CT STATE
COMMUNITY COLLEGE
GATEWAY

RADIOGRAPHY PROGRAM
STUDENT HANDBOOK
2025 - 2026

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ACADEMIC/CLINICAL CALENDAR 2025-2026

Fall 2025

August 27	First Day of Classes/Clinical
September 1	Labor Day, College Closed, No Classes/No Clinical
September 3	Last Day to Add Course(s)
September 3	Last Day to Drop Course with 100% refund of tuition and fees
September 4	Last Day to Drop Course with 100% of fees and 90% of tuition refunded
September 10	Academic Engagement Deadline
September 16	Last Day to Change/Declare Major Program for semester
September 17	Last day to drop with 100% fees & 90% Tuition refund (by 4pm)
September 18	Withdrawal period begins for full fall semester courses
November 2 – 8	National Radiologic Technology Week
November 5	Incomplete Deadline for SP/SU 2025
November 14	Last Day to Withdraw from a Course
November 26 – 30	Thanksgiving Recess, No Classes/No Clinical
December 8	Last Day of Classes
December 9-15	Final Exams, No Clinical
December 23	Semester Ends

Winter Intersession 2025-2026

January 5, 2026 – January 16,2026	Winter Clinical Internship (RAD1094A or RAD2094A) M-F 40 hrs/week

Spring 2026

January 23	First Day of Classes/Clinical
January TBD	Last Day to Add Classes
February 16	President's Day**,** No Classes/clinical
March 16 - 22	Spring Break, No Classes/Clinical
March 23 – 24	Kettering Seminar Board Review – Class of 2026
April TBD	Last Day to Withdraw from Course
April 3 - 5	Day of Reflection Recess, College Closed
May 11	Last Day of Classes
May 15	Allied Health Pinning Ceremony 10am (Tentative)
May 12 - 18	Final Exams, No Clinical
May TBD	Graduation
May 25	Memorial Day, College Closed

Summer 2026

May 26– July 31	Clinical Internship II Begins M-F, (RAD 2194)
June 19	Juneteenth (College Closed), No Classes/Clinical
July 4	Independence Day, No Classes/ Clinical
July 31	Last Day of Clinical Internship II

*Dates are subject to change to meet program requirements. The clinical schedule will follow the campus schedule for closings, early dismissals and delayed openings. When the campus is closed, there is no clinical and no clinical make up time during that time.

PROGRAM INFORMATION

Introduction

The CT State Community College – Gateway Radiography Program Student Handbook contains the program specific guidelines and procedures in effect for the 2025 - 2026 academic year. It is the student's responsibility to be familiar with the content of this handbook. This handbook is a supplement to the CT State Community College Student Handbook. The student will be held accountable to meet the expectations outlined in this Radiography Program Student Handbook, the College Catalog, and the College Student Handbook. The Gateway Radiography Program reserves the right to modify any information contained in this handbook. All approved changes will be made known to the students through a Radiography Program Student Handbook Addendum.
This handbook is not intended to cover all topics and circumstances. The Program reserves the right to respond to specific situations in a manner that best suits the needs of the Program, and the student(s) involved, and most closely follows our stated guidelines and procedures.

Radiography: Associate of Science Degree

The Radiography Plan of Study (Appendix A) is designed to prepare students for employment as entry-level Radiographers in hospitals, walk-in clinics, private offices and other facilities where diagnostic imaging is available. The Program is based on approximately twenty months of full-time study. The structure of the curriculum is sequential and designed to include didactic and supervised clinical education to ensure sufficient opportunity to achieve all didactic and clinical requirements. Students are expected to rotate through all clinical education centers and are assigned in a random fashion. Rotation schedules are specifically designed to offer all students an equitable clinical education and provide them with the opportunity to complete all required clinical competencies and objectives in a timely manner to meet program requirements for graduation. The purpose of the clinical practicum in the Radiography program is twofold. First, the student will learn and gain competence in ARRT required radiographic procedures and patient interaction skills. Second, the clinical practicum experience will provide an opportunity for the student to develop the critical thinking skills and professionalism necessary to manage the responsibilities he/she will encounter once employed as a registered technologist. The student is expected to treat the clinical practice as if it were a job. The only way the clinical instructors, evaluators and Program faculty can assess the

student's skills and anticipated behavior as a technologist is by observing the student's performance in the clinical site. The habits the student develops during the time spent in the Program are habits that will follow the student in the future as an employed technologist.

Certification/Licensure Disclosure Statement:

Federal Regulation, 34 CFR 668.43-Institutional Information for Disclosure for Licensure Program requires the institution to disclose whether completion of a covered licensure program would be sufficient to meet licensure requirements in a State for that occupation. An institution can make one or more of the following determinations:

The Radiography program at CT State Community College - Gateway is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT), 20 N. Wacker Drive, Suite 2850, Chicago, IL, 60606 and meets the state education requirements for "a recognized course of study in radiologic technology" in the state of Connecticut. In addition, an applicant for Radiographer licensure in the state of Connecticut must successfully complete the American Registry of Radiologic Technologists examination. The Radiography program at CT State Community College – Gateway has not determined if the associate degree program in Radiography meets the state education requirements in any other state, any U.S. Territory, or the District of Columbia. Program applicants should investigate each state licensure requirements prior to accepting an offer of admission to the Radiography program at CT State Community College - Gateway. The licensure boards in each state are responsible for establishing the requirements for licensure/certification for their state. Students who intend to seek licensure in any state other than Connecticut need to consult with the state professional licensing board. The state professional licensing boards make the decision on whether an individual is eligible for licensure based on the rules and regulations in place at the time the individual submits their application for licensure. Information on the State of Connecticut Radiographer licensure requirements can be found at this link: https://www.cga.ct.gov/2010/rpt/2010-R-0061.htm

Radiography Program Mission Statement

The mission of the CT State Community College Radiography program is to provide a comprehensive radiography program that will graduate competent, entry-level radiologic technologists for the healthcare community.

Radiography Program Goals and Student Learning Outcomes

Goal 1: Students will demonstrate effective communication skills

Student Learning Outcomes:

1: Students will use effective oral communication skills with a wide variety of audiences in the clinical setting

2: Students will practice effective written communication skills

Goal 2: Students will utilize critical thinking skills

Student Learning Outcomes:

1: Students will assess images for diagnostic quality

2: Students will assess images and make appropriate adjustment(s) as needed

Goal 3: Students will be clinically competent when performing entry level imaging procedures

Student Learning Outcomes:

1: Students will accurately position patients for radiographic procedures based on patient assessment

2: Students will select appropriate technical factors to obtain diagnostic quality images based on patient assessment

3.Students will utilize radiation safety for self and others

Goal 4: Students will demonstrate professional behavior

Student Learning Outcomes:

1: Students will demonstrate professionalism in the program

2: Students will participate in professional activities with state and national organizations

Accreditation

The Radiography Program is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT), 20 N. Wacker Drive, Suite 2850, Chicago, IL 60606-3182, (312)704-5300, www.jrcert.org, mail@jrcert.org. The program has an 8 year accreditation and will be up for review in 2022.

Allegations of Non-Compliance

In order to maintain this accreditation, the Program must strictly follow the **Standards for an Accredited Educational Program in Radiologic Sciences** (Appendix B), which is published by the JRCERT, 20 N. Wacker Drive, Suite 2850, Chicago, IL, 60606-3182 (312)704-5300, www.jrcert.org, mail@jrcert.org. Students have the right to file a complaint if any of the Standards has been violated by the Program. All allegations regarding non-compliance with JRCERT Standards will be handled in the following manner:

How to file a complaint:

An allegation is to be submitted in writing to the Program Director within thirty (30) days of the date of non-compliance or when the student knew of the alleged violation. The written allegation shall specify the Standard claimed to have been violated and a brief summation of the underlying facts surrounding the violation.

Procedure for Complaint Resolution:

The Program will investigate any allegation within thirty (30) days of the date the complaint was submitted. During each investigation, the Program will consult directly with the Allied Health/Nursing Division Director. The Program will then forward the written complaint to the Academic Standards committee within thirty (30) days of completion of investigation.

Statement of Non-Discrimination

The Radiography Program follows the non-discrimination statement of CT State Community College which can be found in the CT State Community College Student Handbook at https://ctstate.edu/uploads/Forms-Documents/CTS-Student-Handbook.pdf

Program Contact Information

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(203) 996-5872 Cell

S405O

Clinical Affiliate Contact Information:

Connecticut Orthopaedics – (203)678-2414 x3218 (Jason Bohn – manager)	84 N. Main Street	Branford
	469 W. Main Street	Branford
	2408 Whitney Avenue	Hamden
	30 Commerce Park	Milford
	258 S. Broad Street	Milford
Griffin Hospital (203)732-7300	130 Division Street	Derby
Griffin Imaging & Diagnostics Center at Ivy Brook (203)732-1440	2 Ivy Brook Road, #130	Shelton
Midstate Medical Center (860)922-9502	435 Lewis Avenue	Meriden
Norwalk Hospital (203)852-2248	34 Maple Street	Norwalk
West Haven VA Healthcare System (203)932-5711 x7131	950 Campbell Avenue	West Haven
Yale New Haven Health System:		
Bridgeport Hospital (203)384-3177	267 Grant Street	Bridgeport
Bridgeport Hospital Park Avenue Medical Center (203)261-7262	5520 Park Avenue	Trumbull
Yale New Haven Hospital Pediatric Specialty Center (203)688-1782	1 Long Wharf Drive	New Haven
Yale New Haven Hospital, York Street Campus	20 York Street	New Haven
Main DI Department (203)688-2358		
Emergency Department Xray (203)688-2355		
CXR (203)688-6170		
EVE (203)688-2355		
GI (203)688-3515		
PEDI (203)688-2941		
Portables (203)688-6172		
Smilow (203)200-5151		
YPB (203)688-6920	800 Howard Avenue	New Haven
Yale New Haven Hospital Spine Center at Long Wharf (203)688-6096	1 Long Wharf Drive	New Haven
Yale New Haven Hospital, St. Raphael's Campus (203)789-3108	1450 Chapel Street	New Haven
Yale Outpatient Radiology, East Haven - call Rebecca (203)287-6957 or cell (203) 506-1359	556 Main Street	East Haven
Yale Outpatient Radiology, North Haven – call Rebecca see # above	6 Devine Street	North Haven
Yale Outpatient Radiology, Shoreline Medical Center – call Rebecca see # above	111 Goose Lane	Guilford
Yale Outpatient Radiology, West Haven – call Rebecca see # above	500 Elm Street	West Haven

Program Fees

The student is responsible for all fees associated with the following Program requirements:

Textbooks - $3000

Uniforms - $200

Clinical Markers - $35

Background Check - $70

Trajecsys Online Clinical Documentation System - $150 for a two-year subscription

Radiation Monitoring Badge - $61 per year

Note: A $25 replacement fee will be charged for all lost radiation monitoring badges.

Castle Branch Online Health Management System - $67.50

Transportation and associated costs – varies

Health care immunizations and titers – Varies

BLS or CPR/AED – Varies

Note: These fees are approximate and subject to change. If a student takes a leave of absence from the program, they will need to cover additional program fees as needed.

Expectations for Students

In accordance with the American Registry of Radiologic Technologists (ARRT) Code of Ethics, the discipline of radiography requires professionalism, assumption of personal responsibility and ethical behavior in all aspects of clinical practice. For your convenience, a copy of the ARRT Code of Ethics can be found in the Appendix section of this Radiography Program Handbook. Radiography Program students are guests of the clinical affiliates. As guests, students are expected to abide by the policies and procedures of their assigned clinical affiliate. Students are expected to rotate through all clinical affiliates therefore it is the student's responsibility to be familiar with the policies and procedures of each site. Failure to follow hospital policies and procedures could lead to dismissal from the clinical site and program dismissal.

Further, as a student at CT State Community College - Gateway, you are expected to follow the Code of Student Conduct found in the CT State Community College Student Handbook. Any violation of conduct will be dealt with according to the standards and guidelines outlined in this Radiography Student Handbook, the CT State Community College Student Handbook located on the College website (www.ctstate.edu), the Connecticut State Colleges and Universities (CSCU) Student Code of Conduct at 2.1 StudentCodeofConduct.pdf.

Insubordinate behavior and/or behavior that interferes with the operations of the College, Program or clinical affiliate, violates established clinical guidelines, policies and/or procedures, discredits the Program or is offensive to patients, visitors, program staff, clinical staff or fellow students will not be tolerated. Appropriate action will be taken and will follow the Program Disciplinary Standards which are meant to encourage learning and are generally progressive in nature and proportionate to the behavior in question. Behaviors that are deemed egregious may result in immediate dismissal. Egregious conduct is any action that is obviously wrong, beyond any reasonable degree.

In such cases where the continued presence of a student in the clinical setting constitutes a danger to the health and safety of patients or staff, the clinical affiliate may temporarily or permanently remove a student from their site and refer the student immediately to the Program Director. A student who is **permanently** removed from a clinical affiliate will be immediately dismissed from the Program and will be ineligible for re-admission to the program at any time in the future. In accordance with the college process, all conduct violations will be reported to the Office of Student Services.

