern
- Describe any constraints in implementing improvements

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

*The full Standards are outlined in the Policy Manual-Appendix B*
Appendix A. ARRT CERTIFICATION REQUIREMENTS

Policy & Continuing Qualification Requirements (CQR)

- ARRT primary and post-primary certifications earned on or after January 1, 2011, are time-limited to 10 years.
- An R.T.’s compliance phase with CQR will begin seven years into the initial 10-year certification period.

Additionally, eligibility requirements for ARRT certification will — effective January 1, 2015 — call for candidates to have earned an associate degree (or more advanced degree) from an appropriately accredited institution. This degree requirement shall apply to those who graduate, or take their certification examination, on or after January 1, 2015.

**Felony or Misdemeanor Convictions**

The American Registry of Radiologic Technologists (ARRT) has very stringent rules regarding misconduct and eligibility to take the national certification exam. For this reason, if you have been convicted of any felony or misdemeanor offenses, you are required to apply for and receive pre-application from the ARRT before you will be considered for admission to the radiography program. You may submit your program application, but you must contact the ARRT at 651-687-0048 and request the paperwork for pre-application review of eligibility. The information you provide to the ARRT for this process must be complete and truthful for this pre-application to be valid. A formal letter from the ARRT stating that your previous conviction(s) has/have been cleared for ARRT certification eligibility is required before you can be interviewed for a position in the radiography program.
From the ARRT website:

“One issue addressed by the Rules of Ethics is the conviction of a crime, including a felony, a gross misdemeanor or a misdemeanor, with the sole exception of speeding and parking violations. All alcohol and/or drug related violations must be reported. Conviction as used in this provision includes a criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld or not entered, or a criminal proceeding where the individual enters a plea of guilty or nolo contendere. All potential violations must be investigated by the ARRT in order to determine eligibility.”

Honor Code Violations

- Have you ever been suspended, dismissed, or expelled from an educational program that you have attended in order to meet ARRT certification requirements?

- This is a question every primary-pathway candidate for certification must answer on the application, in addition to reading and signing the "Written Consent under FERPA," which allows ARRT to obtain specific parts of their educational records concerning violations to an honor code. If a student has ever been suspended, dismissed, or expelled from an educational program attended in order to meet ARRT certification requirements, he or she should answer "Yes" to the question above and include an explanation and documentation of the situation with the completed application for certification.

A list of some of the violations ARRT is concerned about is provided below, but when in doubt contact the ARRT Ethics Requirements Department at (651) 687-0048, ext. 8580.

Reportable Honor Code Violations

Note: this list does not include all reportable infractions. If you are unsure of whether something should be reported, contact a member of the Ethics staff at (651) 687-0048, ext. 8580.

- Cheating and/or plagiarism;
- Falsification of eligibility requirements (e.g., clinical competency information);
- Forgery or alteration of any document related to qualifications or patient care;
- Abuse, neglect, or abandonment of patients;
- Sexual contact without consent or harassment to any member of the community, including patients;
- Conduct that is seriously obscene or offensive;
- Practicing in an unsafe manner or outside the scope of professional training;
- Violating patient confidentiality (HIPAA);
- Attempted or actual theft of any item not belonging to the student (including patients’ property); and/or
- Attending class or clinical setting while under the influence of alcohol, drugs, or other substances.
Appendix B – The Standards

Standards for an Accredited Educational Program in Radiologic Sciences (“The Standards”)

EFFECTIVE JANUARY 1, 2011

Adopted by:
The Joint Review Committee on Education in Radiologic Technology - April 2010

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

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

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Introductory Statement

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

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

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

- **Explanation** - provides clarification on the intent and key details of the objective.

- **Required Program Response** - requires the program to provide a brief narrative and/or documentation that demonstrates compliance with the objective.

- **Possible Site Visitor Evaluation Methods** - identifies additional materials that may be examined and personnel who may be interviewed by the site visitors at the time of the on-site evaluation to help determine if the program has met the particular objective. Review of additional materials and/or interviews with listed personnel is at the discretion of the site visit team.