Student behavior, including physical or emotional condition in the clinical teaching/learning setting that is a conflict with the expectations for student conduct will be managed in accordance with the judgment of the clinical faculty/staff present. In consultation with the Radiography Program Director and/or Clinical Coordinator, clinical faculty/staff may determine that the expertise of additional college personnel, healthcare professionals or administrators is needed to establish directions appropriate to an individual situation. If the physical or emotional condition of the student is disability related and an academic adjustment has been granted by the CT State Community College - Gateway Student Accessibility Services Coordinator and the clinical agency, then clinical faculty must consult with the College's Accessibility Services Coordinator prior to making further determination. The actions of faculty are sanctioned based upon the overarching requirement to protect the student(s) and/or patient(s), other students, and/or agency employees with whom they carry responsibility for delivering safe and competent patient care and radiation practices.
The dismissal of a student from the clinical education setting for unsafe radiation practices beyond one day (interim suspension) is made by the Radiography Program Director and Clinical Coordinator. If interim suspension from clinical is a consideration, the student is provided an opportunity to meet with designated college personnel to provide pertinent information for consideration prior to any decision.

The dismissal of a student from any course teaching/learning activities, other than clinical, beyond one day (interim suspension) must be made in collaboration with the Radiography Program Director and the Dean of Student Services for the College. If interim suspension from any course teaching/learning activities other than clinical is a consideration, the student is provided an opportunity to meet with designated college personnel to provide pertinent information. The information provided by the student is considered by the designated college personnel in collaboration with the Dean of Student Services prior to any decision addressing interim suspension from course teaching/learning activities other than clinical.

Clinical Disciplinary Procedure

The program follows a proscribed disciplinary procedure for clinical violations. The procedure is intended to encourage learning and as such is generally progressive in nature and proportionate to the behavior in question. The progression of the Clinical Disciplinary Procedure is as follows:

- First violation of a specific clinical guideline or requirement = documented verbal warning
- Second violation of said clinical guideline or requirement = written warning
- Third violation of said program guideline or requirement = clinical probation
- Fourth violation of said program guideline or requirement = program dismissal

For example: If a student were to take a sick day from clinical without following the guidelines for calling out sick, the student would receive a documented verbal warning. If they did it again, they would receive a written warning. If they did it a third time, they would be placed on clinical probation and if they did it a fourth time, they would be dismissed from the program.

Clinical Disciplinary Process

The following procedures shall govern the enforcement of the Clinical Disciplinary Standards:

- Upon receipt of the report of a violation of student conduct in the clinical setting, the Program Director may immediately impose restrictions on or suspend a student from the clinical setting on an interim basis if, in the judgment of the Program Director, the continued presence of the student at the clinical setting poses a danger or disrupts the learning process.
- The Program Director will provide the student with an opportunity to meet within three (3) working days of the reported violation. The student will then have an opportunity to submit any relevant information regarding the violation to the Program Director within three (3) working days after the said meeting.

- The Program Director will review and investigate allegations and render a decision within five (5) working days of meeting with the student. During the investigation period, the student may be placed on temporary suspension from the clinical obligations of the Program. The decision of the Program Director as to whether the student committed the reported violation and the appropriate sanction is final.
- If the student is not satisfied with the resolution, the student may bring the concern to the Allied Health Division Director within five (5) working days of receiving the decision. The Allied Health Division Director will respond, in writing, within five (5) working days of the receipt of the appeal.
- If the student is not satisfied with the decision of the Allied Health Division Director, the student can initiate the Student Grievance Procedure as outlined in the College Student Handbook.

Transportation and Parking

Students are responsible for transportation to and from the campus and clinical affiliates. Students will travel to clinical affiliates located throughout Connecticut. Students are subject to the parking regulations established by the clinical affiliates and are expected to park in designated areas only. If a violation occurs, the car may be towed at the student's expense. CT State Community College and the Gateway Radiography Program are not responsible for parking or towing expenses or injury to property sustained at a clinical affiliate site.
Please Note: The student is responsible for all fees associated with parking and transportation.

Use of Electronic Devices

Hospital computers and other electronic devices may only be used for relevant clinical documentation. Personal use is prohibited. Students may not bring personal computers of any type to the clinical affiliate. Personal cell phones, tablets or other electronic devices (i.e. Apple Watch) should not be used in the clinical area. They should be kept on silent at all times. Students are reminded that they are required to adhere to the Health Insurance Portability and Accountability ACT (HIPAA) at all times.

Social Media

Radiography students are reminded that posts on any social networking or social media platform (i.e. Facebook, Instagram, X, Snapchat, TikTok, etc.) reflect the same behavioral standards of honesty, respect, consideration, and professionalism that are expected in academic and clinical environments. In any social media post or communication, students must adhere to the same restrictions related to privacy for fellow students, faculty, and patients as they do in classroom,

laboratory, or clinical environments in accordance with the federal Health Insurance Portability and Accountability Act (HIPAA). Information related to clinical experiences must NOT be posted on any social media platform. Inappropriate use of social media by students is subject to disciplinary action up to and including dismissal from the program.

Academic Integrity

A student's written work is expected to be original and done independently unless otherwise indicated. Footnotes and references must be used to acknowledge the source and avoid plagiarism in accordance with the American Psychological Association (APA) standards. Selected portions of the radiography curriculum are taught, reinforced, or reviewed using educational software, instructional media, publisher resources, computer programs, or audio/video recordings, as examples. Students are required to adhere to all copyright policies when using these resources. Students acknowledge agreement with the Confidentiality Agreement and Consent to Video Record through their signature on the Radiography Student Handbook Acknowledgement of Receipt and Agreement to Comply form. Violations of academic integrity will be dealt with in accordance with program disciplinary standards and College guidelines.

Anti-Plagiarism Detection Software

Safe Assign, Turn It In or other anti-plagiarism detection software products may be used in this program. Anti-plagiarism detection software products assist faculty and students in preventing and detecting plagiarism. Professors may utilize such software to check the originality of the academic work students submit in a course by comparing submitted papers to those contained in its database consisting of submitted papers and other sources. Anti-plagiarism detection software returns an "originality report" for each submission. The report is limited in scope to merely identifying passages that are not original to the author of the submitted work, and which may include correctly cited quotations and information. Professors and students must carefully review such reports. No adverse action may be taken by a professor with respect to a student solely based on an originality report which indicates the potential for plagiarism. In this course you may be asked to submit your academic papers and other creative work containing personally identifiable information for originality reporting. By doing so, your work, along with personally identifiable information, will be retained in the product database and may be subsequently reported out containing your personally identifiable information not only to your professor, but also to professors of the other twelve CT State Community College campuses as

part of subsequent originality reports. You may decline to submit your work for originality reporting. If so, you must be provided with an alternative method in which to submit your work. However, your professor, after removing your personally identifying information, may nonetheless submit limited portions of your academic work for originality reporting.

Bereavement Time

It is the policy of the Allied Health Department to grant students reasonable bereavement time without loss of CTO days when a death occurs in a student's immediate family. The Program recognizes the following as immediate family: Spouse, parent, stepparent, daughter/stepdaughter, son/stepson, brother, sister, mother-in-law, father-in-law, daughter-in-law, son-in-law, grandparent, grandchild, a person who is legally acting in one of the above capacities, or another relative living in the student's residence.

Benefit Provisions - When a death occurs in a student's immediate family, the student will be granted bereavement time of up to three (3) consecutive days to make arrangements relating to the death and as emotional stress or other circumstances require. In such cases where additional bereavement time is needed, the student must submit a request for additional bereavement time to the Program Director. The Program reserves the right to require verification of the death and relationship.

Leave of Absence

In cases of extenuating circumstances such as extensive illness, hardship or emergency, a student may request a leave of absence from the Program for a period of no more than one year. A request for a leave of absence may only be made after the student has satisfactorily completed the first full, fifteen-week semester of the Radiography Program. **Request for a leave of absence must be submitted in writing to the Program Director by the course withdrawal date set forth by the BOR for that semester**. There are no exceptions. Students who withdraw because of personal or health-related issues and who are in good academic and clinical standing are eligible to apply for **re-admission** to the Program and must follow the Program's Readmission Procedures**,** which are included in this handbook. Applications for re-admission should be accompanied by a healthcare provider's release and a complete health form which states that the student is able to return to class and clinical attendance with no restrictions.

Student Withdrawal

Should a student wish to withdraw from the Program, they should submit their request to withdraw in writing to the Program Director **by the course withdrawal date set forth by the**

BOR for that semester. The student will meet with the Program Director for an exit interview. At that time, the student will return all hospital ID badges and the radiation badge. The student must complete the Withdrawal form and Declaration or Change of Program form, which are located on the CT State - Gateway One Stop Enrollment Center webpage under the Student Forms tab at One Stop Enrollment Center - CT State, **by the course withdrawal date set forth by the BOR for that semester. There are no exceptions.**

If a student needs to withdraw from the Radiography Program before the successful completion of the first full fifteen-week semester, the student must re-apply to the Program as a new student and follow the program application requirements.

School Closing/Inclement Weather

All students should sign up for text, email and or voicemail alerts through the CT State Community College - Gateway notification system. Students can check the College web site, Facebook, and/or Instagram for class delays, late openings, cancellations or school closings. In the event that campus classes are cancelled, clinical experiences for that date will be cancelled. The clinical affiliate staff members do not have the authority to allow students to be excused from attending clinical due to inclement weather. Students can use their available CTO time if they are concerned about driving conditions. If the student chooses to use CTO time due to inclement weather before the campus has made any official decisions regarding delays or cancellations, eight (8) hours of CTO will be deducted from their CTO bank.

Change in Student Information

It is very important that the Program Director has the most up-to-date contact information for each student. Any change in name, address, phone number or email address should be given to the Program Director, Clinical Coordinator. Students should also update their information with the College on the CT State website under the **Student Forms** section of One Stop Enrollment page or here: https://ctstate.edu/forms

Standards for Program Progression

To successfully progress through the Program, students must meet all program curricular requirements. Students are expected to have a grade of C or higher in MATH1600 as well as all Radiography courses. Students are expected to follow the proscribed course sequence as outlined in the Radiography Plan of Study. Any student who does not meet the minimum grade requirement of C or higher in math and program specific courses will not be able to progress to the next semester, winter/summer session as outlined. The student will meet with the Program Director to discuss program withdrawal, re-admission

or re-application options.

Grading

NUMBER GRADE POINTS	LETTER GRADE	QUALITY
94-100	A	4.0
90-93	A-	3.7
87-89	B+	3.3
84-86	B	3.0
80-83	B-	2.7
77-79	C+	2.3
75-76	C	2.0
70-74	C-	1.7
67-69	D+	1.3
64-66	D	1.0
60-63	D-	0.7
below 60	F	0.0

Program Grade Appeal Process for Radiography Students

Students can appeal a final course grade by following the Program Grade Appeal Process below:
1) The student must submit their appeal in writing to the faculty involved within two (2) business days of the incident.
2) If the student is not satisfied with the resolution at step one, the student must submit their appeal in writing to the Program Director within two (2) business days. If the faculty member involved is the Program Director, the process will move to step three.
3) If the student is not satisfied with the resolution at step two, the student must submit their appeal in writing to the Allied Health Division Director within two (2) business days. The Allied Health Division Director will respond to the appeal in writing within four (4) business days of receipt of the appeal.

4) If the student is not satisfied with the decision of the Allied Health Division Director, the student can initiate the college level student grievance procedure as outlined in the CT State Community College Student Handbook.

Any student who must withdraw from the Program due to academic failure, after successful completion of the first semester and before the withdrawal deadline and wishes to re-admit to the Program must meet with the Program Director to develop a readmission plan which will

include dates for readmission, health assessment updates, CPR requirements, course registration information and any remediation recommendations.

No requests for withdrawal will be accepted after the withdrawal deadline established by the BOR for that semester. The withdrawal date can be found on the Academic Calendar at the beginning of this handbook or on the CT State Community College website at www.ctstate.edu or by clicking here.

Academic Advising/Academic Improvement Plan Guidelines

While a student in the Gateway Radiography program, you will receive academic advising from the program faculty. We will work with you to continuously throughout the program to be sure that you have met all of your program requirements to keep students on schedule to graduate in a timely manner. Faculty are available during office hours and by appointment to offer academic advisement/remediation to all program students. Students are encouraged to make an appointment with their instructors if they need help. Academic Improvement Plans are created for those students who do not meet the minimum grade requirement and are typically done at midsemester.

Academic advising and improvement plan guidelines are based on the minimum grade requirement of 75 or higher. If, at mid semester, the student's course grade is below the minimum grade requirement, a faculty alert will be submitted to the student's assigned Guided Pathways Advisor. Guided Pathways Advisors are available to help students obtain the most from their college experience and can provide valuable resources for student success, Please visit the CT State website to learn more about Guided Pathways or click here Guided Pathways.

Mental Health and Wellness Center

Navigating college responsibilities while balancing the demands of life can be a challenge. Many college students often find themselves feeling overwhelmed and struggling to cope. These stressors can interfere with your ability to be academically successful. A licensed Wellness Counselor can help you identify your current stressors, assist you in developing healthy coping skills and connect you to additional resources. **Mental Health and Wellness** staff are here to create an inclusive environment to provide equitable mental health support and wellness service to all CT State students. Contact the Wellness Center at 203-285-2480, or visit the Mental Health Counseling and Wellness Center on the CT State website or by click here Mental Health Counseling and Wellness Services - CT State.

Readmission Procedures

Readmission to the Radiography Program is based on a review of, but not limited to, past academic and clinical evaluations, and evidence of interim efforts to strengthen areas of weakness. A student is eligible for readmission to the Radiography Program once. Consideration for readmission to the program can only be granted if there are available openings, clinical resources and faculty. In the event there are more readmission applicants than available openings, a ranking system will be applied based on program GPA. Readmission requests are evaluated on an individual basis. The Program Director reserves the right to deny readmission to those students who do not complete the requirements of the exit plan.

Readmission Eligibility Requirements

All applicants must meet the following criteria to be eligible to apply for Readmission:

- Successfully completed the first semester of the Radiography Program.
- Be in good clinical standing at the time of leaving the Program.
- Maintain a minimum GPA of 2.0 at time of leaving the Program.
- Meet with the Program Director prior to withdrawal to develop a readmission plan

Students who withdraw because of personal or health-related problems and who are in good academic and clinical standing are eligible to apply for readmission to the Program and should follow the readmission procedure outlined below. Applications for re-admission should be accompanied by a release from the student's healthcare provider and a completed health form which states that the student is able to return to class and clinical attendance with no restrictions. Please note, if a student is granted re-admission the student will be required to repeat any course(s) where the grade did not meet the minimum requirement. In addition, the student will be required to register for an Independent Study during the semester they readmit. This Independent Study will cover those RAD courses offered during the semester they readmit into but have already previously completed with a C or higher.

For example, a student earns a grade of C- in RAD1010 but passes RAD1012 and RAD1194 during the spring semester. The student must apply for readmission to the Program to be readmitted into the following spring semester. When they return, they must register for the course they did not pass with a C or higher, in this case RAD*1010 and request an Independent Study which will cover the program courses they already passed in the prior spring semester, in this case, RAD1012, and RAD1194.

Readmission Process

The student must:

- Submit a Request for Program Readmission form to the Program Director by January 1st for summer session or fall semester re-entry, or July 1st for winter intersession or spring semester re-entry. The form is located in the appendix section of this handbook.
- Successfully complete a clinical refresher independent study to maintain their clinical skills. This must be completed during the semester prior to the semester he/she wishes to be considered for readmission. The student will be required to attend eight (8) hours of clinical per week. The clinical rotation schedule will be determined by the Clinical Coordinator. The student must pass a clinical skills evaluation conducted by the Clinical Coordinator and/or Program Director to be eligible for clinical reentry.
- Submit current health assessment forms as outlined in the readmission advisement plan created between the Program Director and the student.

Notification will be given to the student prior to the semester they are required to complete the clinical independent study.

Ineligibility for Readmission

- The student received a final grade of F (Fail) in any RAD clinical practicum or internship course.
- The student has been readmitted once before.
- The student has withdrawn or been dismissed from the Radiography Program for more than 12 months.

CLINICAL GUIDELINES

Hours for Clinical Practice

Assigned hours for daytime rotations at Yale New Haven Hospital – York Street and St. Raphael's campuses, Bridgeport Hospital, and the VA Connecticut Healthcare System are 8:00 am – 4:00 pm. Assigned hours for all evening rotations are 4:00 pm – 10:00 pm. Assigned hours for satellite offices will follow the hours of operation for that facility. All students will take a one-half hour lunch/dinner break during their scheduled shift. Report to your clinical assignment on time and be ready to start when your shift begins. No variation/alteration of these hours is permitted. (See Appendix B, Standard 4.4)

It is the student's responsibility to log in and out daily using the online clinical documentation system required for the Program. Please note that this data will be part of your clinical grade. Failure to maintain accurate attendance records will result in loss of Clinical Time Off (CTO)

for the rotation, as well as a grade of "F" for that rotation. Hours worked must be verified daily by the Clinical Coordinator and/or Clinical Preceptor in your assigned area. Any inaccuracies in logged time, as determined by the Clinical Coordinator, will be considered falsification of documents and could result in immediate dismissal from the Radiography Program.

Students are required to fulfill their clinical obligations. Therefore, no one is permitted to leave the clinical site before the shift ends unless the Clinical Coordinator has granted approval. Chronic absenteeism, tardiness and leaving early without prior permission from the Clinical Coordinator or Program Director will be dealt with in accordance with the program disciplinary standards.

Tardiness is defined as reporting to your assigned area anytime later than the scheduled start time or returning late from your scheduled break. Tardiness will not be tolerated.

Students are assigned to clinical rotations based solely on educational objectives and affiliate staffing. Students must complete their hours in their assigned area. Changes of scheduled clinical sites are not permitted. Any student initiating changes with the clinical site or other students will be removed from the clinical site and dismissed from the Program. Because of the necessity to complete competencies in all areas, this policy will be strictly enforced. The Clinical Coordinator/Program Director reserves the right to change clinical assignments due to educational and/or staffing concerns. Student requests for changes in clinical rotation assignments will not be considered. Students are required to rotate through all clinical sites. Students who are unable to report for clinical duty at the start of their scheduled shift must notify their Clinical Coordinator and the Clinical Preceptor assigned to the clinical area within one half hour prior to the scheduled shift.

Clinical Time Off (CTO)

Students may only take CTO time in half day or full day blocks. Students are allotted two (2) CTO days per semester. Students are allotted three (3) CTO days during the summer clinical. Students are allotted one (1) CTO day during the winter clinical. CTO days cannot be accrued. All requests for scheduled CTO must be made electronically, to the Clinical Coordinator, at least 48 hours prior to the date they wish to use CTO time.

In most instances, each rotation is approximately ten (10) visits, and the student is evaluated in each rotation. No more than one (1) CTO day per rotation may be scheduled as it will be difficult to evaluate student performance effectively. Should a student miss more than one (1) day in a rotation, the student may be required to make up that rotation. An absence of more

than two (2) consecutive days requires a physician's note before returning to your clinical site. A student who is absent without notification for three (3) consecutive days on which the student was scheduled for clinical duty is considered a voluntary resignation from the Program without notice.

If a student exceeds the allotted days per semester/winter/summer session, the student will make up the excess time at the discretion of the Clinical Coordinator/Program Director based on time/space availability at the clinical sites. If any time is owed by the end of the semester, the student will receive a failing grade for the attendance portion of the clinical grade for that semester. Make up time is NOT guaranteed.

Any student who is absent from clinical due to medical emergencies or surgeries is required to submit a "return to work/school/clinical" note from a healthcare provider stating that the student can return to the clinical setting without restriction. This must be submitted to the Clinical Coordinator prior to returning to any clinical site. Should the student need to miss an extended amount of time due to illness/injury, the student must meet with the Clinical Coordinator and Program Director to discuss the next steps which could include program withdrawal or leave of absence.

CLINICAL HEALTH AND SAFETY STANDARDS

Health Requirements

All students are required to submit a current health assessment completed by a primary care provider within the last twelve (12) months. Documentation of specific student health requirements is mandatory prior to participation in any clinical experiences. The health assessment, including all supporting documentation, must be uploaded through the Castle Branch website by the designated deadline. Failure to complete the required health assessment form by the specified date may result in dismissal from the Radiography program. Certain items will require additional follow-up procedures during the course of the Program (i.e., vaccinations and boosters, Hepatitis B series, Influenza Vaccination, Tuberculin testing). The student is required to follow all instructions for documentation of immunization status with required lab reports and to obtain the signature of the health care provider as indicated. Clinical affiliate contracts state the student must be in good physical and emotional health and free of communicable diseases. The student is strongly encouraged to receive the Hepatitis B immunization series; any student who refuses to receive the immunization is required to sign and submit the Hepatitis B waiver. Tuberculin tests (PPD) must be updated annually and supporting documentation must be submitted through Castle Branch. Students who have a

history of positive PPD must submit one of the following: CXR report within the past two years or Quantiferon Gold lab test. In addition, all students are required to have an annual influenza vaccination as required by the clinical affiliates. Non-compliance without proper documentation will result in removal from the clinical affiliate and may result in disciplinary action.

Criminal Background Checks & Toxicology Screening

Due to clinical learning affiliate requirements, criminal background checks and toxicology (drug) screenings are required for all Radiography students prior to participating in clinical practice. Due to this requirement, student refusal of either the background check or drug screening, will result in dismissal from the Radiography program due to the inability to complete clinical affiliate requirements. Students must follow all instructions for obtaining criminal background checks and toxicology screenings.

Students who do not pass the background check or toxicology screening will not be able to participate in clinical practice since they cannot meet the requirements as set by the clinical affiliates. If a student cannot participate in a clinical rotation at an assigned facility, the student will not be able to complete the objectives of the course and program.
The Program Director notifies the student and the student is provided with the opportunity to withdraw from the program. Should the student refuse to withdraw, the student will be dismissed from the program.

Please note, in accordance with federal law, a positive toxicology screen for legally prescribed marijuana may prohibit a student from being placed in a clinical setting that accepts federal funding.

Guidelines for Student Toxicology (Drug) Screening and Criminal Background Checks

Confidential toxicology (drug) screening and/or criminal background checks will be required for Radiography students prior to participation in their clinical rotations utilizing the vendor(s) adopted by the College (i.e. Castle Branch, Connecticut League for Nursing/CLN, etc.). The following guidelines are applicable to Toxicology Screening and/or Criminal Background Checks for any student:

1. Fees for all screenings must be paid by the student;
2. The need for additional screening/assessment beyond the initial screening/assessment is related to clinical affiliate requirements and/or results of the initial screening/assessment;
3. Notification and recordkeeping of toxicology screening results and/or criminal

background checks are performed in a manner that ensures the integrity, accuracy and confidentiality of the information;

4. Students are not allowed to hand-deliver results of either toxicology screening or criminal background checks;
5. Students are required to sign a release for results of toxicology screenings and criminal background checks to be sent to the Radiography program; and
6. Results of toxicology screenings and criminal background checks are NOT a part of the student's "educational record" as defined by the Family Educational Rights and Privacy Act ("FERPA").

Toxicology Screening Standards and Guidelines

The following guides the response to a **positive** Toxicology Screening for any student:

1. All specimens identified as non-negative/positive on the initial test shall be confirmed, reviewed, and interpreted by the vendor;
2. The student is required to provide documentation by a healthcare provider in the event there is a medical explanation for a positive test result (i.e. a result of a legally prescribed medication). In accordance with federal law, a positive toxicology screen for legally proscribed marijuana can prohibit a student from being placed in a clinical setting that accepts federal funding.
3. If a student challenges a result, only the original sample can be retested.

Toxicology Screening that requires Retesting:

1. Vendor reports that the screening specimen was

diluted Response to a Confirmed Positive Toxicology Screen

If a student tests positive for drugs that are illegal substances, non-prescribed legal substances, or the student is deemed unsafe for the clinical setting by a healthcare provider, the student will be immediately dismissed from the Radiography Program.

Readmission following dismissal from the Program in response to a confirmed positive toxicology screen is subject to re-entry guidelines and the following conditions:

1. The student provides documentation from a qualified healthcare professional indicating status of abuse, addiction or recovery and/or documented rehabilitation related to the alcohol/drug abuse;
2. A confirmed negative toxicology screen is documented immediately prior to readmission and
3. The student meets all other requirements for re-entry.

Reasonable Suspicion Screening

Students may also be required to submit to additional toxicology screening during the Radiography program in accordance with clinical affiliate contracts when reasonable suspicion of impairment exists. Reasonable suspicion testing may include, but not be limited to, the following:

1. Physical symptoms such as slurred speech, unsteady gait, confusion or other manifestations of drug/alcohol use;
2. Presence of an odor of alcohol or illegal substance;
3. Abnormal conduct or erratic behavior during clinical or on-campus learning activities, chronic absenteeism, tardiness, or deterioration of performance regardless of any threat to patient safety;
4. Suspected theft of medications including controlled substances while at the clinical facility; and
5. Evidence of involvement in the use, possession, sale, solicitation or transfer of illegal or illicit drugs while enrolled in the Radiography Program.

Latex Allergies

Most clinical sites, as well as the campus Radiography labs are not latex-free. While we provide latex free exam gloves during lab classes, program students who have a known latex sensitivity/allergy must notify the lab instructor, and Clinical Coordinator, in writing. An action plan will be created. This information must also be indicated on the Health Assessment form.

Health and Safety Training

Students are required to complete the online Connecticut Hospital Association (CHA) Health and Safety Training course prior to participation in clinical practice. The course is available at: https://www.cthosp.org/education/ct-health-and-safety-training-course/

Basic Life Support Certification

Students are required to provide documentation of current professional level certification in Basic Life Support for Adult, Child and Infant. Certification can only be earned through the American Heart Association or the American Red Cross and must remain current throughout the Program. Courses meeting this requirement are:

- The American Heart Association Basic Life Support (BSL) for Healthcare Providers
- The American Red Cross CPR/AED for the Professional Rescuer

A copy of the current certification card must be uploaded to Castle Branch prior to the start of the first semester in the Program. Failure to comply will result in exclusion from the clinical learning experience. Online certifications will not be accepted.

Venipuncture Training

All students must participate in venipuncture training provided by the Radiography program and/or the clinical affiliate, regardless of previous certifications or training.

Smoking Guidelines

CT State Community College - Gateway is a smoke free campus/workplace. Students are required to follow hospital policy regarding smoking. Please be advised that we require all students to come to clinical free from any tobacco product odor. If a student smells of tobacco products, they will be asked to leave the clinical site immediately and will lose CTO time.

Any student looking for smoking cessation resources may visit the following website for further information: http://www.cdc.gov/tobacco/campaign/tips/quit-smoking/ or call 1-800-Quit-Now.

Health Insurance Portability and Accountability Act (HIPAA)

Students enrolled in the Radiography Program will adhere to all standards and procedures concerning Standard Precautions and Infectious Disease Policies and Health Insurance Portability and Accountability Act of 1996 (HIPAA) as practiced at the assigned clinical affiliate.