Following each standard, the program must provide a **Summary** that includes the following:

- Major strengths related to the standard
- Major concerns related to the standard
- The program’s plan for addressing each concern identified
- Describe any progress already achieved in addressing each concern
- Describe any constraints in implementing improvements

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

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Standard One: Integrity

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

Objectives:

In support of Standard One, the program:

1.1 Adheres to high ethical standards in relation to students, faculty, and staff.

1.2 Provides equitable learning opportunities for all students.

1.3 Provides timely, appropriate, and educationally valid clinical experiences for each admitted student.

1.4 Limits required clinical assignments for students to not more than 10 hours per day and the total didactic and clinical involvement to not more than 40 hours per week.

1.5 Assures the security and confidentiality of student records, instructional materials, and other appropriate program materials.

1.6 Has a grievance procedure that is readily accessible, fair, and equitably applied.

1.7 Assures that students are made aware of the JRCERT Standards for an Accredited Educational Program in Radiography and the avenue to pursue allegations of non-compliance with the STANDARDS.

1.8 Has publications that accurately reflect the program’s policies, procedures, and offerings.

1.9 Makes available to students, faculty, and the general public accurate information about admission policies, tuition and fees, refund policies, academic calendars, academic policies, clinical obligations, grading system, graduation requirements, and the criteria for transfer credit.

1.10 Makes the program’s mission statement, goals, and student learning outcomes readily available to students, faculty, administrators, and the general public.

1.11 Documents that the program engages the communities of interest for the purpose of continuous program improvement.

1.12 Has student recruitment and admission practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.

1.13 Has student recruitment and admission practices that are consistent with published policies of the sponsoring institution and the program.

1.14 Has program faculty recruitment and employment practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.

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

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

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

*Possible Site Visitor Evaluation Methods:*
- Review of student handbook
- Review of employee/faculty handbook
- Review of course catalog
- Review of student records
- Interviews with faculty
- Interviews with students
- Interviews with staff

1.2 **Provides equitable learning opportunities for all students.**

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

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

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

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

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

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

The utilization of clinical assignments such as file room, reception area, and patient transportation should be limited.

Additionally, traditional programs that require students to participate in clinical education during evenings and/or weekends must assure that:
- Students’ clinical clock hours spent in evening and/or weekend assignments must not exceed 25% of the total clinical clock hours.
- Program total capacity is not increased through the use of evening and/or weekend assignments.

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

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

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

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

Possible Site Visitor Evaluation Methods:
• Review of master plan of education
• Review of published program materials
• Review of student schedules
• Interviews with faculty
• Interviews with clinical instructor(s)
• Interviews with clinical staff
• Interviews with students

1.5 Assures the security and confidentiality of student records, instructional materials, and other appropriate program materials.

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

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

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

Explanation:
A grievance is defined as a claim by a student that there has been a violation, misinterpretation, or inequitable application of any existing policy, procedure, or regulation. The program must have procedures to provide students an avenue to pursue grievances. The procedure must outline the steps for formal resolution of any grievance. The final step in the process must not include any individual(s) directly associated with the program (e.g., program director, clinical coordinator, clinical instructors, diagnostic imaging department director). The procedure must assure timely resolution. The program must maintain a record of the student’s formal grievance and its resolution. Records must be retained in accordance with the institution’s/program’s retention policies/procedures.

Required Program Response:
Provide a copy of the grievance procedure.

Possible Site Visitor Evaluation Methods:
- Review of institutional catalog
- Review of student handbook
- Review of formal grievance records, if applicable
- Interviews with faculty
- Interviews with students

1.7 Assures that students are made aware of the JRCERT Standards for an Accredited Educational Program in Radiography and the avenue to pursue allegations of non-compliance with the STANDARDS.