Students must never disclose confidential information including anything pertaining to the medical history, diagnosis, treatment, and prognosis to anyone not directly involved in the care of the patient. In addition, students are required to follow HIPAA regulations on "Protected Health Information" which includes any "individually identifiable health information". This includes information such as the individual's past, present or future physical or mental health or condition, the provision of health care to the individual, or the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual. Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number).

Please visit http://www.hhs.gov/hipaa/for-professionals/index.html for more information. Failure to adhere to this code constitutes a violation of the "Right to Privacy Act," as well as HIPAA and is professionally unacceptable, as well as potentially compromising from a medical/ legal standpoint.

Incident/Accident Report Procedures

Students must report any incident or accident that occurs at the clinical affiliate immediately to the Clinical Instructor and Clinical Coordinator. An incident or accident report for each occurrence must be completed according to the guidelines of the clinical affiliate site. Students must provide a copy of the incident report from the clinical affiliate site to the Program Director within 24 hours. Failure to report an occurrence to the Clinical Instructor, Clinical Coordinator, and Program Director will result in a disciplinary sanction. (See appendix E for incident report form.) For any incidents or accidents that occur while on the CT State Community College - Gateway campus, the student should follow the guidelines outlined in the CT State Community College Student Handbook or click here CT State Student Handbook 2024-2025

Health Insurance Coverage

All Radiography students are required to carry personal health insurance. CT State Community College does not offer personal/ optional health insurance plans to students. Students must identify a health insurance plan to provide coverage while enrolled in the Radiography program. Proof of insurance is required prior to the beginning of the first clinical practicum course and prior to each subsequent clinical practicum/internship course. Each student is responsible for all costs of treatment/medical care required unless covered under the accident insurance policy. Students may want to evaluate the options available via Connecticut's health insurance exchange: online at Access Health CT, via phone at 1-855-805-4325, or if you are not a Connecticut resident, at Healthcare.gov.

Liability Insurance Coverage

CT State Community College - Gateway provides a secondary supplemental accident insurance policy to registered full-time and part-time students which covers up to a maximum benefit of $20,000. Please see the CT State Student Handbook for more details.

Radiation Monitoring for Radiography Students

Radiation monitoring is a method to record the accumulative dose of radiation received by students working in the controlled environment of the Radiography lab and clinical education settings. Students will be supervised and instructed in a manner that will follow the ALARA (As Low As Reasonably Achievable) safety principle and strictly follow Occupational Dose Limits for Adults as set forth by the United States Nuclear Regulatory Commission (U.S.NRC) (see Table I).

The following is the procedure by which this monitoring is accomplished:

1. The Radiography program at CT State Community College - Gateway has a radiation monitoring service provided by Radiation Detection Company. This service provides radiation monitoring badges and services associated with radiation safety for our students.
2. Radiation Detection Company will make recommendations consistent with the ALARA guidelines as needed. While highly unlikely, if a student were to exceed their quarterly/annual limit, they are no longer allowed to receive any further exposure until the cumulative lifetime dose equivalent is less than the cumulative limit. A student who exceeds 50 mrem in a one-month period will meet with the Program Director in consultation with a representative from Radiation Detection Company.

   Please note: A student over the age of 18 is allowed an annual exposure of 50mSv or .05 Sv (5000 mrems or 5rem). A student who is 18 years of age is allowed an annual exposure of 1 mSv or .001 Sv (100 mrems or 0.1 rem).
3. The badges must be turned in quarterly at a date designated by Radiation Detection Company for the badge reading.
4. Students will review, initial and date their quarterly radiation report. All reports will be kept on file in the Program Director's office.

Responsibilities of Radiation Badge Users:

1. Radiation badges **must** be worn during all clinical practice and all labs. A student who fails to bring their badge to clinical or lab will not be allowed to participate and will be sent home.
2. Badges are to be worn outside the lead apron at collar level.

3. Badges are to be protected from heat, light and moisture. Do not store your badge in your car on a sunny day. Do not let your badge go through the laundry.
4. Do not share your badge with someone else.
5. If you lose your badge, you should notify the Clinical Coordinator immediately. A new badge will be issued and the student will be responsible for any fees associated with the replacement of the badge.
6. Do not wear your badge if you are PERSONALLY going through any diagnostic or therapeutic procedure.
7. The badge is the property of the vendor and must be turned in when the student has completed the Program. Final ARRT examination verification by the Program Director will not be given if your badge is not turned in. Any student dismissed from the Program must hand in the badge immediately to the Program Director or Clinical Coordinator.
8. Students will turn in their radiation badges for quarterly radiation badge readings on a date specified by the Program Director, Clinical Coordinator or RSO.

Disciplinary Action for Radiation Badge Users:

1. Failure to perform badge readings at designated time intervals will result in immediate disciplinary sanctions in accordance with the proscribed Program Disciplinary Standards located in this handbook.
2. Tampering with the radiation badge or exposing it to ionizing radiation so as to cause a false positive reading shall be considered a <u>serious</u> offense and will result in immediate dismissal from the Program.

TABLE I
MAXIMUM PERMISSABLE OCCUPATIONAL RADIATION EXPOSURE LIMITS

	Quarterly Limit	Annual Limit
Total Effective Dose Equivalent (TEDE) including Weighted Internal Doses	1.25 Rem	5 Rem
Lens of Eye	3.75 Rem	15 Rem
Deep Dose Equivalent and Committed Dose Equivalent to any individual organ or tissue OTHER THAN the lens of the eye	12.5 Rem	50 Rem
Shallow Dose Equivalent to skin of the whole body or to the skin of any extremity	12.5 Rem	50 Rem
5.Embryo/Fetal Dose (Declared Pregnancy)	0.05 Rem	0.5 Rem

TABLE II
ORGAN DOSE WEIGHTING FACTORS

Organ or Tissue	Weight Factor
Gonads	0.25
Breast	0.15
Red Bone Marrow	0.12
Lung	0.12
Thyroid	0.03
Bone Surfaces	0.03
Remainder	0.30*
Whole Body	1.00

*Remainder – 0.30 results from 0.06 for each of 5 “remainder” organs (excluding the skin and lens of the eye) that receive the highest doses.

Guidelines for the Pregnant Student

The pregnancy procedure is a voluntary program intended to provide an option for pregnant students who are considered to be occupationally exposed to ionizing radiation. If the student chooses to voluntarily disclose her pregnancy, she will complete the attached Declaration of Pregnancy Form (Appendix E) and return it to the Program Director. The Program Director will then forward this declaration to the Radiation Safety Officer and Clinical Coordinator.

The Radiography Program at CT State Community College - Gateway is required to assure that the dose to the embryo/fetus during the entire pregnancy due to occupational exposure of the declared pregnant woman does not exceed 0.50 mSv (50 mRem) month. The U.S. NRC regulations define the declared pregnant woman as one who has voluntarily informed the program, in writing, of her pregnancy and the estimated date of conception.

Following the disclosure of a pregnancy, the student will be counseled, by either the Radiation Safety Officer or Program Director, as to the potential risks that are associated with radiation exposure to the fetus in addition to the review of the pregnancy guidelines in this section. She will be asked to sign a statement acknowledging that the possible danger has been explained to her. It will be recommended that she also consult her own physician on this matter.

Once a declaration of pregnancy is made, a student may withdraw this declaration at any time. This withdrawal must be in writing and can be completed by using the Withdrawal of Pregnancy Declaration form (Appendix F). A Withdrawal of Pregnancy Declaration form should also be completed upon delivery of the baby.

Following the review of the Guidelines for the Pregnant Student with the Program Director or Radiation Safety Officer, the declared student will determine whether she will remain in the Program, take a pregnancy leave or withdraw from the Program. She will have 7 days after she has declared to make her decision. After that time, she must sign the appropriate form indicating her decision.

Option 1: The declared student remains in the program:

- Individuals who are pregnant are not prohibited from developing their clinical skills or frequenting diagnostic radiation areas. These individuals may also operate sources of ionizing radiation (diagnostic x-ray equipment, including fluoroscopy and portables) and rotate through all advanced modality areas without restrictions.

- If you choose this option, during your pregnancy you are expected to perform your assigned duties as a Radiography student, unless certain restrictions are placed upon you by the Radiation Safety Officer. You are expected to follow established radiation safety policies.

- Once you have officially declared your pregnancy, a fetal radiation badge will be ordered and you will wear this at the level of the waist under your lead apron. This badge will be in addition to your standard collar badge which you will also wear. During your pregnancy you are encouraged to monitor your radiation exposure via the radiation badge readings which are made available to all radiation workers. Contact the Radiation Safety Officer or the Radiography Program Director if any unusual readings occur.

- Make-up time for clinical absences due to pregnancy will follow the same make-up time guidelines as outlined in the Clinical Time Off section of this handbook (pages 16 – 17). All make-up options must be approved by the Clinical Coordinator

If the student declines to take a Leave for Pregnancy after declaring pregnancy, the student still may, at a later date, decide to take a Pregnancy Leave.

Option 2: The declared student takes a voluntary leave of absence from the Program

- If the declared student desires or if it is deemed medically advisable by her physician, the student may voluntarily take a leave of absence from the Program, in accordance with the Program Leave of Absence guidelines.

- To initiate this leave, the student shall acknowledge this decision by signing the Request for Leave form.

- The student may return to the Program and complete the Program if a leave of absence is taken for pregnancy. After the birth of the child, the student may be required to extend clinical/didactic education beyond the normally required two years to make up for the missed didactic or clinical classes.

Option 3: The declared student withdraws from the Program

- If the declared student decides to withdraw from the program, the student should refer to the Student Withdrawal section of this handbook.

- If, at a later date, the student wishes to return to the Program, the student will need to reapply to Program in accordance with the Readmission Procedures as outlined in this handbook.

Keeping Your Own Records

Students are strongly advised to keep copies of their completed clinical documentation. While our clinical documentation system is online, computer errors do sometimes occur. Students are encouraged to make copies on a continuous basis and are responsible for making the copies at their own expense.

Guidelines for Student Supervision in the Clinical Education Setting

Students are required to perform radiographic procedures under **direct supervision** until the student has achieved competency in the procedure being performed. Once competency has been achieved the student can perform the procedure under **indirect supervision**. Students are never to perform any radiographic exams without the appropriate level of supervision. Students must be directly supervised during all surgical and portable (including mobile fluoroscopy) procedures regardless of level of competency.

Direct Supervision: Student supervision under the following parameters:

a. A qualified Radiographer reviews the procedure in relation to the student's achievement;
b. A qualified Radiographer evaluates the condition of the patient in relation to the student's knowledge;
c. A qualified Radiographer is present during the conduct of the procedure;
d. A qualified Radiographer reviews and approves the procedure/images;
e. A qualified Radiographer is present during student performance of any repeat of any unsatisfactory radiograph.

Indirect Supervision: Student supervision under the following parameters:

a. A qualified Radiographer must be immediately available to assist the student regardless of the level of student achievement. Immediately available is interpreted as the presence of a qualified radiologic technologist adjacent to the room or location where a radiographic procedure is being performed. Contact via electronic devices such as cell phones or pagers is not acceptable. This availability applies to all areas where ionizing radiation equipment is in use;
b. A qualified Radiographer reviews and approves the procedure/images;
c. A qualified Radiographer is present during student performance of any repeat of any unsatisfactory radiograph.

Imaging Sign Off

No student, regardless of competency level, will perform any imaging procedure without first reviewing the request with a qualified Radiographer. All images must be reviewed and approved by a qualified Radiographer before the image can be sent to the radiologist for interpretation. There are no exceptions.

Guidelines for Repeating Images

No student will repeat a radiograph without the direct consultation and supervision of a qualified Radiographer. There are no exceptions.

Guidelines for use of the energized X-ray Skills Labs on Campus

Students are given the opportunity to use the X-ray Skills Lab at the College during lab instruction, class practice and for any remediation. The following guidelines must be followed at all times and are strictly enforced. Any student found to be non-compliant with the guidelines will be subject to disciplinary actions which could include program dismissal.

1) Students are not permitted in the energized X-ray Skills Lab without the direct supervision of an ARRT registered, State of Connecticut licensed Radiography faculty member.
2) The door to the lab should be closed and locked at all times. This door should never be propped open for any reason.
3) Students are required to follow all radiation safety and protection guidelines at ALL TIMES while using the lab.
4) Students will not hold any positioning devices including grids during any exposure.
5) Students may practice positioning on one another but will NEVER radiate a live person at any time during lab use.
6) Absolutely NO food or drink allowed in the lab.
7) No open – toe shoes allowed in the lab.
8) Radiation Monitoring Badge must be worn at all times.
9) Students must have markers at all times.
10) Issues or concerns with the condition of the room or equipment must be immediately reported to the Clinical Coordinator or Program Director.

Guidelines for Clinical/Lab Practice

In accordance with **JRCERT Standards for an Accredited Educational Program in Radiography**, **Standard 5.3 – The program assures that students employ proper safety practices,** students must not hold image receptors during any radiographic procedure. Students should not hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care. Students are expected to be able to perform all clinical requirements within the scope of the Radiography Program Technical Standards. If a student is unable to meet these technical standards at any time in the Program, they will be required to submit written documentation from their healthcare provider stating such. The student is required to use clinical time off while they are unable to attend clinical and/or lab. Once the student is able to meet the technical standards and can return to clinical and/or lab, written medical clearance must be provided by the healthcare provider. Any time owed must be made up prior to the completion of the program and must be scheduled and approved by the Program Director and Clinical Coordinator.

MRI Safety and Screening Guidelines

To ensure the safety of all students having potential access to the magnetic resonance environment, all students are educated of and screened for magnetic wave and radiofrequency hazards. Prior to starting the clinical experience, students are taught MRI safety practices in the Patient Care Orientation course (PCO). Each student enrolled in the Radiography Program is required to complete the **MR Metal Screening Questionnaire for Students Form** and watch a mandatory MRI Power Point presentation and video on MRI safety. In addition, all students are required to complete an MRI Safety Quiz during PCO and must earn a score of 80% or higher. Attendance at all MRI safety lectures is mandatory, and the MR Metal Screening Questionnaire for Students must be completed. There are no exceptions.

Students who have answered "YES" (with the exception of piercings which MUST be removed before/prior to entering the scan area) on the MR Metal Screening Questionnaire for Students form will NOT be asked to perform any MRI procedure outside the "Safe Zone". All clinical sites will be informed of questionnaire results and asked to excuse the student from participating in any MRI procedures as part of their clinical rotations. Any health changes, such as metal implants or anything that would change answers on the MRI screening form from a "no" to "yes" require students to immediately contact the clinical coordinator. This screening form must be completed and reviewed prior to any clinical rotations and again at the start of any clinical rotation containing an MRI unit. This form will be reviewed with the appropriate MRI personnel and maintained in the student's file in the Program Director's office.

Radiography Program Clinical Dress Code

Students are required to purchase the uniform designated for the Radiography program. It consists of navy blue scrub pants and navy blue, embroidered scrub top. Scrub tops without the proscribed Program embroidery are not acceptable. The scrubs must be purchased from the specified vendor (Appendix F). There are no other uniform colors/combinations to be worn. The student must wear white, closed toe, closed back leather uniform shoes or white leather low-top sneakers. Sneakers should be all white - no colored stitching or colored laces. High top sneakers are not allowed. Students may wear a short white lab jacket or smock while in the clinical setting or a plain white tee shirt or a long-sleeved white shirt can be worn underneath the navy blue, embroidered scrub top. With professionalism and appropriateness as the guiding standards of general appearance, the following general standards of appearance must be followed at all times:

- Uniforms should be clean, pressed and properly maintained. Uniform shoes must have non-skid soles and fit comfortably and securely. Footwear must be clean, well-constructed and practical. White or black socks must be worn. White or black colored sneakers may be worn but they must be all leather.
- Radiation monitors, hospital ID badges and GCC student ID badges must be worn in all clinical affiliates at all times. Lanyards are not allowed. All ID's must be visible and attached to the uniform or lab coat above the waist.
- No personal statements expressed by symbols, messages or insignia should be worn.
- Tattoos and body art should be covered at all times.
- Hair must be clean and neat and worn off the face. Hair longer than shoulder length must be securely tied back to keep from coming in contact with patients. Appropriate hairstyles and accessories are to be conducive to the professional atmosphere of the clinical affiliate. Facial hair must be clean and trimmed according to applicable health standards and clinical education setting policies.
- Reasonable personal hygiene and grooming standards essential to a positive patient care experience. Scents of any kind (perfumes, lotions, hair products, etc.) should be used sparingly. Antiperspirant/Deodorant should be used regularly.
- For purposes of safety and protection, earrings must not extend beyond ear lobes and ornamental rings are not permitted in direct patient care areas. Necklaces, excessive rings and ornamental jewelry of any kind (including any type of facial piercing and/or tongue piercing) are not permitted. These can be hazardous to the patient as well as the student.
- Fingernails must be kept at a length of no more than ¼ inch beyond the fingertip and should

be clean and well-manicured. Nail polish, if worn, needs to be easily removed with nail polish remover (no gel nail polish). It must be neatly maintained (free of cracks and chips). A single color is recommended. Artificial applications such as but not limited to gels (e.g., UV cured, dips) extenders, powders/dips, tips, wraps, acrylics, appliques, sparkles, designs or nail jewelry are not permitted.

- Cosmetics and hair coloring must not be extreme or distracting.
- Chewing gum is not allowed

CLINICAL EDUCATION – The Evaluation System

The clinical aspect of the Radiography Program is of the utmost importance. Clinical skills must be performed routinely in an accurate, professional and caring manner. The CT State Community College - Gateway Radiography Program has developed clinical task objectives specific to the student's level of learning and a clinical evaluation system to ensure that the student is meeting the required objectives safely and effectively. Clinical education is broken down into specific categories:

- Patient Care and Safety
- Clinical Competence
- Radiation Protection
- Professionalism

Method of Competency

As ***required*** by the American Registry of Radiologic Technologists, students must demonstrate competence in all 36 procedures identified as mandatory (M). In addition, students must demonstrate competence in 15 out of 34 elective (E) procedures. Students must select one elective procedure from the head section. In addition, students must select two elective imaging procedures from the fluoroscopy section, one of which must be either an upper GI or contrast enema (ARRT Competency Requirements, Eff. 1/2022). Institutional protocol will determine the projections used for each procedure. Demonstration of competence includes requisition evaluation, patient assessment, room preparation, patient management, equipment operation, technique selection, positioning skills, radiation safety, image processing, and image evaluation.

The structure of the Radiography program is designed to provide students with the opportunity to learn in a manner that is progressive in nature. Through course lecture, lab and clinical practice, students will be given the opportunity to safely practice procedures appropriate to their level of learning. Students will be required to meet specific criteria, in the order listed below, before being eligible to test for competency in any radiographic procedure.

1. Course lecture on the radiographic procedure.

2. Attend energized simulation laboratory on that procedure.
3. Observe procedure and assist technologist no less than three times.
4. Perform procedure under direct supervision with limited assistance from technologist no less than three times.
5. Perform procedure under direct supervision with no assistance and complete a Knowledge Assessment of that procedure*.
6. Test for competency under direct supervision at the next opportunity.

*Knowledge Assessment must be approved by Clinical Coordinator or his/her designee before competency exam.

Students are expected to master and document competency in all procedures identified on the Program's Procedure Checklist. Once a student has documented thorough knowledge of a procedure, the student must demonstrate that knowledge to a qualified clinical instructor. The instructor evaluates the student's ability according to the Program's criteria for performance evaluation. The daily clinical logbook is also maintained. The student is required to document every procedure in which the student participates, prior to and following achievement of competency.

At each level of training, the student will be responsible for completing a specific number of competencies for the respective clinical semester.

The competencies are to be acquired in a timely manner, as follows:

Fall Semester I/Winter Intersession I	2 competencies minimum
Spring Semester I	additional 10 competencies minimum
Summer Internship	additional 15 competencies minimum
Fall Semester II	additional 12 competencies minimum
Winter Intersession II	additional 2 competencies minimum
Spring Semester II	additional 10 competencies minimum
Total comps needed by graduation:	**51**

Should the student fail to obtain the required number of competencies needed by the end of the semester, the student will be given a grade of Incomplete for that clinical practicum with a specified time frame to

complete the requirements. If the student does not fulfill these requirements, the student will fail the course and be dismissed from the Program. The student is expected to maintain clinical competence in each procedure they have "comped out" on, therefore the student should be reinforcing these skills through active participation in the clinical setting. Should the student fail to maintain competence in any exam/procedure throughout the duration of the Program, the competency will be revoked, and the student must complete a new Knowledge Assessment and be retested for competency for that specific procedure. The student may be required to extend their clinical education in order to receive remediation as necessary. The student will not be eligible for graduation from the Program until such time that all stated performance objectives and competencies are met to the satisfaction of the Clinical Coordinator and Program Director (see exit competency).

Method of Training

The student will rotate through various clinical rotation areas in order to provide for sufficient exposure to a variety of radiographic examinations and procedures. During each rotation the student will observe, assist and demonstrate each skill as it is taught and acquired. Each assigned area is considered a clinical learning lab and each area is assigned a clinical preceptor. Strengths and concerns are discussed with the student throughout the rotation and a mid-rotation assessment is performed as a means of helping the student learn the necessary radiography skills and procedures for that area. Students are afforded ample opportunity to complete all assigned task objectives and competencies.
The clinical training is broken down as follows:

Year One training consists of the general radiographic procedures learned in Radiographic Anatomy & Procedures I and II. Year One task objectives are outlined in the Mid Rotation Assessment and the End of Rotation Evaluation. Both can be found on Trajecsys.

Year Two training consists of more advanced procedures and begins in the third semester of the Program. Year Two task objectives are outlined in the Mid Rotation Assessment and the End of Rotation Evaluation. Both can be found on Trajecsys.

Rotation Areas

Emergency Department (ED) I - Trauma

Emergency Department (ED)

General/Orthopaedic Radiography

Portable

Fluoroscopy

Pediatric/Newborn

Gastro-Intestinal

Operating Room and Cysto

Interventional Radiography (observation only)

MRI (observation only)

CT (observation only)

Cardiovascular (observation only)

Mammography (observation only)

Mammography Observation Policy

The Radiography program, sponsored by CT State Community College - Gateway, has revised its policy, effective August 26, 2022, regarding the placement of students in clinical mammography observation rotations. Under the revised policy, students may request the opportunity to participate in clinical mammography rotations. The program will make every effort to place students in a clinical mammography rotation if requested; however, the program is not able to override clinical setting policies that restrict clinical experiences in mammography to students. Students are advised that placement in a mammography rotation is not guaranteed and is at the discretion of a clinical setting. The change in the program's policy regarding student clinical rotations in mammography is based on the sound rationale presented in a position statement on student clinical mammography rotations adopted by the Board of Directors of the Joint Review Committee on Education in Radiologic Technology (JRCERT) at its April 2016 and October 2021 meetings. The JRCERT position statement is included as Addendum A to the program's policy and is also available on the JRCERT Web site, www.jrcert.org, Program Directors & Faculty, Program Resources.

Understanding the Evaluation System

The rotation evaluation forms contain general and specific task objectives which are to be used to assess the student's progress in each clinical area. Mid-Rotation Assessments are performed to assess the student's progress at the midpoint of the rotation. These evaluations are to be discussed with the student so that action plans and/or follow-ups can be scheduled. Failed objectives in the Mid - Rotation Assessment are documented and addressed through action plans and follow up.

A summative evaluation, called the End of Rotation Evaluation, is performed at the end of each rotation. This summative evaluation is an overall measure of the student's performance throughout the entire rotation. Failed summative evaluations will be reviewed by the Clinical Coordinator and/or Program Director and an action plan will be developed. The student will be required to repeat the failed rotation before the end of the semester whenever possible. Should the student fail the rotation again, they will receive a grade of "F" for the course. All evaluation forms are submitted to the Clinical Coordinator through Trajecsys. Students will meet with the Clinical Coordinator monthly to review evaluations, competencies and all other pertinent clinical documentation.

For each clinical rotation, the student must complete and submit all pertinent clinical rotation forms no later than the last day of the rotation to earn a passing grade. As a competency-based program, students are expected to master and maintain all past performance objectives throughout the duration of the Program. The following documentation is required for each clinical rotation:

- Equipment In-Service
- Weekly Rotation Evaluations
- End of Rotation Evaluation
- Evaluation of Clinical Setting
- Evaluation of Clinical Instructor

Clinical Grade

The clinical grade consists of the following and is outlined in detail in each Clinical Practice syllabus:

- End of Rotation Evaluations – Pass or Fail
    - The mid rotation assessments are also performed to let the student know what they need to work on. These assessments use the following system and are for improvement purposes:
        - Satisfactory = completes the task routinely without reminders
        - Developing = completes the task with an occasional reminder
        - Needs Improvement = completes the task with several reminders
        - Unsatisfactory = only completes the task when told to do so
- Maintenance of Daily Clinical Log Book – Pass or Fail
- Completion of expected competencies – Pass or Fail
- Attendance and Punctuality – Pass or Fail

Radiography Program Clinical Instructors and Preceptors:

Gateway Radiography Program Clinical Instructors

Michele Barker
Leo Calonico
Catherine Cavanaugh
Nina Edwards
Rachel Encarnacion
Jennifer Fritzsche
Gina Giaquinto
Erica Mongillo
Michelle Olexovitch
Jacqueline Peccerillo
Alyssa Rafter

*The clinical instructors listed above are employees of the College and work with students at all clinical affiliates. They report directly to the Clinical Coordinator and are available for hands-on remediation for all students. If a student would like to set up time for remediation, they must plan with the Clinical Coordinator directly.