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

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

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

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

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

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

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

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student handbook
- Interviews with faculty
- Interviews with students

1.9 Makes available to students, faculty, and the general public accurate information about admission policies, tuition and fees, refund policies, academic calendars, academic policies, clinical obligations, grading system, graduation requirements, and the criteria for transfer credit.

Explanation:
The institutional and/or program policies must be published and made available to students, faculty, and the general public to assure that they are adequately informed. Policy changes must be made known to students, faculty, and the general public in a timely fashion. It is recommended that revision dates be identified on program publications.

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

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

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

Explanation:
Program accountability is enhanced by making its mission statement, goals, and student learning outcomes available to the program’s communities of interest. This may be accomplished in a variety of ways, including program publications and/or a Web site.

Example:

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

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

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

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

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

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

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

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

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

Possible Site Visitor Evaluation Methods:
- Review of meeting minutes
- Review of evaluations
- Review of surveys
- Interviews with members of various communities of interest

1.12 Has student recruitment and admission practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.

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

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

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

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

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

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Interviews with faculty
- Interviews with Admissions personnel
- Interviews with students

1.14 Has program faculty recruitment and employment practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.

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

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

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

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

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

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

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

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

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

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

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

The program has sufficient resources to support the quality and effectiveness of the educational process.

Objectives:
In support of Standard Two, the program:

Administrative Structure

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

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

2.3 Provides faculty with opportunities for continued professional development.

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

Learning Resources/Services

2.5 Assures JRCERT recognition of all clinical education settings.

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

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

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

Fiscal Support

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

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

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

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

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

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

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

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

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

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

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

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

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

*Possible Site Visitor Evaluation Methods:*
- Review of institutional and program policies
- Review of program budget or other fiscal appropriations
- Review of evidence of faculty participation in professional development activities
- Interviews with administrative personnel
- Interviews with faculty

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

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

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

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

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

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

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

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

Possible Site Visitor Evaluation Methods:
- Review of JRCERT database
- Review of clinical records
- Interviews with faculty
- Interviews with clinical instructors
- Interviews with clinical staff
- Interviews with students

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

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

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

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

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

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

The JRCERT does not endorse any specific learning resources.

Required Program Response:

- Describe the available learning resources.
- Describe the procedure for review and maintenance of learning resources.

Possible Site Visitor Evaluation Methods:

- Tour of learning facilities
- Review of learning resources
- Review of surveys
- Review of meeting minutes
- Interviews with faculty
- Interviews with students

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

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

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

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

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

- Review of published program materials
- Interviews with faculty
- Interviews with students
2.9 Has sufficient ongoing financial resources to support the program’s mission.

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

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

*Possible Site Visitor Evaluation Methods:*
- Review of program budget and/or other fiscal appropriations
- Interviews with administrative personnel
- Interviews with faculty

2.10 For those institutions and programs for which the JRCERT serves as gatekeeper for Title IV financial aid, maintains compliance with United States Department of Education (USDE) policies and procedures.

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

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

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

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

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

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

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

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

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

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

Objectives:

In support of Standard Three, the program:

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

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

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

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

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

3.6 Maintains a master plan of education.

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

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

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

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

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

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of meeting minutes
- Review of master plan of education
- Interviews with faculty

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

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

Programs must follow a JRCERT-adopted curriculum. An adopted curriculum is defined as:
- the latest American Society of Radiologic Technologists professional curriculum and/or
- another professional curriculum adopted by the JRCERT Board of Directors following review and recommendation by the JRCERT Standards Committee.

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

The program must submit the latest curriculum analysis grid (available at www.jrcert.org).
**Required Program Response:**
- Describe how the program’s curriculum is structured.
- Describe the program’s competency-based system.
- Submit current curriculum analysis grid.
- Describe how the program's curriculum is delivered, including the method of delivery for distance education courses.
- Identify which courses, if any, are offered via distance education.
- Describe alternative learning options, if applicable (e.g., part-time, evening and/or weekend curricular track).