Bridgeport Hospital Clinical Preceptors

Donna Colby
Diane Grady
Barbara Grzybek
Nancy O'Brien
Olga Ovcharenko
Khushbu Patel
Martha Restrepo

Bridgeport Hospital, Milford Campus Preceptor

Sadie Cooper

Bridgeport Hospital, Park Avenue Medical Center Clinical Preceptors

Kaitlyn Kozlowski
Cynthia Figueroa

Connecticut Orthopaedics Clinical Preceptors

Christina Burgess
Sharon LeGates
Peter Megenis
Laura Rodrigues

Griffin Hospital Clinical Preceptor

Ryan Klatt

Griffin Imaging & Diagnostics Center at Ivy Brook Clinical Preceptor

JoAnn Skelly

Midstate Medical Center Clinical Preceptors

Teresa Maisto
Jamie Temple
Colleen Titus

Norwalk Hospital Clinical Preceptors

Lakundo Mandjata

Orthopaedic Specialty Group/ Ortho Fast

Awilda Torres

West Haven VA Medical Center Clinical Preceptors

Kaylee Ciolino
Anthony Scelza
Bozena Zieba

Yale - New Haven Hospital Clinical Preceptors

Abdul Alnoami
Lisa Bush
Heather Choquette
Karen Crisci
Heslyn Gordon
Kathy Halligan
Kristine Jasinski
Jahmil Joseph
Bianca Onofrio
Andrew Preston
Michele Schusky
Michael Sparacio
Stacy Stuart
Kelly Thomas
Emmanuel Torsu
Elizabeth Turley
Derik Weber

Yale – New Haven Hospital - St. Raphael's Campus, Clinical Preceptors

Frances Ballard
Kathryn Mendillo
Britney Navarro
Shannon Vansteenburgh

Yale Outpatient Centers, Clinical Preceptors

Rebecca Chabot
Alison Fernandez
Kim Iagrossi
Marisa Mazzella
Kendall Swokla

APPENDICES

Appendix A

Radiography Plan of Study

Preadmission Requirements:

ENG1010	Composition	3 credits
BIO2111	Anatomy & Physiology I	4 credits
BIO2112	Anatomy & Physiology II	4 credits
CCS1001	College and Career Success	3 credits
	Total Preadmission Credits	**14**

Summer Session I:

RST1000	Introduction to Patient Care for Radiologic Science	2 credits
RST1000L	Introduction to Patient Care for Radiologic Science Lab	1 credit
	Total Credits	**3**

First Year, Fall Semester:

MATH1600	Pathway to Calculus: College Algebra	3 credits
RAD1001	Intro to Rad Sciences and Patient Care	3 credits
RAD1002	Radiographic Procedures I	3 credits
RAD1002L	Radiographic Procedures I Lab	1 credit
RAD1011	Imaging/Exposure I	3 credits
RAD1011L	Imaging/Exposure I Lab	1 credit
RAD1094	Radiography Clinical I	2 credits
	Total Credits	**16**

First Year, Winter Intersession:

RAD1094A	Radiography Clinical Winter I	.5 credit
	Total Credits	**.5**

First Year, Spring Semester:

COMM1301	Public Speaking	3 credits
PSY1011	General Psychology I	3 credits
RAD1010	Radiographic Procedures II	3 credits
RAD1010L	Radiographic Procedures II Lab	1 credit
RAD1012	Imaging/Exposure II	3 credits
RAD1194	Radiography Clinical II	2 credits
	Total Credits	**15**

Summer Session II:

RAD1294	Radiography Clinical III	2 credits
	Total Credits	**2**

Second Year, Fall Semester:

RAD2002	Exposure/Imaging III	3 credits
RAD2002L	Exposure/Imaging III Lab	1 credit
RAD2001	Radiographic Procedures III	3 credits
RAD2001L	Radiographic Procedures III Lab	1 credit
RAD2022	Radiobiology & Protection	3 credits
RAD2094	Radiography Clinical IV	3 credits
	Total Credits	**14**

Second Year, Winter Intersession:

RAD2094A	Radiography Clinical Winter II	.5 credit
	Total Credits	**.5**

Second Year, Spring Semester:

ARHX	Arts & Humanities Elective	3 credits
RAD2015	Radiographic Pathology	3 credits
RAD2090	Senior Seminar	3 credits
RAD2194	Radiography Clinical V	3 credits
	Total Credits	**12**
	Total Program Credits (Including Pre-admission Requirements)	**77**

Standards for an Accredited Educational Program in Radiography

Effective January 1, 2021

Adopted April 2020

JRCERT

Excellence in Education

Introductory Statement

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

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

The JRCERT accreditation process offers a means of providing assurance to the public that a program meets specific quality standards. The process not only helps to maintain program quality but stimulates program improvement through outcomes assessment.

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

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

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

- **Possible Site Visitor Evaluation Methods** - identifies additional materials that may be examined and personnel who may be interviewed by the site visitors at the time of the on-site evaluation in determining compliance with the particular objective. Review of supplemental materials and/or interviews is at the discretion of the site visit team.

Regarding each standard, the program must:

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

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

Standards for an Accredited Educational Program in Radiography

Table of Contents

Standard One: Accountability, Fair Practices, and Public Information

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

Objectives:

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

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

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

1.4 The program assures the confidentiality of student educational records.

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

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

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

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

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

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

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

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

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

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

Explanation:

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

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

Explanation:

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

1.4 The program assures the confidentiality of student educational records.

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

Required Program Response:
Describe how the program maintains the confidentiality of students' educational records.

Possible Site Visitor Evaluation Methods:

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

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

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

Any individual associated with the program has the right to submit allegations against a JRCERT-accredited program if there is reason to believe that the program has acted contrary to JRCERT accreditation standards and/or JRCERT policies. Additionally, an individual has the right to submit allegations against the program if the student believes that conditions at the program appear to jeopardize the quality of instruction or the general welfare of its students.

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

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

Possible Site Visitor Evaluation Methods:
- Review of program publications
- Review of program website
- Interviews with faculty
- Interviews with students

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

Explanation:

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

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

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

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

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

JRCERT accreditation requires that the sponsoring institution has the primary responsibility for the educational program and grants the terminal award. Sponsoring institutions may include educational programs established in colleges, universities, vocational/technical schools, hospitals, or military facilities. The JRCERT does not recognize a healthcare system as the program sponsor. A healthcare system consists of multiple institutions operating under a common governing body or parent corporation. A specific facility within the healthcare system must be identified as the sponsor. The JRCERT requires each program to have a separate accreditation award and does not recognize branch campuses. The JRCERT recognizes a consortium as an appropriate sponsor of an educational program.

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

No Required Program Response

Possible Site Visitor Evaluation Method:
Review of a representative sample of program official qualifications

Standard Two: Institutional Commitment and Resources

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

Objectives:

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

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

2.3 The sponsoring institution provides student resources.

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

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

Explanation:

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

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

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

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

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

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

The JRCERT does not endorse any specific physical resources.

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

Possible Site Visitor Evaluation Methods:
- Tour of the classroom, laboratories, and faculty offices
- Review of learning resources
- Interviews with faculty
- Interviews with students

2.3 The sponsoring institution provides student resources.

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

The JRCERT does not endorse any specific student resources.

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

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

Explanation:
If the program has elected to participate in Title IV financial aid and the JRCERT is identified as the gatekeeper, the program must:

- maintain financial documents including audit and budget processes confirming appropriate allocation and use of financial resources;
- have a monitoring process for student loan default rates;
- have an appropriate accounting system providing documentation for management of Title IV financial aid and expenditures; and
- inform students of responsibility for timely repayment of Title IV financial aid.

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

Standard Three: Faculty and Staff

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

Objectives:

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

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

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

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

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

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

Explanation:

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

A full-time program director is required. A full-time equivalent clinical coordinator is required if the program has more than fifteen (15) students enrolled in the clinical component of the program (e.g., the total number of students simultaneously enrolled in all clinical courses during a term). The clinical coordinator position may be shared by no more than four (4) appointees. If a clinical coordinator is required, the program director may not be identified as the clinical coordinator. The clinical coordinator may not be identified as the program director.

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

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

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

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

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

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

No Required Program Response.

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

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

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

Explanation:

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

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

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

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

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

Possible Site Visitor Evaluation Methods:
- Review of program evaluation materials
- Review of faculty evaluation(s)
- Review of clinical preceptor evaluation(s), if applicable
- Interviews with institutional administration
- Interviews with faculty
- Interviews with clinical preceptor(s), if applicable
- Interviews with students

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

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

Standard Four: Curriculum and Academic Practices

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

Objectives:

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

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

4.3 All clinical settings must be recognized by the JRCERT.

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

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

4.6 The program assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.

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

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

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

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

Explanation:

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

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

Explanation:

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

At a minimum, the curriculum should promote qualities that are necessary for students/graduates to practice competently, make ethical decisions, assess situations, provide appropriate patient care, communicate effectively, and keep abreast of current advancements within the profession. Expansion of the curricular content beyond the minimum is required of programs at the bachelor's degree or higher levels.

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

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

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

Required Program Response:

- Describe how the program's curriculum is structured.
- Describe the program's clinical competency-based system.
- Describe how the program's curriculum is delivered, including the method of delivery for distance education courses. Identify which courses, if any, are offered via distance education.
- Describe alternative learning options, if applicable (e.g., part-time, evening and/or weekend curricular track(s)).
- Describe any innovative approaches to curriculum delivery methods.
- Provide the Table of Contents from the master plan of education.
- Provide current curriculum analysis grid.
- Provide samples of course syllabi.

Possible Site Visitor Evaluation Methods:

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

4.3 All clinical settings must be recognized by the JRCERT.

Explanation:

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

If a facility is used as an observation site, JRCERT recognition is not required. An observation site is used for student observation of equipment operation and/or procedures that may not be available at recognized clinical settings. Students may not assist in, or perform, any aspects of patient care during observational assignments. Facilities where students participate in community-based learning do not require recognition.

Required Program Response:

- Assure all clinical settings are recognized by the JRCERT.
- Provide a listing of ancillary facilities under one clinical setting recognition.
- Describe how observation sites, if used, enhance student clinical education.

Possible Site Visitor Evaluation Methods:

- Review of JRCERT database
- Review of clinical records
- Interviews with faculty
- Interviews with clinical preceptors
- Interviews with clinical staff
- Interviews with students

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

Explanation:

Programs must have a process in place to assure timely, appropriate, and educationally valid clinical experiences to all admitted students. A meaningful clinical education plan assures that activities are equitable, as well as prevents the use of students as replacements for employees. Students must have sufficient access to clinical settings that provide a wide range of procedures for competency achievement, including mobile, surgical, and trauma examinations. The maximum number of students assigned to a clinical setting must be supported by sufficient human and physical resources. The number of students assigned to the clinical setting must not exceed the number of assigned clinical staff. The student to clinical staff ratio must be 1:1; however, it is acceptable that more than one student may be temporarily assigned to one technologist during infrequently performed procedures.

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

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

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

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

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

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

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

Possible Site Visitor Evaluation Methods:
- Review of clinical rotation schedules, if applicable
- Interviews with faculty
- Interviews with students

4.6 The program assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.

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

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

Possible Site Visitor Evaluation Methods:

- Review of course catalog
- Review of published program materials
- Review of class schedules
- Interviews with faculty
- Interviews with students

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

Explanation:

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

- Review of published program materials
- Review of class schedules
- Interviews with institutional administration
- Interviews with faculty
- Interviews with students

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

Explanation:

Appropriate academic and clinical advisement promotes student achievement and professionalism. Student advisement should be both formative and summative and must be shared with students in a timely manner. Programs are encouraged to develop written advisement procedures.

Required Program Response:

- Describe procedures for student advisement.
- Provide sample records of student advisement.

Possible Site Visitor Evaluation Methods:

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

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

Explanation:

Programs that offer distance education courses must have processes in place that assure that the students who register in the distance education courses are the same students that participate in, complete, and receive the credit. Programs must verify the identity of students by using methods such as, but not limited to, secure logins, passcodes, proctored exams, and/or video monitoring. These processes must protect the student's privacy.

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

Standard Five: Health and Safety

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

Objectives:

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

5.2 The program assures each energized laboratory is in compliance with applicable state and/or federal radiation safety laws.

5.3 The program assures that students employ proper safety practices.

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

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

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

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

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

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

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

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

5.2 The program assures each energized laboratory is in compliance with applicable state and/or federal radiation safety laws.

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

Required Program Response:
Provide certificates and/or letters for each energized laboratory documenting compliance with state and/or federal radiation safety laws.

Possible Site Visitor Evaluation Methods:

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

5.3 The program assures that students employ proper safety practices.

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

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

- Students must not hold image receptors during any radiographic procedure.
- Students should not hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care.
- Programs must develop policies regarding safe and appropriate use of energized laboratories by students. Students' utilization of energized laboratories must be under the supervision of a qualified radiographer who is available should students need assistance. If a qualified radiographer is not readily available to provide supervision, the radiation exposure mechanism must be disabled.

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

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

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

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

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

The JRCERT defines direct supervision as student supervision by a qualified radiographer who:

- reviews the procedure in relation to the student's achievement,
- evaluates the condition of the patient in relation to the student's knowledge,
- is physically present during the conduct of the procedure, and
- reviews and approves the procedure and/or image.

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

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

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

- Review of published program materials
- Review of student records
- Review of meeting minutes
- Interviews with faculty
- Interviews with clinical preceptor(s)
- Interviews with clinical staff
- Interviews with students

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

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

Required Program Response:

- Describe how institutional and/or program policies and procedures are made known to enrolled students.
- Provide institutional and/or program policies and procedures that safeguard the health and safety of students.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
- Review of student records
- Interviews with faculty
- Interviews with students

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

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

Objectives:

6.1 The program maintains the following program effectiveness data:

- five-year average credentialing examination pass rate of not less than 75 percent at first attempt within six months of graduation,
- five-year average job placement rate of not less than 75 percent within twelve months of graduation, and
- annual program completion rate.

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

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

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

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

6.1 The program maintains the following program effectiveness data:

- **five-year average credentialing examination pass rate of not less than 75 percent at first attempt within six months of graduation,**
- **five-year average job placement rate of not less than 75 percent within twelve months of graduation, and**
- **annual program completion rate.**

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

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

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

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

Program completion rate: The number of students who complete the program within the stated program length. The program specifies the entry point (e.g., required orientation date, final drop/add date, final date to drop with 100% tuition refund, official class roster date, etc.) used in calculating the program's completion rate. When calculating the total number of students enrolled in the program (denominator), programs need not consider students who attrite due to nonacademic reasons such as: 1) financial, medical/mental health, or family reasons, 2) military deployment, 3) a change in major/course of study, and/or 4) other reasons an institution may classify as a nonacademic withdrawal.

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

No Required Program Response.

Possible Site Visitor Evaluation Methods:

- Review of program effectiveness data
- Interviews with faculty

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

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

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

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

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

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

Explanation:

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

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

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

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

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

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

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

Explanation:

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

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

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

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

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

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

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

Required Program Response:

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

Possible Site Visitor Evaluation Methods:

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

Glossary of Terms

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Grievance policy and/or procedure: a grievance is defined as a claim by a student that there has been a violation, misinterpretation, or inequitable application of any existing policy, procedure, or regulation. The program must have a policy/procedure to provide individuals an avenue to pursue grievances. If the institutional policy/procedure is to be followed, this must be clearly identified and provided to students. The policy/procedure must outline the steps for formal resolution of any grievance. The final step in the process must not include any individual(s) directly associated with the program (e.g., program director, clinical coordinator, faculty, administrator). The procedure must assure timely resolution. The program must maintain a record of all formal grievances and their resolution. Records must be retained in accordance with the institution's/program's retention policies/procedures. Additionally, the program must have a procedure to address any complaints apart from those that require invoking the grievance procedure (e.g., cleanliness of classroom). The program must determine if a pattern of any grievance or complaint exists that could negatively affect the quality of the educational program.

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

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

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

> **Credentialing examination pass rate:** the number of graduates who pass, on first attempt, the American Registry of Radiologic Technologists (ARRT) certification examination, or an unrestricted state licensing examination, compared with the number of graduates who take the examination within six months of graduation.
>
> **Job placement rate**: the number of graduates employed in the radiologic sciences compared to the number of graduates actively seeking employment in the radiologic sciences. The JRCERT has defined not actively seeking employment as: 1) graduate fails to communicate with program officials regarding employment status after multiple attempts, 2) graduate is unwilling to seek employment that requires relocation, 3) graduate is unwilling to accept employment due to salary or hours, 4) graduate is on active military duty, and/or 5) graduate is continuing education.
>
> **Program completion rate:** the number of students who complete the program within the stated program length. The program specifies the entry point (e.g., required orientation date, final drop/add date, final date to drop with 100% tuition refund, official class roster date, etc.) used in calculating the program's completion rate. When calculating the total number of students enrolled in the program (denominator), programs need not consider graduates who attrite due to nonacademic reasons such as: 1) financial, medical/mental health, or family reasons, 2) military deployment, 3) a change in major/course of study, and/or 4) other reasons an institution may classify as a nonacademic withdrawal.

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

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

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

Awarding, Maintaining, and Administering Accreditation

A. Program/Sponsoring Institution Responsibilities

1. Applying for Accreditation

The accreditation review process conducted by the Joint Review Committee on Education in Radiologic Technology (JRCERT) is initiated by a program through the written request for accreditation sent to the JRCERT, on program/institutional letterhead. The request must include the name of the program, the type of program, and the address of the program. The request is to be submitted, with the applicable fee, to:

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

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

2. Administrative Requirements for Maintaining Accreditation

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

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

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

d. Paying JRCERT fees within a reasonable period of time. Returning, by the established deadline, a completed Annual Report.

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

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

Program failure to meet administrative requirements for maintaining accreditation will lead to Administrative Probationary Accreditation and potentially result in Withdrawal of Accreditation.

B. JRCERT Responsibilities

1. Administering the Accreditation Review Process

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

The accreditation process includes a site visit.

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

The JRCERT is responsible for recognition of clinical settings.

2. Accreditation Actions

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

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

For more information regarding these actions, refer to JRCERT Policy 10.200.

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

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

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

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

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

JRCERT
20 North Wacker Drive
Suite 2850
Chicago, IL 60606-3182
(312) 704-5300
(312) 704-5304 (fax)
mail@jrcert.org (e-mail)
www.jrcert.org

JRCERT

Excellence in Education

APPENDIX C

THE AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS
CODE OF ETHICS

September 2020

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

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

3. The radiologic technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, familial status, disability, sexual orientation, gender identity, veteran status, age or any other legally protected basis.

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

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

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

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

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

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

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

11. The radiologic technologist refrains from the use of illegal drugs and/or any legally controlled substances which result in impairment of professional judgment and/or ability to practice radiologic technology with reasonable skill and safety to patients.

APPENDIX D

RADIOLOGIC TECHNOLOGY PROGRAMS

Request for CTO Hours

Today's Date_____ Student's Name _____

Number of CTO Hours to be used: _____
Half Day (4hrs) or Full Day (8 hrs)

Date to be used: _____

Student's Signature _____

Clinical Coordinator Signature _____

Forms must be filled out and handed in at least 48 hours prior to request date unless otherwise specified.

*** CTO time may only be taken in half day or full day increments.**

APPENDIX E

DECLARATION OF PREGNANCY FORM

NAME: _____ PROGRAM: _____

I am declaring that I am pregnant. I believe that I became pregnant _____ (month and year only).

By providing this information to the Program Director, in writing, I am making voluntary disclosure of a formal notification to the director that I am pregnant. Under the Program's **Guidelines for the Pregnant Student**, I understand the fetal dose is not allowed to exceed 5mSv (500mrem) from occupational exposure to radiation, during my entire pregnancy. I understand this limit includes exposure I have already received since becoming pregnant.

When the pregnancy has termed, I will inform the Program Director in writing as soon as practical. I also understand I have the right to revoke this declaration of pregnancy at any time. I understand that I will be asked to sign a revocation form.

_____

Signature of student Date

I have received notification from the above individual that she is pregnant. I have explained to her the options for reducing her exposure to as low as reasonable achievable (ALARA).

_____

Program Director Date

I have evaluated her prior exposure and established appropriate limits to control the dose to the developing embryo/fetus.

_____

Radiation Safety Officer or Designee Date

APPENDIX F

WITHDRAWAL OF PREGNANCY DECLARATION

I am withdrawing my previous declaration of pregnancy. I understand that as a result of signing and submitting this form, any leave of absence for pregnancy will be discontinued on _____.

Date of Withdrawal of Pregnancy Declaration: _____

_____ _____

Signature of Student Date

Acknowledgement of receipt of Pregnancy Withdrawal Document:

_____ _____

Signature of Program Director Date

APPENDIX G

FETAL RADIATION EXPOSURE ADVISEMENT FORM

I have been advised of the policy regarding pregnant students in Radiology and I understand I have the option of taking a leave of absence from my education in the Radiology Program.

I understand that there is a potential hazard to the fetus from radiation and that the possibility of future genetic mutations exists. These hazards have been explained to me by _____.

I have read the Pregnant Radiography Students Policy and I fully understand the risks involved and I have been given the opportunity to take a leave of absence from my education in the Radiology Program during this pregnancy.

I have been advised to discuss this decision with my personal physician and I will advise the Program Director / Radiation Safety Officer (RSO) immediately should I and/or my physician determine that a leave is warranted.

_____ _____

Signature Date

APPENDIX H

PREGNANT STUDENT RADIOGRAPHER REQUEST FOR LEAVE OF ABSENCE

I have been advised of the policy regarding pregnant students in Radiology and I understand I have the option of taking a medical leave from my education in the Radiography Program.

I understand that there is a potential hazard to the fetus from radiation and that the possibility of future genetic mutations exists. These hazards have been explained to me by _____.

I have read the Pregnant Radiography Students Policy and I fully understand the risks involved and I have been given the opportunity to take a leave of absence from my education in the Radiography Program during this pregnancy.

I have chosen to take a leave of absence from the Program due to my pregnancy.

_____ _____

Signature Date

APPENDIX I

UNIFORM INFORMATION

SCRUB WEAR HOUSE
2409 Main Street
Rocky Hill, CT 06067
(860) 571-8966
Scrubwearhouse.net

SCRUB WEAR HOUSE
232 Boston Post Road
Milford, CT 06460
(203) 877-1293

SCRUB WEAR HOUSE
625 Wolcott Street
Waterbury, CT 06705
(203) 527-4440

LEAD MARKERS

Pb Markers - 2A

- Click on X-Ray Markers
- 3 initials/numbers
- **Select Item #2A**
- You can select a clear or black frame and the colors you would like but remember to use one color for Right and a DIFFERENT color for Left.
- You must have 3 initials included (if you do not have a middle initial, please use the letter 'X')

APPENDIX J
ARRT - Clinical Competency Requirements Checklist (Eff.1/22)

Imaging Procedure	Mandatory or Elective	Knowledge Assessment	Eligible for Simulation	Date of Competency Completion/ verified by
Chest and Thorax				
Chest Routine	M			
Chest AP(wheelchair or stretcher)	M			
Ribs	M		✓	
Chest Lateral Decubitus	E		✓	
Sternum	E		✓	
Upper Airway (soft-tissue neck)	E		✓	
Sternoclavicular Joints	E		✓	
Upper Extremity				
Thumb or Finger	M			
Hand	M			
Wrist	M			
Forearm	M			
Elbow	M			
Humerus	M		✓	
Shoulder	M			
Trauma Shoulder or Humerus (Scapular Y, Transthoracic or Axillary)*	M			
Clavicle	M		✓	
Scapula	E		✓	
AC joints	E		✓	
Trauma Upper Extremity (Non-Shoulder)	M			
Lower Extremity				
Toes	E		✓	
Foot	M			
Ankle	M			
Tib/Fib	M		✓	
Knee	M			
Femur	M		✓	
Trauma Lower Extremity*	M			
Patella	E		✓	
Calcaneus (Os-Calcis)	E		✓	
Head – Students must select at least one elective from this section.				
Skull	E		✓	
Paranasal Sinuses	E		✓	
Facial Bones	E		✓	
Orbits	E		✓	

Nasal Bones	E		✓	
Mandible	E		✓	
Temporomandibular Joints	E		✓	
Spine and Pelvis				
Cervical Spine	M			
X-table Lateral Spine	M		✓	
Thoracic Spine	M		✓	
Lumbar Spine	M			
Pelvis	M			
Hip	M			
Trauma Hip (X-table Lateral)	M		✓	
Sacrum and/or Coccyx	E		✓	
Scoliosis Series	E		✓	
Sacroiliac Joints	E		✓	
Abdomen				
Abdomen Supine	M			
Abdomen Upright	M		✓	
Abdomen Decubitus	E		✓	
Intravenous Urography	E			
Fluoroscopy Studies – Students must select either Upper GI or Barium Enema plus one other elective procedure from this section.				
Upper GI Series (single or double contrast)	E			
Contrast Enema (single or double contrast)	E			
Small Bowel Series	E			
Esophagus (not Swallowing Dysfunction)	E			
Cystography/Cystourethrography	E			
ERCP	E			
Myelography	E			
Arthrography	E			
Hysterosalpingography	E			
Mobile C-Arm Studies				
C-Arm Procedure (Requiring manipulation to obtain more than one projection)	M		✓	
Surgical Procedure (Requiring manipulation around a sterile field)	M		✓	
Mobile Radiographic Studies				
Chest	M			
Abdomen	M			
Upper or Lower Extremity	M			
Pediatrics (age 6 or younger)				
Chest Routine	M		✓	

Upper or Lower Extremity	E		✓	
Abdomen	E		✓	
Mobile Study	E		✓	
Geriatrics (age 65 or older and physically or cognitively impaired as a result of aging)				
Chest Routine	M			
Upper or Lower Extremity	M			
Hip or Spine	E		✓	

Total Mandatory Exams Required = 36
Total Elective Exams Required = 15
Total # of Simulations Allowed = 10

APPENDIX K

CT State Community College - Gateway –
Radiography Student Evaluation of
Clinical Instructor

5 – Very strongly AGREE 4 – Strongly AGREE 3 – AGREE 2 – DISAGREE 1 – Strongly DISAGREE

THE CLINICAL INSTRUCTOR FOR THIS ROTATION:	**5**	**4**	**3**	**2**	**1**
1. gave the student opportunities to perform various radiographic exams					
2. offered direct and indirect supervision as outlined in the Radiography Program Student Handbook					
3. was available to students on a regular basis					
4. demonstrated support for Program policies and procedures					
5. followed the competency evaluation procedure as written					
6. offered constructive criticism in a timely manner as to support student learning					
7. demonstrated a positive attitude toward students					
8. demonstrated a positive attitude toward the College and Program faculty/staff					
9. critiqued images after exam					
10. Effectively handled student questions/concerns/problems					
THE STAFF TECHNOLIGISTS FOR THIS ROTATION WERE:					
11. helpful					
12. eager to work with students					
13. supportive of the Program and students					
14. eager to work with students					
15. offered students constructive criticism					
THE PHYSICAL ASPECTS OF THIS ROTATION PROVIDED:					
16. an adequate number of procedures for my educational experience					
17. equipment in good working order					
18. well defined procedure guidelines					
19. exposure guidelines/ technique chart					
GENERAL INFORMATION:					
20. My overall experience in this rotation was both educational and beneficial					

APPENDIX L

CT State Community College- Gateway
Radiography Program

Evaluation of Clinical Affiliate/Rotation

Directions: Answer the following questions based on your OWN assessment of the rotation and affiliate. Please answer ALL questions. If you mark a 1 or 2 for any question, please be sure to include an explanation for that answer in the comments section of this evaluation. The evaluation will be kept confidential and be used to help the Program identify areas where improvement is needed.