**Possible Site Visitor Evaluation Methods:**
- Review of master plan of education
- Review of didactic and clinical curriculum sequence
- Review of analysis of graduate and employer surveys
- Interviews with faculty
- Interviews with students
- Observation of a portion of any course offered via distance delivery
- Review of part-time, evening and/or weekend curricular track, if applicable

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

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

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

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

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

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

Possible Site Visitor Evaluation Methods:
- Review of course catalog
- Review of published program materials
- Review of class schedules
- Interviews with faculty
- Interviews with students

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

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

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

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

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

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

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

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

Possible Site Visitor Evaluation Methods:
- Review of master plan of education
- Interview with program director
- Interviews with faculty

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

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

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

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

- **Full-time Program Director:**
  Assures effective program operations,
  Oversees ongoing program assessment,
  Participates in budget planning,
  Maintains current knowledge of the professional discipline and educational methodologies through continuing professional development, and
  Assumes the leadership role in the continued development of the program.

- **Full-time Clinical Coordinator:**
  Correlates clinical education with didactic education,
  Evaluates students,
  Participates in didactic and/or clinical instruction,
  Supports the program director to help assure effective program operation,
  Coordinates clinical education and evaluates its effectiveness,
  Participates in the assessment process,
  Cooperates with the program director in periodic review and revision of clinical course materials,
  Maintains current knowledge of the discipline and educational methodologies through continuing professional development, and
  Maintains current knowledge of program policies, procedures, and student progress.

- **Full-Time Didactic Program Faculty:**
  Prepares and maintains course outlines and objectives, instructs and evaluates students, and reports progress,
  Participates in the assessment process,
  Supports the program director to help assure effective program operation,
  Cooperates with the program director in periodic review and revision of course materials, and
  Maintains appropriate expertise and competence through continuing professional development.

- **Part-Time Didactic Program Faculty:**
  Prepares and maintains course outlines and objectives, instructs and evaluates students, and reports progress,
  Participates in the assessment process, when appropriate,
  Cooperates with the program director in periodic review and revision of course materials, and
  Maintains appropriate expertise and competence through continuing professional development.

- **Clinical Instructor(s):**
  Is knowledgeable of program goals,
  Understands the clinical objectives and clinical evaluation system,
  Understands the sequencing of didactic instruction and clinical education,
  Provides students with clinical instruction and supervision,
  Evaluates students’ clinical competence,
  Maintains competency in the professional discipline and instructional and evaluative techniques through continuing professional development, and
  Maintains current knowledge of program policies, procedures, and student progress.
• Clinical Staff:

Understand the clinical competency system,
Understand requirements for student supervision,
Support the educational process, and
Maintain current knowledge of program policies, procedures, and student progress.

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

Full- and part-time status is determined by, and consistent with, the sponsoring institution’s definition. For other than regular academic terms (i.e., summer session) when students are enrolled in didactic courses, the program director must be available to fulfill the responsibilities of the position. Additionally, when students are enrolled in clinical courses, the clinical coordinator must be available to fulfill the responsibilities of the position.

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

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

Explanation:
The performance of program faculty and clinical instructors must be regularly evaluated. Evaluation assures that instructional responsibilities are performed and provides administration and faculty with information to evaluate performance. Evaluation promotes proper educational methodology and increases program effectiveness. Evaluation results must be shared in a timely manner with program faculty and clinical instructors to assure continued professional development.

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

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

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

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

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

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

5. Describe any constraints in implementing improvements.
Standard Four: Health and Safety

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

Objectives:

In support of Standard Four, the program:

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

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

4.3 Assures that students employ proper radiation safety practices.

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

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

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

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

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

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

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

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Review of student dosimetry reports
- Interviews with faculty
- Interviews with students

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

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

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

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

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

Students must understand basic radiation safety practices prior to assignment to clinical education settings. As students progress in the program, they must become increasingly proficient in the application of radiation safety practices.

The program must also assure radiation safety in energized laboratories. Student utilization of energized laboratories must be under the supervision of a qualified radiographer who is readily available. If a qualified radiographer is not readily available to provide supervision, the radiation exposure mechanism must be disabled. Programs are encouraged to develop policies regarding safe and appropriate use of energized laboratories by students.

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

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

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

Students must be directly supervised until competency is achieved.

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

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

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

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

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Review of meeting minutes
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with clinical staff
- Interviews with students

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

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

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

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

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

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

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Interviews with faculty
- Interviews with students

4.8 Assures that students are oriented to clinical education setting policies and procedures in regard to health and safety.

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

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

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

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

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

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

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

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

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

Objectives:

In support of Standard Five, the program:

Student Learning

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

Program Effectiveness

5.2 Documents the following program effectiveness data:

- Five-year average credentialing examination pass rate of not less than 75 percent at first attempt,
- Five-year average job placement rate of not less than 75 percent within six months of graduation,
- Annual program completion rate,
- Graduate satisfaction, and
- Employer satisfaction.

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

Analysis and Actions

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

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

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

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

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

Possible Site Visitor Evaluation Methods:
- Review of assessment plan
- Review of assessment tools
- Interviews with faculty
5.2 Documents the following program effectiveness data:

- Five-year average credentialing examination pass rate of not less than 75 percent at first attempt,
- Five-year average job placement rate of not less than 75 percent within six months of graduation,
- Annual program completion rate,
- Graduate satisfaction, and
- Employer satisfaction.

Explanation:
Credentialing examination, job placement, and program completion data must be reported annually on JRCERT Program Effectiveness Data (PED) form. Graduate and employer satisfaction data must be collected as part of the program’s assessment process.

Credentialing examination pass rate is defined as the number of graduates who pass, on first attempt, the American Registry of Radiologic Technologists certification examination or an unrestricted state licensing examination compared with the number of graduates who take the examination.

Job placement rate is defined as the number of graduates employed in the radiologic sciences compared to the number of graduates actively seeking employment in the radiologic sciences.

Program completion rate is calculated by dividing the number of students who complete the program within a cohort by the number who enrolled in the cohort initially and subsequently (for example, transfer students or re-admits). Students who leave or do not graduate on time for any reason, such as medical leave, personal choice, or course failure, are considered as not completing the program with the original cohort.

\[
PCR = \frac{\text{# of graduates in the cohort}}{\text{# of students initially enrolled in cohort} + \text{# of transfer students or re-admits}}
\]

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

Required Program Response:
- Provide a copy of the program’s current PED form.
- Provide outcome data in relation to graduate and employer satisfaction.

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

Explanation:
Program accountability is enhanced by making its effectiveness data available to the program’s communities of interest and the general public. The JRCERT will post five-year average credentialing examination pass rate, five-year average job placement rate, and annual program completion rate at www.jrcert.org. The program must publish the JRCERT URL (www.jrcert.org) to allow the public access to this data.

Required Program Response:
Provide samples of publications that document the availability of program effectiveness data via the JRCERT URL address.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

5. Describe any constraints in implementing improvements.
Standard Six: Institutional/Programmatic Data
The program complies with JRCERT policies, procedures, and STANDARDS to achieve and maintain specialized accreditation.

Objectives:
In support of Standard Six, the program:

Sponsoring Institution
6.1 Documents the continuing institutional accreditation of the sponsoring institution.
6.2 Documents that the program’s energized laboratories are in compliance with applicable state and/or federal radiation safety laws.

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

Clinical Education Settings
6.4 Establishes and maintains affiliation agreements with clinical education settings.
6.5 Documents that clinical education settings are in compliance with applicable state and/or federal radiation safety laws.

Program Sponsorship, Substantive Changes, and Notification of Program Officials
6.6 Complies with requirements to achieve and maintain JRCERT accreditation.
6.1 Documents the continuing institutional accreditation of the sponsoring institution.

Explanation:
The goal of accreditation is to ensure that the education provided by institutions meets acceptable levels of quality. The sponsoring institution must be accredited by:
- an agency recognized by the United States Department of Education (USDE) and/or Council for Higher Education Accreditation (CHEA),
- The Joint Commission (TJC), or
- equivalent standards.

Required Program Response:
Provide documentation of current institutional accreditation for the sponsoring institution. This may be a copy of the award letter, certificate, or printout of the institutional accreditor’s Web page.

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

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

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

- **Full-time Program Director:**
  
  Holds, at a minimum, a master’s degree,
  Is proficient in curriculum design, program administration, evaluation, instruction, and academic advising,
  Documents three years clinical experience in the professional discipline,
  Documents two years of experience as an instructor in a JRCERT-accredited program, and
  Holds American Registry of Radiologic Technologists current registration in radiography or equivalent (i.e., unrestricted state license for the state in which the program is located).

- **Full-time Clinical Coordinator:**
  
  Holds, at a minimum, a baccalaureate degree,
  Is proficient in curriculum development, supervision, instruction, evaluation, and academic advising,
  Documents two years clinical experience in the professional discipline,
  Documents a minimum of one year of experience as an instructor in a JRCERT-accredited program, and
  Holds American Registry of Radiologic Technologists current registration in radiography or equivalent (i.e., unrestricted state license for the state in which the program is located).

- **Full-time Didactic Program Faculty:**
  
  Holds, at a minimum, a baccalaureate degree,
  Is qualified to teach the subject,
  Is knowledgeable of course development, instruction, evaluation, and academic advising,
  Documents two years clinical experience in the professional discipline, and
  Holds American Registry of Radiologic Technologists current registration in radiography or equivalent (i.e., unrestricted state license for the state in which the program is located).

- **Part-time Didactic Program Faculty**
  
  Holds academic and/or professional credentials appropriate to the subject content area taught and
  Is knowledgeable of course development, instruction, evaluation, and academic advising.

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

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

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

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

Required Program Response:

- For all program officials not previously identified on the program’s database, submit a request for recognition of program officials including a current curriculum vitae and documentation of current registration by the American Registry of Radiologic Technologists* or equivalent.
- For all currently recognized program officials [program director, educational coordinator (if applicable), full-time didactic faculty, and all clinical preceptors], submit a current registration by the American Registry of Radiologic Technologists* or equivalent.

*These may be copies of current registration cards or “ARRT Identification” page available at www.arrt.org.
6.4 Establishes and maintains affiliation agreements with clinical education settings.

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

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

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

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

**Required Program Response:**
Provide letters, certificates, or printouts of Web pages demonstrating the current recognition status of each clinical education setting.

6.6 Complies with requirements to achieve and maintain JRCERT accreditation.

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

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

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

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

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

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

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

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

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

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

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

A. Program/Sponsoring Institution Responsibilities

1. Applying for Accreditation

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

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

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

2. Administrative Requirements for Maintaining Accreditation

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

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

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

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

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

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

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

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

1. Administering the Accreditation Review Process

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

The accreditation process includes a site visit.

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

The JRCERT is responsible for recognition of clinical education settings.

2. Accreditation Actions

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

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

All other JRCERT accreditation actions are final.

A program or sponsoring institution may, at any time prior to the final accreditation action, withdraw its request for initial or continuing accreditation.
Educators may wish to contact the following organizations for additional information and materials:

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

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

**certification:** American Registry of Radiologic Technologists  
1255 Northland Drive  
St. Paul, MN 55120-1155  
(651) 687-0048  
[www.arrt.org](http://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](mailto:mail@jrcert.org) (e-mail)  
[www.jrcert.org](http://www.jrcert.org)
SIGNATURE FORM STUDENT POLICY MANUAL AGREEMENT

Harlem Hospital, Program in Radiography has an established dress code, a code of conduct, and a student handbook/policy and procedure manual for your review before final acceptance is granted. Your signing of this Professional Standards form indicates that you understand the requirements of the program and that you agree to abide by these standards.

____________________________________    ___________________
Signature        Date

_____________________________________
Print – First Name; then Last Name

Return this Form to the Program Director