Date:_____

Affiliate: _____

Use the following key to answer the questions:

5 – Very strongly AGREE 4 – Strongly AGREE 3 – AGREE 2 – DISAGREE 1 – Strongly DISAGREE

THE CLINICAL INSTRUCTOR FOR THIS ROTATION:	**5**	**4**	**3**	**2**	**1**
1. gave the student opportunities to perform various radiographic exams					
2. offered direct and indirect supervision as outlined in the Program Guide					
3. was available to students on a regular basis					
4. demonstrated support for Program policies and procedures					
5. followed the competency evaluation procedure as written					
6. offered constructive criticism in a manner that supports student learning					
7. demonstrated a positive attitude toward students					
8. demonstrated a positive attitude toward the College and Program					
9. critiqued images after exam					
10. Effectively handled student questions/concerns/problems					
THE STAFF TECHNOLIGISTS FOR THIS ROTATION WERE:					
11. helpful					
12. eager to work with students					
13. supportive of the Program and students					
14. eager to work with students					
15. offered students constructive criticism					
THE PHYSICAL ASPECTS OF THIS ROTATION PROVIDED:					
16. an adequate number of procedures for my educational experience					
17. equipment in good working order					
18. well defined procedure guidelines					
19. exposure guidelines/ technique chart					
GENERAL INFORMATION:					
20. My overall experience in this rotation was educational and beneficial					

APPENDIX M

Graduate Exit Assessment

During the final semester of the program, each student will go through the Graduate Exit Assessment. This process will consist of completing several exit competency exams with the Clinical Coordinator or a Clinical Instructor, writing an Essay on a topic chosen by the Clinical Coordinator and Program Director, providing a completed Clinical Logbook and passing a mock registry exam with a 75 or higher. Students must successfully complete each portion of the Graduate Exit Assessment to complete the Program. The Clinical Coordinator will set up appointments for each student to complete the exit competency exam portion of this assessment.

The student must perform the following exit comps:

- one (1) GI exam with overhead images
- four (4) **different** exams in a general procedures area (including one pediatric case)
- one (1) trauma examination
- one (1) ICU portable examination
- one (1) OR procedure

The Clinical Coordinator or Instructor will randomly select the procedures based on whatever is scheduled for that specific area. Students will be evaluated on the following:

- ✓ Room set up/Clean up
- ✓ Patient set up (call for patient, get them changed, etc.)
- ✓ Ability to communicate effectively with patient and staff
- ✓ Assist Radiologist throughout study (as appropriate)
- ✓ Obtain required radiographs including:
    - Select technical factors
    - Position patient
    - Operate DR system
    - Image critique and evaluation
    - Label Images (if applicable)
    - Complete the case with Staff Technologist approval

APPENDIX N

CT State Community College - Gateway Emergency Guidebook:

- This is a safety guide, which informs staff, students and faculty of procedures to follow in case of an emergency on campus.
- To view the Emergency Guidebook click on the following link: Gateway Emergency Action Response Plan

Gateway Public Safety Officer Escorts:

- Gateway Public Safety Officers will provide escorts to and from the Temple St. Garage and the Gateway Garage.
- A Gateway community member must either call 203-285-2246 or stop by one of the public safety stations to request this service.

CT State Community College – Gateway Campus ID's:

- Gateway ID's can be done online or in person.
- Students need to complete the online form which can be found on the CT State website by searching College ID or Click here for more information.
- Once the online form is completed and submitted, you will receive an email letting you know when it is ready to be picked up.
- All students must have a CT State Community College ID or visitor pass visible on their person while on the Gateway campus.

APPENDIX O

Radiography Program Technical Standards

Our program technical standards have been developed to help students understand non-academic standards, skills, and performance requirements expected of a student to complete the clinical and lab portions of the Radiography curriculum. The associate degree in Radiography signifies that the graduate is prepared for an entry-level position into the practice of Radiography. Therefore, the graduate must have both the knowledge and skills to function in a broad variety of situations and to render a wide spectrum of health-related services in the clinical setting. Students must be able to consistently perform the following physical requirements to meet the physical requirements of the profession.

SKILL	DESCRIPTION	EXAMPLE
Motor Skills	The student must possess enough strength and motor coordination required to execute the movements and skills required to safely perform the functions of a radiographer for up to 10 hours.	- carry, reach, stoop, and lift up to 50 pounds. - stand and walk without support up to 100% of the time while assigned to the clinical setting. - demonstrate gross and fine motor coordination to respond quickly and efficiently to patient's needs. - operate radiography equipment appropriately and safely 100% of the time. - safely move patients and accessory equipment (O2, chest tubes, access lines, pumps, etc.). - perform all physical requirements associated with radiography while maintaining all established protocols and patient safety standards.
Sensory Ability	The student must possess the ability to obtain information in the classroom, laboratory, or clinical settings using various sensory abilities. Visual Acuity Minimum: Corrective 20/40 bilaterally	- visually monitor patient and equipment during radiographic procedures. - visually assess digital radiographic images - visually prepare and administer contrast media and other medications as directed. - possess auditory ability sufficient for physical monitoring and assessment of patient health. - able to view computer screens for up to 10 hours.

Communication	The student must possess the ability to use verbal, non-verbal and written communication to perform job duties.	- Able to verbally communicate with others in a clear and concise manner. - Able to respond appropriately to non-verbal cues such as eye contact, body language, and facial expressions. - Able to interact with others using written words.
Professionalism and Interpersonal Skills	The student must possess the ability to demonstrate concern for others, integrity, appropriate professional ethical conduct, accountability, interest, and motivation.	- maintain focused on multiple details and tasks for up to 10 hours. - function effectively under stress and adapt to changing environments inherent in clinical practice. - make proper judgments regarding quality care. - maintain effective, mature, and sensitive relationships with patients, families, caregivers, students, faculty, staff and other professionals at all times.
Critical Thinking	The student must possess the ability to solve issues that may arise in clinical situations while ensuring patient safety and diagnostic accuracy.	- understand and apply didactic and clinical instruction in the clinical setting. - prioritize multiple tasks, integrate information and make appropriate decisions concerning patient care and equipment manipulation.

If an accommodation and/or academic adjustment is necessary to participate in the program, it is imperative to identify a reasonable accommodation and/or academic adjustment to those students who qualify under the Americans with Disabilities Act (ADA). Reasonableness is determined by Disability Services and the program on a case-by-case basis utilizing the program technical standards. The accommodation and/or academic adjustment needs to be in place prior to the start of the program, or it may delay your ability to start the program. It is the student's responsibility to contact Disability Services and request accommodation and/or academic adjustment each semester. The program reserves the right to require the applicant or student to physically demonstrate any of the above listed skills.

APPENDIX P

American Hospital Association
"Patient's Bill of Rights"

These rights can be exercised on the patient's behalf by a designated surrogate or proxy decision-maker if the patient lacks decision-making capacity, is legally incompetent, or is a minor.

1. The patient has the right to considerate and respectful care.
2. The patient has the right to and is encouraged to obtain from physicians and other direct caregivers relevant, current, and understandable information concerning diagnosis, treatment, and prognosis.
3. Except in emergencies when the patient lacks decision-making capacity and the need for treatment is urgent, the patient is entitled to the opportunity to discuss and request information related to the specific procedures and/or treatments, the risks involved, the possible length of recuperation, and the medically reasonable alternatives and their accompanying risks and benefits.
4. Patients have the right to know the identity of physicians, nurses, and others involved in their care, as well as when those involved are students, residents, or other trainees.
5. The patient also has the right to know the immediate and long-term financial implications of treatment choices, insofar as they are known.
6. The patient has the right to make decisions about the plan of care prior to and during the course of treatment and to refuse a recommended treatment or plan of care to the extent permitted by law and hospital policy and to be informed of the medical consequences of this action. In case of such refusal, the patient is entitled to other appropriate care and services that the hospital provides or transfer to another hospital. The hospital should notify patients of any policy that might affect patient choices within the institution.
7. The patient has the right to have an advance directive (such as a living will, health care proxy, or durable power of attorney for health care) concerning treatment or designating a surrogate decision-maker with the expectation that the hospital will honor the intent of that directive to the extent permitted by law and hospital policy. Health care institutions must advise patients of their rights under state law and hospital policy to make informed medical choices, ask if the patient has an advance directive, and include that information in patient records. The patient has the right to timely information about hospital policy that may limit its ability to implement fully a legally valid advance directive.
8. The patient has the right to every consideration of privacy. Case discussion, consultation, examination, and treatment should be conducted so as to protect each patient's privacy.
9. The patient has the right to expect that all communications and records pertaining to his/her care will be treated as confidential by the hospital, except in cases such as suspected abuse and public health hazards when reporting is permitted or required by law. The patient has the right to expect that the hospital will

emphasize the confidentiality of this information when it releases it to any other parties entitled to review information in these records.

10. The patient has the right to review the records pertaining to his/her medical care and to have the information explained or interpreted as necessary, except when restricted by law.
11. The patient has the right to expect that, within its capacity and policies, a hospital will make reasonable response to the request of a patient for appropriate and medically indicated care and services. The hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically appropriate and legally permissible, or when a patient has so requested, a patient may be transferred to another facility. The institution to which the patient is to be transferred must first have accepted the patient for transfer. The patient must also have the benefit of complete information and explanation concerning the need for, risks, benefits, and alternatives to such a transfer.
12. The patient has the right to ask and be informed of the existence of business relationships among the hospital, educational institutions, other health care providers, or payers that may influence the patient's treatment and care.
13. The patient has the right to consent to or decline to participate in proposed research studies or human experimentation affecting care and treatment or requiring direct patient involvement and to have those studies fully explained prior to consent. A patient who declines to participate in research or experimentation is entitled to the most effective care that the hospital can otherwise provide.
14. The patient has the right to expect reasonable continuity of care when appropriate and to be informed by physicians and other caregivers of available and realistic patient care options when hospital care is no longer appropriate.
15. The patient has the right to be informed of hospital policies and practices that relate to patient care, treatment, and responsibilities. The patient has the right to be informed of available resources for resolving disputes, grievances, and conflicts, such as ethics committees, patient representatives, or other mechanisms available in the institution. The patient has the right to be informed of the hospital's charges for services and available payment methods.

(taken from https://www.americanpatient.org/aha-patients-bill-of-rights/ July 2025)

APPENDIX Q

CT State Community College
– Gateway Radiography
Program
Confidentiality Agreement and Consent to Video Record

During participation in any learning activities, while a student in the Radiography program, you will be both an active participant and an observer.

The primary objective of interactive learning, simulation, and virtual learning is to support and enhance clinical nursing practice. The faculty believe these learning activities will provide students with additional methods to identify their learning needs and improve their clinical performance.

Simulations are designed to challenge student response and judgment in a variety of clinical scenarios. Due to the possible sensitive nature of these experiences, strict confidentiality is required by all participants and observers.

My signature on the **Radiography Student Handbook Acknowledgement of Receipt and Agreement to Comply** form indicates my agreement to maintain strict confidentiality about the details of any learning activity, its participant(s), and the performance of any participant(s).In addition, my signature indicates that I have authorized the Radiography faculty and staff to video record my performance during any learning activity as a participant or as an observer. Furthermore, my signature indicates that I have authorized the Radiography faculty and staff to use the video recording(s) of my participation in any learning activity for purposes including, but not limited to: remediation, faculty review, and the educational support of other learners by displaying the recording.

By signing the **Radiography Student Handbook Acknowledgement of Receipt and Agreement to Comply** form, I acknowledge that my agreement is truly voluntary and that I have been provided the opportunity to seek further clarification of this document prior to signing.

Gateway Radiography Student Handbook
Acknowledgement of Receipt and Agreement to Comply

Gateway Radiography students are responsible for reading and complying with the information that appears in the current college catalog, student handbook and the 2025-2026 Gateway Radiography Student Handbook. The Gateway Radiography Student Handbook is a guide to specific practice standards for the Radiography program. Failure to comply with Gateway Radiography program standards and practices will lead to a review of student behavior and possible disciplinary action, up to and including dismissal from the Program. The Gateway Radiography program reserves the right to modify any statement in the 2025-2026 Gateway Radiography Student Handbook. If changes are made, they will be provided to students through a Gateway Radiography Student Handbook Addendum. Regardless of entry date, students must abide by the Gateway Radiography Program standards and practices in accordance with the most recent edition of the Gateway Radiography Student Handbook.

I,_____, acknowledge receiving and reading the 2025-2026 Gateway Radiography Student Handbook, including the Confidentiality and Consent to Video Record Agreement.

I agree to comply with the standards and practices stated in the Gateway Radiography Student Handbook and with the terms of the Confidentiality and Consent to Video Record Agreement.
I acknowledge that prior to signing, I have been provided the opportunity to seek further clarification if needed.

I understand this statement will be placed in my Radiography program student file.

_____
Student Name (PRINT)

_____ _____
Student Signature Date

Class of _____

APPENDIX R

CT State Community College - Gateway

Request for Program Readmission – Radiography

Student Name:_____ Banner ID: _____

Mailing Address:

_____

_____

Email address:_____Phone: _____

Please select the semester you are requesting to make program readmission:

Fall ☐ Spring ☐ Summer ☐

Year: _____

_____ _____

Student Signature Date

For office use only

Program Director APPROVE ☐ DENY ☐

Comments: