

HORRY-GEORGETOWN TECHNICAL COLLEGE

Medical Imaging Sciences Department

STUDENT HANDBOOK 2021-2023



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HORRY-GEORGETOWN TECHNICAL COLLEGE

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Myrtle Beach, S.C. 29577
(843) 839-1149**

PROGRAM OFFICIALS

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Program Director Radiologic Technology
(843) 839-1149

Professor Mary E. Stenger MS, RT(R)
Clinical Coordinator
Radiologic Technology
(843) 477-2180

Professor Caryn Atkins BS, RDMS
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(843) 477-2181

Susan Gallant RDMS
Clinical Coordinator
Diagnostic Medical Sonography

Mandy Hiott RT(R) (CT)
Adjunct Instructor - Radiologic Technology

Dr. Scott Mencken, M.D.
Medical Advisor

CLINICAL AFFILIATES

Conway Medical Center
Georgetown Memorial Hospital – Tidelands Health
Grand Strand Medical Center
South Strand Medical Center
McLeod- Loris Healthcare System
McLeod- Seacoast Medical Center
MUSC Health Marion and Florence
Waccamaw Community Hospital – Tidelands Health
McLeod- Florence Medical Center (DMS only)

PREFACE

Horry-Georgetown Technical College offers an Associate Degree program in Radiologic Technology, and Certificate programs in Diagnostic Medical Sonography, Vascular Sonography and Computerized Tomography. The programs provide students with the basic knowledge and principles needed to become professionals in their field of study. The programs also are devoted to providing quality patient care through professional health care education.

The Radiologic Technology Associate Degree program is designed to comply with the Standards for an Accredited Educational Program in Radiologic Sciences as set forth by the Joint Review Committee on Education for Radiologic Technologists (JRCERT). The Associate Degree program is accredited by JRCERT (See Appendix B). The **Program Effectiveness Data** may be accessed online at www.jrcert.org. Our program annual effectiveness data may also be accessed online on our web page <https://www.hgtc.edu/documents/academics/programs/mis/radiologic-tech-chart.pdf>.

The Diagnostic Medical Sonography certificate program is designed to comply with the Standards for an Accredited Educational Program in Diagnostic Medical Sonography as set forth by the Joint Review Committee on Education in Diagnostic Medical Sonography (JRC-DMS). The program is accredited by CAAHEP (Commission on Accreditation of Allied Health Education Programs). The **Program Effectiveness Data** may be accessed online at www.caahep.org. Our program annual effectiveness data may also be accessed online on our web page <https://www.hgtc.edu/documents/academics/programs/dms/program-effectiveness.pdf>

Graduates from our programs are eligible to sit for the nationally recognized certification examination administered by the American Registry of Radiologic Technologists for Radiography and Diagnostic Medical Sonography. Sonography students are also eligible to sit for the American Registry of Diagnostic Medical Sonographers (ARDMS) national registry examination.

Students enrolled in the program are regarded as mature, responsible persons seeking an education in the field of Medical Imaging Sciences. They are not considered employees of the clinical education centers. The following information is provided to inform the students of the policies and requirements of this educational program.

This student handbook was developed and approved by the Medical Imaging Sciences program officials, clinical instructors, and advisory committee to ensure students adhere to the scope of practice, and Code of Ethics for Radiographers and Sonographers.

PROGRAM OFFICIALS POSITION DESCRIPTIONS/DUTIES

- Full-time Program Director:
 - Assures effective program operations.
 - Oversees ongoing program assessment,
 - Participates in budget planning,

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

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

- Full-time Clinical Coordinator:

Correlates clinical education with didactic education, Evaluates students,

Participates in didactic and/or clinical instruction,

Supports the program director to help assure effective program operation,

Coordinates clinical education and evaluates its effectiveness,

Participates in the assessment process,

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

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

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

- Full-Time Didactic Program Faculty:

Prepares and maintains course outlines and objectives, instructs and evaluates students, and reports progress,

Participates in the assessment process,

Supports the program director to help assure effective program operation,

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

Maintains appropriate expertise and competence through continuing professional development.

- Part-Time Didactic Program Faculty:

Prepares and maintains course outlines and objectives, instructs and evaluates students, and reports progress,

Participates in the assessment process, when appropriate,

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

Maintains appropriate expertise and competence through continuing professional development.

- Clinical Preceptor:

Is knowledgeable of program goals,

understands the clinical objectives and clinical evaluation system, understands the sequencing of didactic instruction and clinical education, provides students with clinical instruction and supervision,

Evaluates students' clinical competence,

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

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

- Clinical Staff:

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

RADIOLOGIC TECHNOLOGY MISSION STATEMENT

The Medical Imaging Science's Programs of Horry-Georgetown Technical College will provide a student - centered environment for the development of professional attributes, technical abilities and critical thinking skills expected of an entry-level technologist. The graduate of the program will have acquired the knowledge, skills, and professional experiences necessary for success in achieving their career and educational goals and will work as effective imaging specialists in the local communities.

AREAS OF ASSESSMENT

Critical Thinking and Problem Solving
Group Participation and Global Awareness
Professional Effectiveness
Communication
Academic Preparedness
Employment

PROGRAM GOALS

1. Students will use critical thinking and problem solving skills.

Student Learning Outcomes- Students will:
Apply analytical and evaluative abilities
Modify routine positions according to patient condition

2. Students will be clinically competent.

Student Learning Outcomes- Students will:
Demonstrate competency in positioning
Apply radiation protection practices
Demonstrate applicable patient care methods
Select appropriate technical factors

3. Students will demonstrate professional behaviors.

Student Learning Outcomes- Students will:
Effectively work/demonstrate professional demeanor.
Participate in activities that promote the profession.

4. Students will communicate effectively.

Student Learning Outcomes- Students will:
Demonstrate effective written communication
Demonstrate effective oral communication

5. Students will demonstrate academic preparedness by passing a certification exam(s) in the field.

Students will pass the ARRT Registry Examination

STUDENT LEARNING OUTCOMES

Graduate from the program
Pass the ARRT registry or certification exam in discipline
Acquire jobs in the profession
Employers are satisfied with graduates
Students are satisfied with the program

DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM MISSION STATEMENT

The Medical Imaging Sciences Programs of Horry-Georgetown Technical College will provide a student - centered environment for the development of professional attributes, technical abilities, and critical thinking skills expected of entry-level Sonographers. The graduate of the program will have acquired the knowledge, skills and professional experiences necessary for success in achieving their career and educational goals and will work as effective Sonographers in their local communities.

AREAS OF ASSESSMENT

Critical Thinking and Problem Solving
Group Participation and Global Awareness
Professional Effectiveness
Communication
Academic Preparedness
Employment

DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM GOALS

1. Students will be clinically competent.
2. Students will communicate effectively.
3. Students will demonstrate correct use and efficiency with information technology.
4. Students will use critical thinking and problem-solving skills.
5. Students will demonstrate professional behaviors.
6. The program will effectively meet the needs of the community for entry level Sonographers.

PROGRAM STUDENT LEARNING OUTCOMES

1. Students will demonstrate competency in command of the transducer.
2. Students will execute clinical competence in diagnostic ultrasound exams in the clinical setting.
3. Students will select appropriate technical factors, with use of all ultrasound equipment.
4. Student will develop the ability to recognize and record anatomy and pathology using ultrasound.
5. Students will demonstrate analytical and evaluative abilities in a clinical setting.
6. Students will demonstrate and develop professional demeanor with Healthcare Team.
7. Students will apply ALARA practices.
8. Students will demonstrate applicable patient care methods.
9. Students will demonstrate effective written and oral communication.
10. Students will demonstrate competent use and delivery of information via electronic sources.
11. Students will modify examinations according to patient condition and or technical considerations.
12. Students enrolled in the program will graduate.
13. Students will acquire jobs in the profession.
14. Students will pass the ARDMS/ARRT certification exams.
15. Employees will be satisfied with graduates.

RIGHTS AND RESPONSIBILITIES OF THE STUDENT

1. The student must know, understand and adhere to the rules and regulations stated in this handbook, as well as the Clinical Student Handbook.
2. It is highly recommended the student provide their own health insurance.
3. The student has the right to have all rules and regulations explained to them, including periodic updates of any changes.
4. The student has the right to file a complaint concerning **any grievance** they may have **as a student of Horry-Georgetown Technical College**. The student should direct the grievance to the appropriate person, either the Program Director or the Clinical Coordinator and should occur within 5 days of the incident or complaint. The proper lines of communication and documentation are outlined in the Horry-Georgetown Technical College, Student Code and Grievance Policy 9.3.7; listed in Appendix A and follow the South Carolina State Technical College System policy.
5. The student has a right to inspect all records kept related to them, as dictated by the Federal Family Education Rights and Privacy Act of 1974.
6. The student has the right to inspect their radiation record (Radiography Program), and to be informed about the reporting system in such a way that he understands the terms and abbreviations used in the report.
7. The student may refer to Appendix B: JRCERT Standards, JRCERT Policy 80.001,002,003, JRCERT Procedures 80.001 A-H, Complaint Form, and Resolution Procedure. The student has the right to report any noncompliance of Standards for an Accredited Educational Program in Medical Imaging Sciences to:

JRCERT (Radiography)

20 North Wacker Drive, Suite 2850
Chicago, Illinois 60606- 3182
(312) 704-5300
Fax 312-704-5304
www.jrcert.org

CAAHEP (Sonography)

9355 – 113th St. N.
#7709
Seminole, FL 33775
Telephone: 727-210-2350
Fax: 727-210-2354
mail@caahep.org

ACADEMIC STANDARDS

Clinical Education Courses: A minimum of C grade is required in all Medical Imaging Science (MIS) courses. Failure to achieve a minimum of a C in a clinical education course requires mandatory dismissal of the student, as a clinical education course cannot be repeated due to conflict in course schedules. Clinical grading is explained in the clinical handbook.

Didactic Courses: Students are required to achieve a minimum grade of C in all Medical Imaging Science didactic courses. Failure to achieve a minimum grade of a C in any MIS course requires a mandatory dismissal of the student, as a MIS course cannot be repeated due to conflict in course schedules.

Students must maintain a cumulative 2.5 GPA to continue in the program. This includes clinical and didactic courses.

COMPENSATORY TIME OFF POLICY

To encourage students to participate in regional and state technology society educational meetings, the students will be awarded compensatory time off for those periods outside of normal clinic time. If a student attends a seminar in lieu of class or clinic time they do not receive additional compensatory time off. If the student attends a meeting in the evening and also attended clinic on that date, then they are eligible to receive compensatory time. Students who choose to attend weekend registry reviews will not receive compensatory time as this is not considered a mandatory educational meeting.

Compensatory time off for educational meetings is to be taken only on clinical days. The time may be taken only after approval of the designated faculty, and the clinical instructor. Compensatory time **must be Pre-scheduled** and taken within the semester of the date earned.

The steps the student must follow to obtain and use the compensatory time are:

1. The student must obtain the compensatory time slip from the designated faculty member within five days of the educational activity (Proof of attendance will be required)
2. Each student will be responsible for the security of their compensatory time off slips, if lost they will not be replaced.
3. The time must be used within the semester of the date issued or it becomes null and void.
4. The student must arrange with the clinical instructor the date and the time to be used in advance and notify the designated faculty of the agreed upon date.
5. The clinical preceptor will enter the date the time is to be used and initial compensatory time off slip.
6. The slip will be presented to the designated faculty member for their approval and signature.

If a student is requested to stay late by the clinical preceptor, the student will have earned compensatory time. This time must be taken within the same semester and must be approved by the Clinical Instructor. If the student chooses to stay late, no compensatory time will be earned.

STUDENT CONDUCT

To ensure a positive learning environment for all students, the Department follows the Code of Conduct (Appendix A) as outlined in the College Catalog. In accordance with the Code, the Department expects students to:

Show respect for others: Give complete attention and listen while others are talking, avoid arguing with instructors and classmates, avoid confrontation with others during classroom discussions, respect the opinions of others, keep conversations professional and questions focused on relevant course issues, avoid threatening behavior, verbal and/or written defamation towards fellow students, professors, staff technologists and clinical preceptors. Use appropriate language and medical terminology.

Engage in classroom activities: Actively participate. Avoid sleeping, doing personal work, other class assignments or studying for tests. Exhibit a positive attitude and interest in class or clinic.

Exhibit respect for college property: Use equipment with care, it is expensive to replace and maintain, keep desk area neat and clean.

Take ownership and responsibility for one's learning: Complete assignments, be prepared to participate in learning, put forth effort to learn, ask questions, **take responsibility for one's own actions** and maintain scholastic integrity and honesty.

Show respect for authority: Exhibit cooperation with the professor; avoid comments that show disrespect for the professor and their knowledge, select appropriate times to inquire about academic performance, address professors appropriately: Dr., Professor, Mrs., Ms., Miss, Mr. etc. **not by first or last name only.**

Consequences for not following the guideline are listed in the Code of Conduct.

MAKE-UP POLICY AND PROCEDURE FOR COURSE LECTURES

POLICY:

The program officials and instructors will abide by the following procedures for permitting students to make up coursework missed as a result of being absent from a scheduled lecture session. This policy serves to eliminate as much as possible any potential advantage that a student may gain by being absent from a lecture session, and thereby obtain a greater amount of study time and/or preparation time for the scheduled activities of the class than those students in attendance.

PROCEDURE:

1. The student is solely responsible for the reading assignments, lecture material covered, and making up any examinations, quizzes, homework assignments, etc., which occurred during their absence. Failure to notify the designated faculty of the absence within 24 hours will result in the student receiving a zero (0) for the day's work and or test.
2. All examinations and/or quizzes must be made up on/or before the student's first regular scheduled day of attendance (Monday/Friday) following their absence from the lecture session. The student must adhere to the following procedure:
 - a. It is the student's responsibility to notify the course instructor of the absence and provide the instructor with the **appointment date and time** of the scheduled make-up test or quiz **at the testing center**.
 - b. In the event the course instructor is not available, notify the chairperson immediately of the situation (instructors who anticipate they will not be available should submit the examination to a program official, who will deliver the examination/quiz to the testing center or proctor the make-up examination).
3. In the event a drop box is not available, the student who fails to meet an assigned (e.g. homework) deadline as a result of being absent on the deadline date must submit the assignment on the first regular scheduled lecture day of attendance. At the discretion of the Professor/Instructor, a grade reduction or percentage may be imposed for failing to meet the deadline schedule (if program not notified of absence, per absence policy).

The policy and procedure will be followed in all cases except where a faculty member or the instructor has agreed to waive said policy because of special extenuating circumstances.

PROFESSIONAL DEMEANOR

Rules of medical and professional ethics must always prevail in any activity. Friendly, prompt, and careful diagnostic treatment is the primary goal and purpose of any Medical Imaging Science Department. Personal feelings cannot interfere with this purpose.

Failure to maintain proper professional behavior will result in disciplinary action.

The following general rules are to be observed by all students in the clinical or classroom setting:

1. Students address all staff/faculty, clinical instructors, and the program director as Dr., Professor, Miss, Mrs., Ms., or Mr. unless instructed otherwise. All physicians shall be referred to as doctor.
2. No smoking, eating, or drinking except in designated areas. The HGTC campus is a smoke-free environment. Students may have refreshments in the classroom but are required to leave space clean and orderly. **Food and drink are not allowed in computer labs.**
3. In the clinic setting, reading materials must be confined to subjects related to the MIS clinical rotation and must be kept out of the sight of patients. Students are not permitted studying material from didactic courses which are not related to positioning and procedures.
4. Students are expected to remain in their assigned areas. Congregating in hallways, triage area, front offices, or patient waiting areas is not permitted.
5. Students are not to have personal conversations with others in the presence of patients. The patient is their primary concern. Any conversation should be with the patient or include the patient in the conversation.
6. Criticism of patients, the program, staff members, faculty, and any clinical entities is considered unprofessional, both in the clinic site and classroom. Please refer to dismissal policy for rules concerning violation.
7. Cheating in any form in didactic or clinical sessions is grounds for immediate dismissal.
8. Personal telephone calls, cell phone usage and texting are not permitted except for emergencies. Students should inform friends and family they're not to contact them at the hospital unless it is an emergency. Cells phones should be turned off or put on vibrate/silence, so as not to distract the surrounding area. I-Watches are not permitted during clinical rotations and didactic testing.

HIPAA

In both classroom and clinical settings, all Health Insurance Portability and Accountability Act (HIPAA) guidelines are to be followed by students. This pertains to fellow students, patients, clinical staff and faculty members.

Any student found to be in violation of HIPAA guidelines will be dismissed from the MIS program and will not be permitted to return to any HGTC Allied Health program.

CONFIDENTIALITY IN PRACTICE LABS

Students in the Medical Imaging programs may be practicing positioning and noninvasive procedures on each other (i.e. Blood pressures). This is strictly a volunteer activity to be a "patient". Students are expected to respect the rights of privacy as explained in the Student Code and Grievance Procedures (Appendix A). Furthermore, the students will follow the HIPAA protocols reviewed during Orientation. The policies in HIPAA concerning patient confidentiality will be applied to students who are volunteering as a simulated patient.

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SOCIAL MEDIA POLICY

Due to our society's dependence on the social media, HGTC MIS programs adhere to a strict social media policy to protect the program, the patient, our students and affiliates.

- A student must refrain from any "posts" regarding information about their time spent in the clinical or classroom setting. This includes reference to the patient, the patient's health state, or to any pathology. In addition, negative postings regarding classmates, instructors or college/clinical site employees will be considered bullying and is grounds for immediate dismissal from the program.
- Posting information about time spent at the hospital, location of clinical site and pictures regarding clinical rotation are also forbidden.
- Never post pictures of self in the HGTC identifying uniform.

ELECTRONIC DEVICE ETIQUETTE

Cell phones, beepers, pagers, and other electronic devices used for personal communication, will be turned off prior to coming to class.

If any device activates/rings during class, or is used during class, (this includes texting) the student will be asked to leave the classroom and will be charged an absence.

The use of a laptop/electronic devices for note taking must be approved by the faculty prior to start of class lectures and if the student uses it for other personal reasons during lectures (checking emails etc.), the student will be asked to leave the classroom and be charged an absence.

Any videotaping or audio recording of any lecture session, lab, or conversation must be pre-approved by faculty member. Failure to obtain faculty permission to record any conversation, class lecture or lab will be grounds for dismissal from the program.

During lab activities, students may use the classroom computers or their own laptops/tablets/IPads for research activities relating to the lab. Students may use their electronic devices for personal matters during **faculty authorized breaks only**.

DISCIPLINARY POLICY

Rev 5/15

Infractions of the rules and regulations and/or refusal to abide by policies and procedures outlined in the student handbook may result in disciplinary action. The following disciplinary measures may be applied at the discretion of the program director with approval of the Horry-Georgetown Technical College administration. The disciplinary measures will be dependent upon the nature of the infraction.

1. Written Warning Letters:

Verbal Warning (In writing): Will occur for first and minor offenses.

Written Warning: Will occur for repeat offenses and/or first offenses consider more serious in nature.

Final Written Warning: Will occur for repeated incidences of the same infraction or in accordance with the nature/seriousness of the offense regardless of any previous warnings issued. Final written warnings carry over from one semester to another and remain in the student record throughout the course of the entire program.

***NOTE: TWO (2) Final Written Warning letters during the course of the program constitutes dismissal from the program.**

Most disciplinary actions follow the normal pattern of verbal warnings, written warnings and final written warnings. However, the seriousness of the breach will determine what warning will be administered. Some breaches may have a zero tolerance such as cheating, whereas the student may be dismissed without the verbal or written warnings (see dismissal policy). **Two final written warnings are grounds for dismissal.**

2. Students' that are asked to be withdrawn from a clinical site, because of a serious breach of clinical site policy or infractions of programs policy will be dropped from the program. In addition, they will not be allowed to re - enter any of the Medical Imaging Sciences programs.

DISMISSAL POLICY

Rev 4/07 bm

Students are expected to meet the academic and clinical requirements for Horry Georgetown Technical College Medical Imaging Science programs. The student policies in this handbook, instructional packages and clinical handbooks will be followed. Our programs have strict guidelines and policies in which the students are expected to follow regardless of the method of instruction, in person, hybrid, or online format. Most dismissal policies follow the normal pattern of verbal warnings, written warnings and final written warnings. However, some breaches may have a zero tolerance such as cheating, whereas the student may be dismissed without the verbal or written warnings. **Two final written warnings are grounds for dismissal.** It is further agreed and understood that the student may be dismissed at any time for the following reasons:

1. Lack of academic achievement; failure to meet academic and clinical standards.
2. Breach of rules and regulations of the clinical education centers and/or college.
3. Lack of ability, integrity, or proficiency, posing a danger to the patient.
4. Lack of necessary personal qualifications and standards to fulfill obligations to patients and to the program.
5. Conviction, distribution, or possession of illegal drugs or controlled substances.
6. Reporting for class or clinic under the influence or with the smell of alcohol or narcotics or partaking of these drugs while in clinic or in class.
7. Malicious destruction or theft of property of the college or clinical education center, its visitors, patrons or employees.
8. Refusal to comply with the clinical education centers policies.
9. Disobedience and/or insubordination.
10. Neglect of educational training shifts.
11. Dishonesty.
12. Sleeping on scheduled clinical education shifts.
13. Failure to maintain established performance standards.
14. Habitual absence without permission or proper explanation with supporting documentation.
15. Failure to attend mandatory orientations.
16. Failure to report for a scheduled clinic day/rotation without notifying the CI and the course Instructor ("No Show – No Call") may be grounds for immediate dismissal from the program.

Any student asked to be removed from a clinical site by the appropriate personal, due to serious infractions of the above policy, will be withdrawn from the program immediately. The student will not be allowed to reapply to any of the Medical Imaging Sciences programs.

CLINICAL DRESS CODE

The student uniform is navy blue top and bottom with white/navy blue lab coat or jacket. The top must have a visible HGTC logo on the left chest area. Logo must measure 1 inch in height. In addition, school patch must be worn on left upper arm, 2 inches below shoulder seam. Patch must be visible on lab coats and all tops. Uniform style dress, skirt, pants, or jumpsuit is acceptable. Pull over sweaters are prohibited, and tee shirts should not show underneath the uniform top. White health care shoes or white/brown/black leather running shoes (no mesh, open toe or crocks allowed) may be worn (free of colored stripes or bold, bright colored logos).

All students are to have, in their possession during clinical education; hospital I.D., name tags, radiation, dosimetry badge, a right and left film marker (when applicable), patient logbook, and positioning handbook (when applicable). Please follow specific program requirements.

Students not properly attired will be sent home to change. The time missed will be made up and scheduling will be at the discretion of the clinical Preceptor.

APPEARANCE AND PERSONAL HYGIENE

You are expected to follow the rules of good grooming and personal hygiene when attending lectures and clinic. Students must follow the protocols for all clinical sites. If the dress code of the facility is stricter than this handbook, it must be followed as you are at their facility.

1. Body cleanliness is mandatory; adequate bathing and use of deodorant are essential.
2. Hair must be clean, neatly groomed and not restrained by massive ornament, headband or scarf. Length of hair may be determined by student. However, persons with long hair (shoulder length or longer) will have it pulled back out of the face and off the shoulders.
3. Short, well-trimmed beards and mustaches will be permitted. Daily shaving is required for persons not having a beard.
4. Fingernails must be clean, well-groomed, and no longer than 1/8th of an inch. Fingernail polish is not allowed in clinic.
5. Excessive perfume, cosmetics or colognes are not permitted.
6. No jewelry may be worn in lecture or clinic, with the exception of one pair of modest/conservative post earrings (*No hoop earrings or gauges which maybe grabbed by patients are permitted). No other visible body piercings are permitted.
7. Wrist watches may be worn with the following restrictions: *Notifications on I-watches must be disabled/turned off. Should a clinical site report a student being distracted by an I-watch a Final Written Warning will be issued and the student will not be allowed to wear the I-watch at clinic.
8. Tattoos must be appropriate for a professional environment or otherwise must not be visible. Examples of inappropriate tattoos include, but not limited to, nudity, profanity, gestures, etc. Some facilities and clinical sites will require you to cover tattoos completely.

NON-SMOKING/CLINICAL SITE NON-SMOKING POLICY

Most of our clinical affiliates currently have hospital-wide no smoking policies. Each site has adapted its own policies. As stated: no smoking on any hospital grounds; this includes in one's car. The employee will be allowed to punch out, and then drive off the hospital property to smoke. This must all be done during a 30-minute lunch break. Students must follow all rules/guidelines of employees while at the clinical site. Any student that breaks these rules may be dismissed from the program.

** There is **NO** smoking on the entire HGTC campus including the Speir Healthcare Building

ABSENCES-DIDACTIC

Your daily attendance is vitally important for you to maintain satisfactory class work. The student will follow attendance policies stated for each subject and course. The protocol of action for absences is a verbal warning (written), a written warning letter and then a final written warning. Attendance requirements will be outlined in the Instructional Packages of individual courses.

Two final written warning letters are grounds for dismissal.

Students absent in a morning class will not be permitted to sit for examinations conducted in didactic courses in the afternoon. It will be the responsibility of the student to contact the testing center and the instructor to schedule a make-up examination.

FUNERAL LEAVE

You will be granted a maximum of **three days** excused absence for a death in your immediate family. **Immediate family shall include husband, wife, child, mother, father, sister, brother, mother-in-law, father-in-law, and your or your spouse's grandparents. Exception may be granted only by the chairperson.**

Time off for other funerals may be taken in the form of sick leave; excessive sick leave makeup policies will apply.

TARDINESS

Excessive tardiness will not be tolerated and will result in disciplinary action. Three (3) days tardy from class (or clinic) will be charged as one day of absence. Six (6) days tardy will count as an additional absence and will result in a final, written warning. The 7th tardy will result in termination from program. No exceptions.

**Tardy for lecture or clinical Site is 1 minute past scheduled start time. 30 minutes late = 1 absence and time must be made-up. Within one week of the 30+ min. tardy the student must schedule a make-up day with the Clinical Preceptor and notify the course instructor of the date the day will be made up.

The starting time means being in uniform and at your assigned area at the time designated on your schedule and/or being in class.

Falsifying attendance time, or by “clocking in” using a personal cellphone or any other means is grounds for immediate dismissal.

Additional tardy policy is stated in each program’s clinical handbook.

RADIATION EXPOSURE PRACTICES AND GUIDELINES

(RADIOLOGIC TECHNOLOGY PROGRAM)

In part 20, subpart C, Occupational Dose Limits, of its rules and regulations, the Nuclear Regulatory Commission (NRC) has established standards for protection against radiation hazards. The NRC has set annual dose limits as 50mSv (.05Sv, 5rems or 5000mrems) for whole body dose.

Following ALARA (as low as reasonably achievable) and taking into consideration that the dose limits are set for our student population, the Medical Imaging Sciences program has set the **badge/dose limits at 1mSv (100mrem) monthly/3mSv (300mrem) quarterly.** These limits are well below NRC standards for safe practices.

The Medical Imaging Sciences programs conform to these rules by providing optically stimulated dosimeters to all students enrolled in the program. Every month the dosimetry monitors are sent to the Radiation Detection Company, 3527 Snead Drive, Georgetown, TX 78626 to be evaluated. The report is evaluated by the Program Director and Clinical Coordinator. Any student receiving an exposure in excess of the applicable limits set forth by the program will receive a written notification. The student’s activities are then closely monitored by the Program Director, Clinical Coordinator, and Clinical Preceptor. A copy of this counseling report will be sent to the administrative director at the assigned clinical site and a copy will be kept in the student’s clinical file. The student will be required to complete the Radiation Monitoring /Overexposure Documentation form.

Consequences of an overexposure report could lengthen the student’s enrollment time and/or require the student to attend a radiation safety program at their expense.

A lab fee will be charged to the student each semester for the purpose of purchasing radiation monitoring services. If a student loses or damages a radiation monitoring device, they must complete the radiation monitoring device incident report. Replacement costs are the responsibility of the student and will be assessed a fee of \$40. In addition, students who hand in a badge out of cycle will be assessed \$10 late fee.

Students are required to exercise safe radiation practices at all times. To provide maximum protection against hazard when using ionizing radiation, the following procedures must be adhered to:

1. The student shall stand behind the control panel/protective barrier when making an exposure in a diagnostic examination room. When making an exposure with a **mobile x-ray unit**, the student will maintain a **6ft. minimum distance** from the patient and **wear a mandatory lead protective apron.** ***NOTE:** Making a portable exposure without wearing a protective lead apron is grounds for immediate dismissal from the program. Students should also inform others in the area of the impending x-ray exam and allow time for them to leave the area.
2. Lead aprons shall be worn when working in fluoroscopy rooms with ionizing radiation. Lead lined gloves shall be worn as required. When not assisting or participating in the exam, the student will stand in the control booth area.
3. Dosimetry monitors must be worn in all radiation areas. If a student reports to their clinical site without a **current** monitoring device, they must immediately leave the clinic site until the appropriate badge is obtained. This will constitute an absence from clinic and must be made up.
 - The monitor must be worn at the collar, outside the lead apron.
 - The badges should be removed if undergoing diagnostic procedures as a patient. The most common reason for exceptionally high badge readings is accidental exposure when left on lab coats or lead aprons within the radiography suite.
 - Radiation badges should not be left in the vicinity of ionizing radiation when the wearer is not present. **Dosimeter Badges must be stored in a designated area within the clinical site as determined by the Radiation Safety Officer of the department.** Badges may only be removed from the clinical site on days the student has lab class in the college's energized lab. Students will not be allowed to participate in lab class if they do not possess their dosimeter badge.
 - Dosimetry monitors must not be tampered with. Badges should not be subjected to extreme heat or extreme cold. Do not launder. Do not break the light and vapor seal around the badge. Do not thumbtack the badge to a bulletin board.
 - Do not "lend" your badge to a friend. Do not wear it when having medical or dental x-rays.
 - Taking exposures intentionally or unintentionally on another student or intentionally exposing a dosimetry monitor to radiation are unsafe radiation practices and are grounds for disciplinary action up to and including dismissal from the program.
 - Any loss of monitor or accident or misuse of a radiation monitor must be reported to the program director and the student will be required to fill out a Radiation Monitor incident report.

4. Students shall make use of collimators on x-ray equipment. The collimator shall; at minimum, be closed to the dimensions as required by the image receptor size to be utilized for each individual exam. If the collimator is not functioning, report it at once to the appropriate supervisor.
5. Suspected equipment malfunctions must be brought to the attention of a supervisor immediately.
6. Students must read the monthly radiation monitor report and initial it. The monthly report is circulated during class time and is kept on file in the office of the clinical coordinator.
7. Students are not allowed to perform fluoroscopy on any patient to check for positioning prior to overhead radiographs.

◆ At no time may a student participate in a procedure using unsafe radiation protection practices. Unsafe radiation protection practices are grounds for disciplinary action up to and including dismissal from the program.

Revised 6/2019 DG

OPERATING PROCEDURES FOR ENERGIZED RADIOGRAPHY LABS

The standard protocols listed in the Student Handbook, concerning radiation practice guidelines and radiation exposure monitoring shall be followed. In addition, students in the energized lab at the school will adhere to the following:

1. Students may only x-ray phantoms or inanimate objects for positioning and/or exposure classes. At no time are students allowed to x-ray each other or anyone else. Diagnostic x-rays are exams ordered by physicians and this is a serious offense if students take it upon themselves to x-ray each other or friends.
2. Students must wear dosimetry monitors during lab exposures. Students will not be allowed to participate in lab class if they do not possess a dosimeter badge. This will be recorded as an absence and will result in a grade of zero for the lab assignment.
3. No more than 5 students may stand behind the control booth during an x-ray exposure.
4. Students may not hold or be in the area of the primary beam while the exposure is taken. Sponges, lead weights and blocks may be used to hold positions or objects.
5. All doors must be shut during x-ray exposures.
6. Pregnant students may choose to leave the room instead of standing behind the control booth during an exposure. As with other students, at no time should a pregnant student be in the area of direct ionizing radiation.
7. At no time shall the x-ray tube be aimed towards the control booth during an exposure.
8. Exposures should be taken tabletop, in the table bucky or upright bucky.
9. Collimation should be practiced when making an exposure.
10. Students are expected to clean up the radiography suite, leave the X-ray tube positioned above the table in the upright position and power down the room before leaving. All lead aprons are to be placed on their prospective racks or laid flat on the table.

Revised 5/2018 DG

MAJOR ILLNESS OR INJURY TO STUDENT RADIOGRAPHER POLICY AND PROCEDURE

POLICY:

A student who is unable to actively participate in the clinical education component of the training program for a period extending beyond that which is stated in the course instructional package, as a result of a major illness or unforeseen event, will drop the program at that point and can petition for return the following year providing the program can comply with the maximum student capacity guidelines as provided by the Joint Review Committee on Education in Radiologic Technology.

A student who is $\frac{3}{4}$'s or more into didactic classes may complete them to finish that semester.

1. Should the event occur during the first semester of the program or prior to the first day of enrollment, the student must reapply for admission consideration and selection to the next available class.
2. If the event occurs after the first (1st) semester:
 1. The student will provide the program director with all available information relative to the circumstances which prohibits said student from actively participating in the clinical education component. Information detailing the length of time that the student will be unable to actively participate in the clinical education component will also be provided.
 2. The program director will evaluate each student on a case by case basis and respond according to the aforementioned policy.
 3. In order to facilitate re-entry into the program, any responsibility of waiver of program student capacity requirements by the JRCERT will be investigated and pursued on a case by case basis by the program director.

Please note, the program cannot guarantee placement for the following year. Placement will depend on attrition/availability of seats, successful completion of the knowledge verification examinations and the Re-entry Policy for the Radiography program.

The Re-entry policy (Pg. 27) is enacted for the purpose of:

1. Assuring that all students meet the required clinical education objectives for each clinical rotation area thereby verifying a student's competency level and eligibility to sit for the American Registry of Radiologic Technologists examination or applicable examination.
2. Assuring that the student's didactic education is closely coordinated with the student's clinical education thereby providing the student with the highest quality educational experience.

CLINICAL EDUCATION RELATED INJURIES/ILLNESSES

An accident/illness involving faculty, staff worker or student must be reported immediately to the Clinical Preceptor and the Human Resources Department of the clinical site before seeking medical treatment, if possible, so an accident/incident report can be completed and workers' compensation can be notified.

In the event someone in human resources cannot be notified, the injured party may contact the college's workers' compensation insurance carrier, Compendium services, to complete an accident/incident report and to receive clearance for treatment at 877-709-2667. If the incident is an emergency, please notify the human resources as soon as the proper medical attention has been rendered for verification of workers' compensation coverage.

NOTE: if an injury or illness is determined to be of a more serious nature to require more than first aid attentions, public safety should be contacted immediately. If the injured person requires medical attention, public safety will call 911 or a family member's number provided by the victim or from emergency contact information on wave that. If the injury requires immediate action before the arrival of public safety, one bystander should also dial 911 or dial a family member. Employees of HGTC should not transport an injured person to the hospital or doctor's office but should follow the transport in order to assist with information. If public safety cannot be reached, then 911 should be called immediately and the injured person should not be moved without the supervision of qualified medical personnel.

In any event, if an accident occurs, proper documentation needs to be completed. An accident report needs to be filled out stating the name of the injured party, the location of the accident, his or her identification number (social or H number), their address and phone number, the date and time of the accident, whether there were witnesses, and a brief description of what occurred.

A copy of the report needs to be distributed to the following departments: human resources, the respective supervisor, and the Dean/Provost of the specific campus.

If you need to go to the doctor's office, the following locations work in conjunction with all workers' compensation:

Convenient for the Grand Strand campus:

Doctors Care- Carolina Forest- 200 Middleburg Dr, MB, SC 29579	843-903-6650
Doctors Care- No. Myrtle Beach- 1714 Hwy 17, MB, SC 29582	843-361-0705
Doctors Care- Strand Medical- 1220 21 st Ave, MB, SC	843-626-9379

Convenient for the Conway campus:

Doctors Care- Church Street- 1113 Church St., Conway, SC 29526	843-248-6269
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Convenient for the Georgetown campus:

Doctors Care- 1068 No Frazier St, Georgetown, SC 29440	843-545-7200
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COMMUNICABLE DISEASE POLICY

Students must have a yearly TB test while in any MIS program and must supply proof of such to applicable clinical coordinator.

Students who may have a communicable disease must report the condition to the Clinical Coordinator and in accordance with the policies of the clinical affiliate where they are assigned.

When caring for patients with communicable diseases (hepatitis, acquired immune deficiency syndrome, tuberculosis, meningitis, etc.) students must be directly supervised by a qualified radiographer/technologist and will follow the exact procedures established by the clinical education center. In the event the student has come in contact with a communicable disease while at the clinical site, they will be notified and treated accordingly.

HGTC has implemented protocols due to COVID-19. Measures have been taken to provide the up most safety of our students and faculty. Please remember the following:

- Face coverings are required in our buildings and in outdoor areas where social distancing is not possible. Individuals are responsible for providing their own masks or face coverings. Information about how to make your own face covering can be found at the [CDC website](#).
- Students, visitors, and employees should maintain social distancing of at least 6 feet from other individuals. Offices and departments may have specific guidelines about capacity/occupancy limits posted so that social distancing may be maintained.
- Before coming onto campus, please consider each question below. If you answer “yes” to any of these, please notify your faculty member and do not report to any campus, lab, clinical, or internship to minimize the possibility of spreading COVID-19.
 - *Have you been diagnosed with COVID-19 within the last 14 days?*
 - *Have you been exposed to COVID-19 within the last 14 days?*
 - *Have you been exposed to anyone who has been quarantined or in isolation due to COVID-19 within the last 14 days?*
 - *Have you traveled internationally in the last 14 days?*
 - *Have you traveled outside the immediate area by commercial air or other transportation?*
 - *Have you had a fever, cough, difficulty in breathing, loss of sense of smell, or loss or sense of taste during the last 14 days?*
 - *Have you been around anyone who is ill with fever, cough, difficulty in breathing, loss of sense of smell, or loss or sense of taste during the last 14 days?*
- HGTC students who are experiencing any of the above-mentioned symptoms (or other influenza-like illnesses) are encouraged to call the Office of Student Affairs at [843-349-7550](#).
- Certain academic programs may ask students to complete a self-checklist daily or take additional measures, specific to their program, as a requirement before students are permitted to participate in hands-on and/or laboratory activities. Specific guidance regarding the self-checklist will be provided by individual faculty members.

Updated information on our health and safety measures is always shared on our Student Resources page ([LINK](#)).

STUDENT PREGNANCY POLICY

pregnancy Policy-Revised 5/2018

Declaration of pregnancy, although voluntary, is strongly encouraged, and must be done in **writing**. The Radiation Protection Policy for pregnancy will be reviewed. At any point in time the student also may choose to "**undeclare**" the pregnancy and it also must be done in writing. The program has forms for "declaration" and "undeclaration" of a pregnancy.

The Options for a **Declared** pregnancy are as follows:

1. **Option for student to continue in program without modification.** The student maintains full status in both didactic and clinical components with no restrictions and follows all applicable attendance policies for the courses. Upon declaration of pregnancy the student will be required to provide documentation from her obstetrician she is able to continue her clinical education.
2. **Option for the student to discontinue the program due to pregnancy.** If the student chooses this option, she may apply to be readmitted into the following year's class if she withdraws in good standing, if spacing allows, and if she has successfully completed the first semester. She will be required to successfully complete the knowledge verification examinations with a passing grade of 80% or greater to be re-eligible for re-admittance.
3. **Option for the student to continue in the program with temporary modification.** During the declared pregnant student's, first **trimester** she may continue in the program but opt **not to participate** in:
 - a. Fluoroscopic procedures (unless with remote control fluoroscopy equipment)
 - b. Mobile and Surgical procedure
 - c. Procedures involving Radium implant patients

Students' who choose plan of action 3, may cause a delay in program completion. Students' will be responsible for making up any missed competency/program requirements during breaks or doing additional hours as long as they do not exceed 40 hours in a week including class time. Students may not make up time when the College is closed.

It is the responsibility of the program director to counsel the student regarding her actions. The final decision is made solely by the student. She will not be forced to take any specific action. Students "undeclaring" a pregnancy will follow normal protocol for the program.

Although it is both procedure and practice of this program to offer the utmost in radiation protection to all students, the Horry-Georgetown Technical College Medical Imaging Science Program or any of its clinical affiliates will not be responsible for injury to either the mother or child during pregnancy.

RADIATION PROTECTION POLICY FOR PREGNANCY

Upon notification of declared pregnancy, the student will be issued a "fetal monitor". This monitor (dosimeter) is to be worn at the waist and under the apron. NRC GUIDE 8-13 "Instruction Concerning Prenatal Radiation Exposure" will be provided to and will be reviewed with the student.

The Nuclear Regulatory Commission states that **5mSv (500 mrem) for the entire gestation** of pregnancy is the maximum permissible dose. The monthly film badge reports will be evaluated to monitor the exposure to the student.

In the event a reading occurs which exceeds **.5 mSv/month** (50 mrem), the following points will be reviewed:

1. An explanation for the higher reading, ie:
 - a. Dosimeters worn improperly
 - b. Dosimeter placed in an area that will affect its accuracy
 - c. Care of patient after a dose of radioactivity was given
 - d. Dosimeter badge lost
2. Review the NRC Regulatory Guide titled "Instruction Concerning Prenatal Radiation Exposure"
3. Investigate ways to reduce radiation exposure:
 - a. Eliminate participation in exams involving fluoroscopy and portable x-ray
 - b. Increase distance from radiation sources
 - c. Decrease time spent with patients who have received radioactive therapy
 - d. Notify the radiographer you are pregnant before an exposure

CPR FOR PROFESSIONAL RESCUER / HEALTHCARE PROVIDER

A valid CPR for Healthcare Providers or Professional Rescuer must be kept on file for all current students. According to hospital requirements, this must be updated biannually and proof of such must be provided to the designated personal at the clinical site and Rhonda Sue Todd rhonda.todd@hgtc.edu at HGTC.

CRIMINAL BACKGROUND CHECKS AND DRUG TESTING POLICY

Background Checks

All students enrolled in any of the Health Sciences programs are required to have Criminal Background checks prior to their entrance into the program. It is a requirement of all the clinical affiliates and is listed under acceptance requirements for the programs in the college catalog. If possible, students should try to get a positive record expunged. The following is the course of action which takes place after the background checks are complete:

- Background checks go directly to Student Services.
- The student will be informed if a background check has violations that need to be sent to the clinical sites.
- The student will be advised by the VP of Student Services as to the proper protocol to follow.
- The clinical site personnel will determine if the student may intern at that site.

- Any student denied access to a clinical affiliate will be ineligible for admission to the program or will be dismissed from the program if enrolled. The inability to attend clinical course work will render the student ineligible of satisfying the clinical requirements of the program.
- The student will be informed by Student Services as to the outcome.

A student turned down by any site will be dropped from the program. Students' may not complete the program without performing their clinical education.

Drug Testing

Students need to be informed that at any time a clinical site may require them to take a drug test. If a student is asked to leave a clinic site because of a drug violation, that student will be dropped from the program. It is clearly stated in the clinical handbook under Disciplinary Procedures (#3), that a student can be dismissed from the program if reporting to a clinical site under the influence of alcohol or drugs.

If a clinical site asks to have a student removed because of drug testing results, the student will be dismissed from the program.

Students need to understand that these are program policies needed to uphold the integrity of the sponsoring clinical affiliates. If a student is dropped from the program due to the above issues, it is recommended that they contact student services to see what other options the College may have to offer. If a student thinks they were wrongfully dismissed, they may follow the protocols listed under Student Grievance Procedure for the South Carolina Technical College System. (Appendix A)^{3/07} BM

FELONY POLICY

(Reprinted from the Handbook for Examination in Radiography, Diagnostic Medical Sonography, Nuclear Medicine Technology and Radiation Therapy Technology published by the American Registry of Radiologic Technologists)

“Candidates must comply with the “Rules of Ethics” contained in the American Registry of Radiologic Technologists Standards of Ethics. This includes, but is not limited to, compliance with state and federal laws. A conviction of, or a plea of guilty to, or a plea of nolo contendere to a crime which is either a felony or is a crime of moral turpitude must be investigated by the ARRT in order to determine eligibility. Those who do not comply with the Rules of Ethics must supply a written explanation, including court documentation of the charges, with application for the examination.” Additional information may be found in the American Registry of Radiologic Technologists Standards of Ethics, See Appendix D. Additional information can be accessed on the ARRT.org webpage.

Individuals who have violated the Rules of Ethics may request a pre-application review of the violation in order to obtain a ruling of the impact of their eligibility of the ARRT examination. The individual may submit an application at any time either before or after entry into an approved educational program, since this review must be completed before eligibility is confirmed.

All students accepted into the Medical Imaging Sciences Program are required to have a criminal back-ground check performed prior to start of each semester, at their own cost.

STUDENT WITHDRAWAL POLICY

All students at Horry-Georgetown Technical College will follow the Withdrawal process as stated under the Attendance Policies and Procedures listed in the College catalog. It is expected that in order to keep in good standing with the Radiography Program the student should:

1. Seek advice and counseling from either the Program Director, faculty advisor and/or student counselor to help them understand the implications of their decision and what options may be available to them.
2. The student and/or the faculty of the class may withdraw the student through WaveNet.
3. The faculty or Program Director at any time may withdraw the student from the program due to breach of policy. In this case the student will be counseled and informed with written documentation that this will occur.

RE-ENTRY POLICY FOR CERTIFICATE PROGRAM-DMS

Students who withdrew from the program, and wish to return to the program, must reapply. They will be required to repeat all classes. Students must be in good standing with the College and the Program. They may only re - enter one time.

Justification:

- Nature of the program. The certificate curriculum is based solely on program requirements. Students must wait a year to be able to re - enter because only one program with blocked classes is taught per year.
- Clinical applications make up a large portion of the curriculum. These skills are easily forgotten in a year's period.
- Subject matter relative to technological advances also changes rapidly in these fields and it is imperative that classes being taught change to reflect this.

rev2-12-13 BM

RE-ENTRY POLICY FOR ASSOCIATE DEGREE RADIOGRAPHY PROGRAM

This policy details the requirements for processing an individual's request for re-entry into the program. **Re - entry must take place within one year.** Due to course sequencing, after one year has lapsed students will be required re-apply to the program and begin the program from the beginning.

1. Conditions for re-entry into the Radiography Program, Associate Degree:

a. The student who withdrew for personal or medical reasons, or was dismissed due to insufficient academic achievement, but was in good standing and had met all financial obligations to the program and the college may be considered for re-entry into the program. Re-admission to the radiography program will be considered on seat availability and a first come - first serve basis should more than one applicant apply.

***Note:** A student who was dismissed due to reasons listed in the Medical Imaging Sciences Student Handbook Dismissal Policy to include but not limited to; academic misconduct/dishonesty, insubordination, refusal of a clinic site to host the student for clinical rotation, and falsification of records, slander, defamation, libel, etc. is considered **not in good standing** with the program and **will not be eligible for re-admission** to any MIS program.

b. Re-admission candidates must have **only One** "W, WF, D, or F" in any radiography course. Having failed more than one radiology course will prohibit re-entry to the program.

c. The student has completed at least one successful semester of enrollment in the Radiography Program and maintained the required academic standards of the program. Failure to maintain a "C" or better in the first semester, the student will have to begin the initial application process to the program and all course restrictions and time limits will apply. If approved for re-entry, students will be required to repeat the entire last unsuccessful semester.

d. A minimum GPA of 2.5 is required to be considered for re-admission. Students with a GPA below 2.5 are not eligible for re-admission.

e. Students who have had a break in progression of the program are required to validate their knowledge of Radiologic Technology through a minimum of (2) written knowledge verification examinations including all information up to the course/semester the student is requesting re-entry. Re-admission candidates will be required to score a minimum of 80% on knowledge verification examinations. Failure to achieve a minimum grade of 80% will deem a student ineligible for re-entering the program. If unsuccessful and the student has continued interest in entering the program, the student would be required to re-apply to the program from the beginning. *Note-Course time limits would apply.

2. Re-entry process:

a. The Student must submit a formal, written request for re-entry to the program to the Department Chair of Medical Imaging Sciences a **minimum of three** months prior to the start of the semester the student is requesting to re-enter. The formal written request should include:

- Full name and H number
- Courses/Semester/Year for which they are applying
- The reasons for previous withdrawal
- **Detailed plan of action** outlining changes that will increase the probability of success and program completion.

b. The Department Chair evaluates the request and verifies that the student satisfies the conditions for re-entry.

c. The Department Chair convenes a meeting of the program's re-admissions committee following the students' completion of the Knowledge Verification Examinations. The committee will approve or disapprove the candidates request for re-entry. The decision of this committee is final.

d. The department chair will inform the student of the decision made by the re-admission committee no later than two weeks prior the start of the semester.

If the request is approved, the following criteria must be met:

(1) The student will be required to contact Ms. Rhonda Sue Todd rhonda.todd@hgtc.edu or (843) 477-2138 to verify mandatory student compliance records for clinical rotations.

This will require proof of:

- A current, valid Basic Life Support or CPR certification
 - Updated Immunization Records
 - Recent, valid Urine Drug Screen (UDS) and Criminal Background Check (CBC)
- *Note: Each individual student may need to provide Ms. Rhonda Sue Todd with other or more detailed information related to personal circumstances.
- Proof of individual liability insurance

(2) It will be **mandatory** for students who are re-admitted to the program to participate and complete the **Personalized Academic Coaching (PAC) Program** Agreement. The **PAC Program** provides HGTC students with regularly scheduled academic/Writing Center support, mentoring, and/or college skills coaching in the Student Success and Tutoring Center on the Grand Strand Campus. Each participant is paired with an experienced coach for **one-on-one weekly appointments for the duration of the semester**. Should the student fail to show for an appointment or cancel a weekly appointment the student **will be dismissed** from the program. The SSTC provides academic coaches who offer guidance for college skills, such as note-taking, time-management, test-taking anxiety, study skills, and more. During your session, the academic coaches will prompt you to:

- Try new college skills strategies
- Share college skills best practices and personal experiences with college skills
- Discuss your current methods of studying, time-management, and note-taking

Please come prepared to learn other methods of college-skills.

(3) Radiology Tutor: Each re-admitted student will be scheduled to meet with the radiology program **tutor for a minimum of one hour per week** for the duration of the semester. Should the radiology tutor not be available the student will be required to meet with the course instructor for additional instruction and guidance. **A grade recorded less than 75% on any written unit test or 70% on a quiz will require the student to meet one additional hour (total 2 hrs)** that week to review the test and learn their areas of weakness.

(4) The program will provide the student a copy of the current Student Handbook to be reviewed by the student. The student will have the opportunity to ask questions pertaining to its content. The student will acknowledge a written statement of acceptance and understanding verifying that the student has reviewed the handbook and agrees to abide by the policies and guidelines of the program.

(5) The student will schedule an orientation meeting with the Department Chair and Clinical Coordinator prior to the day of re-entry.

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ADVANCED PLACEMENT AND PART-TIME STUDENT POLICY

This policy serves to identify the programs' philosophy relative to advance placement of students and part-time student attendance.

Due to the nature of the educational process relative to the clinical education performance requirements and competencies, it is the programs philosophy that part-time student attendance disrupts the coordination of the student's clinical education relative to their didactic education. Therefore, the program **does not** provide for student attendance on a part time basis.

The program's didactic course of instruction is designed to provide the student with knowledge of the course content as applicable to the medical imaging science profession. Courses completed by the student prior to admission into the Program would not have presented the course content in this context. Also, the student would not have received the educational benefit of coordination with the didactic education components relative to the clinical components of the program. A student who had previously been enrolled in a medical imaging science educational program and completed required courses would be processed according to the Transfer Student Policy. Based on the aforementioned justification, the program does not provide for advanced placement of students.

REPEAT IMAGE POLICY

Once the student has successfully completed a clinical competency area they may perform the exam with indirect supervision. However, the "Standards for an Accredited Educational Program in Radiologic Technology" as established by the Joint Review Committee on Education in Radiologic Technology state:

"unsatisfactory radiographs shall be repeated only in the presence of a qualified radiographer."

In accordance with this essential, all repeat radiographs must be performed in the presence of a qualified radiographer. The repeat log must contain the signature of the ARRT Registered Technologist that is present during the repeat exposure. The repeat Log will be reviewed with the student by the site Clinical Instructor along with the Professional Development Evaluation, required 5 times each semester. When submitted, the Clinical Coordinator will also review the Repeat Log and if action is required, a conference will be held with the student and documented for the student permanent records. This policy is reviewed more thoroughly in your clinical handbook.

All repeat logs will be kept in the student files for the duration of their educational career.

STUDENT OUTSIDE EMPLOYMENT POLICY

Students are permitted, but not encouraged, to hold part-time jobs during their medical imaging science educational process. The MIS Program requires that part-time employment schedules must not conflict with the students daily assignment schedules and that the student does not function in the aforementioned capacities during clinical education assignment hours. As a result of the continuous monitoring of the student's progress by program officials, should it be documented that the student's performance is below the required academic standards, the Program Director will strongly recommend that the student reevaluate their work schedule. All students are aware of the consequences of meeting said academic requirements.

Students may be employed in medical imaging science departments as transporters, file clerks, or radiology aids and in some instances limited radiographers. You may, after demonstrating competency be permitted to perform procedures with appropriate staff supervision. If you are employed at a clinic site, you are not under student status, therefore under no circumstances will you complete competencies or check offs that are required by the program.

TELEPHONE USE AND COURTESY

The telephones in faculty offices are intended for school business and may not be used to make personal calls. Emergencies are an exception. A student may request from a professor to use the office telephone for an emergency call if necessary.

The telephones in the clinical education centers are intended for hospital business and may not be used for personal calls. When you answer the phone at any of the clinical sites please use proper phone courtesy, identify yourself, state the name of the facility and the department name.

Cell phone use in clinical sites is prohibited. In the classroom, cell phones must be off or silent (for emergency use).

WORK STOPPAGE POLICY

In the event that the clinical site is unable to function or continue in routine manner because of a strike, temporary closure, or any other incident that would hinder clinical education to fall below JRCERT/JRC-DMS/NMTCB standards, the program will make every effort to reassign students to other clinical centers on a temporary basis.

VISITORS

Except for emergencies, students are not permitted to receive visitors in the classroom or clinical sites at any time. You are to instruct your friends to wait for you in the lobby or outside the building in which the classroom is located or outside of the clinical site.

ADVISING SESSIONS

Advising sessions are held with students by the program chairperson and faculty as deemed necessary by faculty and/or student. Advisement may cover students' status regarding academic standing, clinical performance, professional demeanor, and attendance.

Students should meet with their clinical instructor at a minimum mid-semester and at the end of the semester to review clinical performance. Please be advised that students have access to their academic records in compliance with the provisions of the Buckley Amendment. Academic records are found on WaveNet and in Degree Works.

The Chairperson is regularly available to students Monday-Friday as scheduled and posted on the door of Room 1111, Speir Building. To schedule an appointment, please see the Program Director or call direct (843) 839-1149. All program faculty have an open-door policy with regards to students.

ATTENDANCE AT EDUCATIONAL MEETINGS

Students may be granted time off to attend educational meetings deemed worthwhile by the Program Director. Each student will be expected to provide written documentation of their attendance. Attendance at the South Carolina Society of Radiologic Technologists/Student Education and Annual meeting is strongly recommended for students, as well as DMS seminars.

Be advised that travel to and from educational meetings will be done on your own recognizance. Neither Horry-Georgetown Technical College nor the Medical Imaging department may be held responsible for your safety or well-being.

LIBRARY

There are two libraries of reference books and periodicals maintained by the Horry-Georgetown Technical College Library and the Radiologic Technology Program. Students have the privilege of using these materials for their studies.

The college library maintains study materials in the reference library and in general circulation. The resource material in general circulation or in the reference library (with the program directors written permission) must be checked out and returned on schedule. A lost book or reference must be replaced at the student's expense.

The library has both a general and medical computerized index system to aid the students in locating articles needed for research papers, computers, and DVDs. Students are encouraged to use these facilities.

SNOW /INCLEMENT WEATHER POLICY

It is the policy of the Medical Imaging Sciences Program to follow the Horry-Georgetown Technical College policy for inclement weather. For clinic and for didactic days please follow the radio announcements for Horry-Georgetown Technical College specifically (NOT Horry County Schools) or the HGTC website which is and most accurate.

ADDITIONAL PROGRAM EXPENSES

Books-Approximately \$300 - \$800 dependent on program

Uniforms \$375

Tuition can be access online on HGTC.edu web page

Trajecsys Online Clinical Documentation Tracking Program- \$150.00 for 2-year subscription

Immunizations:

MMR Vaccines - \$90.00 & up Titers- \$50.00 & up

Varicella Vaccines – \$30.00 & up

Hep B Vaccines - \$90.00 & up

Influenza Vaccination - \$25.00 & up

Tuberculin Skin Test - \$40.00 & up for two step/QFT Blood Assay \$60.00 & up

Criminal Background Check and Urine Drug Screen - Radiography - \$274 (covers three background checks and three urine drug screens)

DMS - \$193 (covers two background checks and two urine drug screens)

CPR Certification - \$45.00 & up

Physical Examination \$45.00 - \$100.00

Liability Insurance - \$35.00

American Registry of Radiologic Technologists National Board Exam application fee -

ARRT Radiography \$200

ARRT DMS- \$200.

American Registry of Diagnostic Sonography-ARDMS- \$250.00 Per exam

Class pin- (senior year)- Approximately \$60– optional

HESI Registry Review Course (senior year)- \$252.00 (one-time fee)

Name tags, lead markers and dosimeter badges – approximately \$250

South Carolina Radiation Quality Standards Association (SCRQSA), State licensure Fee - \$50

South Carolina Society of Radiologic Technologists dues-\$12.50 per year (optional)

Graduation Fee - \$0.00 Students are required to submit an application for graduation to the registrar's office. The application can be found in the Student Resource page on the HTGC website. There is no fee to submit, however if students neglect to submit the application a degree cannot be issued.

Immunization Cost Estimates for Students paying out-of-pocket

Some of these ARE covered under most health insurance plans.

DISCLAIMER: This information is to be used as a guide only, as it is subject to change.

HGTC cannot be held responsible for the prices listed below.

It is the student's responsibility to call and confirm availability, pricing, and insurance requirements.

HGTC is not affiliated with any of these providers regarding provision of healthcare services and is unable to recommend any specific provider.

IF THESE PROVIDER DON'T WORK FOR YOU, YOU MAY USE YOUR OWN PROVIDER.

Immunization	Beach Family & Urgent Care 843-626-2273	Carolina Health Pharmacy 843-215-8200 <small>(Valid 3-30-2021)</small>	CVS Minute Clinic 866-389-2727 <small>(Valid 3-15-2021)</small>	Doctor's Care 843-238-1461	Little River Medical Center 843-663-8000	Med Plus 843-357-2443	Palmetto Express Clinic 843-750-0324	Southern Urgent Care 843-357-4357
MMR Titer	\$90.00		\$99 - \$139		varies		\$50.00	\$50.00
Varicella Titer	\$40.00		\$99 - \$139		varies		\$30.00	\$50.00
Hep B Titer			\$99 - \$139		varies			\$30.00
					varies			
Tuberculin Skin Testing (PPD) x 1 *QFT Gold Tests are Acceptable *	\$25.00		\$74.00	\$34.00	varies	\$40.00	\$20.00	\$35.00 (PPD) \$110.00 (QFT)
Chest X-Ray with Positive PPD	\$60.00				varies	\$40.00		\$100.00
					varies			
MMR Vaccine x 1		\$115.00	\$135.00		varies			
					varies			
Hep B Vaccine x 1		\$92.00	\$145.00		varies			
					varies			
Varicella Vaccine x1		\$178.00	\$140.00		varies			
					varies			
TDAP (Adacel) Vaccine		\$64.00	\$95.00		varies	\$70.00		\$65.00
					varies			
Flu	\$28.00	\$36.00	\$50.00	\$29.00	varies	\$35.00		\$35.00
Physical Exam	\$75.00		\$89.00	\$50.00	varies	\$100.00	\$50.00	\$45.00

RAD - ASSOCIATE DEGREE

Summer I	Lect	lab	Cr	Hours
RAD 102- Radiographic Patient Care Procedures	2	0	2	2
RAD 101- Intro. To Radiography	1	3	2	4
RAD 153- Applied RAD I	0	9	3	9
			7	15

Fall I	Lect	lab	Cr	Hours
BIO 211- Anatomy and Physiology II	3	3	4	6
RAD 130- Procedures & Positioning I	2	3	3	5
RAD 110- Imaging I	2	3	3	5
RAD 165- Applied RAD II	0	15	5	15
			15	31

Spring I	Lect	lab	Cr	Hours
SPC 205 Public Speaking	3	0	3	3
RAD 136- Procedures & Positioning II	2	3	3	5
RAD 115- Imaging II	3	0	3	3
RAD 175- Applied RAD III	0	15	5	15
			14	26

Summer II	Lect	lab	Cr	Hours
RAD 230- Procedures & Positioning III	3	0	3	3
RAD 201- Radiation Biology	2	0	2	2
RAD 256- Advanced Rad	0	18	6	18
			11	23

Fall II	Lect	lab	Cr	Hours
PSY 201- General Psych	3	0	3	3
RAD 210- Imaging III	3	0	3	3
RAD 103- Intro to CT	2	0	2	2
RAD 268- Adv Rad II	0	24	8	24
	16		32	

Spring II	Lect	lab	Cr	Hours
Humanities	3	0	3	3
RAD 205- Rad Pathology	2	0	2	2
RAD 220- Selected Imaging Topics	3	0	3	3
RAD 278- Advanced Rad III	0	24	8	24
			16	32

Total	79	159
Pre-reqs.	10	
Degree Credits	89	

DMS- CERTIFICATE PROGRAM

	Lect	Lab	Cr	Hours
Fall I				
DMS 112 - OB/GYN Sonography I	2	3	3	5
DMS 114 - Cross Sectional Anatomy	2	3	3	5
DMS 164 – Introduction to Clinical Education	0	6	2	6
			8	16
Spring				
DMS 124 – OB/GYN Sonography II.	1	3	2	4
DMS 101 – Ultrasound Physics & Instrumentation	2	0	2	2
DMS 150 – Clinical Applications I	0	24	8	24
			12	30
Summer				
DMS 120 – Sonographic Instrumentation II	3	0	3	3
DMS 166- Advanced Clinical Education	0	21	7	21
DMS 122 – Abdominal Sonography	0	3	1	3
			11	27
Fall II				
DMS 126 – Advanced Sonographic Topics	1	3	2	4
DMS 167 – Image Practicum	0	24	8	24
			10	28
	Total		41	101

PHYSICAL REQUIREMENTS FOR CLINICAL EDUCATION

RADIOLOGIC TECHNOLOGY PROGRAM

	Never 0 hrs.	Occasionally 1-3 hrs.	Often 3-6 hrs.	Frequent Over 6 hrs.	Constant
Unassisted Lifting					
0-20 lbs.			X		
20-25 lbs.		X			
25-50 lbs		X			
50-100 lbs		X			

Unassisted Moving /Pulling/ Pushing					
0-20 lbs			X		
20-25 lbs			X		
25-50 lbs			X		
50-100 lbs			X		
>100 lbs			X		

Reaching					X
Standing				X	
Walking				X	
Sitting		X			
Climbing		X			
Bending/stooping		X			
Grasping/holding w/hands				X	

*** The essential Job function requires lifting, moving, pushing/pulling of a minimum of 50 pounds. This requirement may be more if done with assistance.**

PHYSICAL REQUIREMENTS FOR CLINICAL EDUCATION

DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM

ESSENTIAL FUNCTION	TECHNICAL STANDARD	SOME EXAMPLES OF NECESSARY ACTIVITIES
Physical Requirements	Must have use of both hands and dexterity in the fingers; full use of legs and arms <ul style="list-style-type: none"> • 	Properly manipulate ultrasound machine and transducer Walk and stand for long periods of time (50-75% of day) as needed to conduct ultrasound exams. <ul style="list-style-type: none"> • Lift up to 50 lbs. unassisted. • Transport, move, and/or lift patients unassisted from a wheelchair or stretcher to ultrasound table or patient bed, and physically assist patients into proper positions for and during examination. <ul style="list-style-type: none"> • Move, adjust and manipulate unassisted a variety of ultrasound equipment weighing up to 500 lbs. (on wheels) to other areas of a facility (ICU, ER) in order to perform studies according to established standards.
Data Conception	Must have the ability to gather, classify, and interpret information regarding patients or things, must be able to carry out appropriate actions in relation to the data received.	Interpretation of data given in the medical history and coordination of patient treatment with regards to the data.
Color Discrimination	Must be able to differentiate various shades of grey and colors on the video display.	Recognize changes within the circulatory system from normal to abnormal with regards to color flow patterns displayed on the screen.
Manual Dexterity/ Fine Motor Coordination	Must have excellent eye-hand coordination and manual dexterity; <ul style="list-style-type: none"> • Possess sufficient strength, finger dexterity and flexion to perform finite motor skills. 	Effectively maneuver transducer across body while looking at the video display. Exert correct pressure over long periods of time with the transducer over various body parts on different body types. Manipulate the machine quickly and efficiently to acquire diagnostically accurate and relevant pictures.

<p>Gross Motor Coordination</p>	<p>Must possess excellent Multi-limb coordination, arm-hand steadiness and overall body control precision</p>	<ul style="list-style-type: none"> • Reach at or above shoulder level intermittently for 90% of work time and maintain prolonged arm positions necessary for steady scanning. <p>Coordinate two or more limbs while sitting and standing to scan patient's body while manipulating the machine.</p> <p>Quickly and repeatedly adjust controls of the machine to exact positions.</p>
<p>Communication</p>	<p>Must effectively comprehend and communicate through verbal and written means.</p> <ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Communicate both verbally and non-verbally in an effective manner with staff, patients and physicians, in order to explain procedures, give instructions and obtain information.
<p>Reasoning Development</p>	<p>Must be able to apply principles of inductive and deductive reasoning</p>	<p>Use logic and reasoning to identify pathology vs. artifacts on the ultrasound display.</p> <p>Visualize the patient's body organs shown on the 2D screen in a 3D format</p>
<p>Visual Acuity</p>	<ul style="list-style-type: none"> • Must possess the ability to see details at close range; discriminate between blacks, grays, and whites, and various color combinations. 	<p>Visualize slight differences in tissue texture representing abnormal pathology seen on the video display.</p> <ul style="list-style-type: none"> • Work in a semi-darkened room for prolonged periods of time.
<p>Language Development</p>	<p>Ability to speak clearly so others can understand</p>	<p>Hear, understand and then react quickly to verbal instructions and patient needs, including but not limited to hearing codes, alarms and patient calls.</p>

APPENDIX A

HORRY-GEORGETOWN TECHNICAL COLLEGE

POLICY

Number: 9.3.7
Title: Student Code and Grievance Policy
Authority: Title 59, Chapter 53, Sections 810-860 of the
1976 Code of Laws of South Carolina, as Amended
Responsibility: Vice President for Student Affairs

Original Approval Date: 09-09-1993
Last Cabinet Review: 06-10-2020
Last Revision: 06-10-2020

Chairperson

It is the policy of Horry-Georgetown Technical College that the State Student Code and Grievance Procedure for the South Carolina Technical College System shall govern conduct and guarantee due process for all students.

HORRY-GEORGETOWN TECHNICAL COLLEGE

PROCEDURE

Number: 9.3.7.1
Related Policy: 9.3.7
Title: Student Code
Responsibility: Vice President for Student Affairs

Original Approval Date: 08-01-1994
Last Cabinet Review: 06-10-2020
Last Revision: 06-10-2020

President

This procedure is taken directly from the South Carolina Technical College System: Procedure 3-2-106.1.

GENERAL PROVISIONS

I. Purpose

The Student Code for South Carolina Technical College System sets forth the rights and responsibilities of the individual student, identifies behaviors that are not consistent with the values of college communities, and describes the procedures that will be followed to adjudicate cases of alleged misconduct, except cases of alleged acts of sexual violence and sexual harassment. Cases of alleged acts of sexual violence and sexual harassment will be adjudicated through SBTCE procedure 3-2-106.2 or SBTCE procedure 8-5-101.1. This Code applies to behavior on college property, at college-sponsored activities and events, and to off-campus behavior that adversely affects the college and/or the college community. The Code applies to all “students”.

II. Principles

Technical/community college students are members of both the community and the academic community. As members of the academic community, students are subject to the obligations that accrue to them by virtue of this membership.

As members of a larger community, students are entitled to all rights and protections accorded them by the laws of that community, the enforcement of which is the responsibility of duly constituted authorities. If a student's alleged behavior simultaneously violates college regulations and the law, the college may take disciplinary action independent of that taken by legal authorities. When it has been determined that a student violated a federal, state, or local law, college disciplinary action may be initiated only when the presence of the student on campus will disrupt the educational process of the college.

When a student's alleged violation of the law, whether occurring on campus or off campus, may adversely affect the college's pursuit of its educational objectives or activities, the college may enforce its own regulations through this Student Code.

III. Solutions of Problems

The college will first seek to solve problems through internal review procedures. When necessary, off-campus law enforcement and judicial authorities may be involved.

In situations where South Carolina Technical/Community Colleges have shared programs, the Chief Student Services Officer where the alleged violation of the Student Code for the South Carolina Technical College System occurred will handle the charges. A change of venue to the other college may be granted, based on the nature of the offense, provided it is agreed to by the Chief Student Services Officers of both colleges. Any sanctions imposed will apply across both colleges.

In situations where a student is dually enrolled in two or more South Carolina Technical/Community Colleges and is charged with a violation of the Student Code for the South Carolina Technical College System, the Chief Student Services Officer of the college where the alleged infraction occurred will handle the charges and the sanctions may apply at each college in which the student is enrolled.

IV. Definitions

When used in this document, unless the content requires other meaning,

- A. "College" means any college in the South Carolina Technical College System.
- B. "President" means the chief executive officer of the college.
- C. "Administrative Officer" means anyone designated at the college as being on the administrative staff such as President, Vice President, Dean of Students or Student Services, Chief Academic Officer, Dean of Instruction, or Business Manager.
- D. "Chief Student Services Officer" means the Administrative Officer at the College who has overall management responsibility for student services, or his/her designee.
- E. "Chief Academic Officer" means the Administrative Officer at the College who has overall management responsibility for academic programs and services, or his/her designee.
- F. "Student" means an individual currently enrolled in a program and/or registered for the current or upcoming academic term.
- G. "Instructor" means any person employed by the college to conduct classes.
- H. "Staff" means any person employed by the college for reasons other than conducting classes.
- I. "SGA" means the Student Government Association of the college or other group of students convened for the purpose of representing student interests to the college's administration or in the college's governance system.
- I. "Campus" means any place where the college conducts or sponsors educational, public service, or research activities.
- J. "Violation of Law" means a violation of a law of the United States or any law or ordinance of a state or political subdivision which has jurisdiction over the place in which the violation occurs.
- K. "Instructional Days" means any weekday (M-F) in which classes are in session.

L. "Close of Business" means the time that the administrative offices of the college close on that specific workday.

M. "Approved Method of Notification" means any communication from college personnel through a communication channel to which the student has consented or which confirms receipt of the communication by the student, such as a hand-delivered letter, restricted mail delivery services, or e-mail. A student who communicates with the college via e-mail or otherwise provides an e-mail address in connection with communications relating to a grievance thereby consents to the service of documents and all other correspondence associated with the grievance by e-mail, and the date and time of such e-mail(s) shall be deemed the date and time of service.

STUDENT CODE

I. Student Rights

A. Freedom from Discrimination--There shall be no discrimination in any respect by the college against a student or applicant for admission as a student on the basis of race, color, religion, sex, sexual orientation, national origin, age, disability, genetic information, gender, veteran status, pregnancy, childbirth or other categories protected by applicable law.

B. Freedom of Speech and Assembly--Students shall have the right to freedom of speech and assembly without prior restraints or censorship subject to clearly stated, reasonable, and nondiscriminatory rules and regulations regarding time, place, and manner developed and approved by the college.

In the classroom and in other instructional settings, discussion and expression of all views relevant to the subject matter -are recognized as necessary to the educational process, but students have no right to interfere with the freedom of instructors to teach or the rights of other students to learn.

C. Freedom of the Press--In official student publications, students are entitled to the constitutional right of freedom of the press, including constitutional limitations on prior restraint and censorship. To ensure this protection, the college shall have an editorial board with membership representing SGA, faculty, and administration. Each college has the responsibility of defining the selection process for its editorial board. The primary responsibility of the board shall be to establish and safeguard editorial policies.

D. Freedom from Unreasonable Searches and Seizures--Students are entitled to the constitutional right to be secure in their persons, dwellings, papers, and effects against unreasonable searches and seizures. College security officers or administrative officers may conduct searches and seizures only as authorized by law.

E. Right to Participate in College Governance--Students should have the opportunity to participate on college committees that formulate policies directly affecting students, such as in the areas of student activities and student conduct. This participation may be coordinated through a Student Government Association whose constitution or bylaws have been approved by the college's area commission.

F. Right to Know Academic and Grading Standards--Instructors will develop, distribute, explain, and follow the standards that will be used in evaluating student assignments and determining student grades.

Grades are awarded for student academic performance. No grade will be reduced as a disciplinary action for student action or behavior unrelated to academic conduct.

G. Right to Privacy--Information about individual student views, beliefs, and political associations acquired by instructors, counselors, or administrators in the course of their work is confidential. It can be disclosed to others only with prior written consent of the student involved or under legal compulsion.

H. Right to Confidentiality of Student Records--All official student records are private and confidential and shall be preserved by the college. Separate record files may be maintained for the following categories: (1) academic, (2) medical, psychiatric and counseling, (3) placement, (4) financial aid, (5) disciplinary, (6) financial, and (7) veteran's affairs. In addition, disciplinary records are maintained by the Chief Student Services Officer.

Student education records will be maintained and administered in accordance with the Family Educational Rights and Privacy Act of 1974, the guidelines for the implementation of this act, and other applicable federal and state statutes and regulations.

- I. Right to Due Process--At a minimum, any student charged with misconduct under this code is guaranteed the following: 1) the right to receive adequate notice of the charge(s); 2) the right to see and/or hear information and evidence relating to the charge(s), and 3) the right to present information and evidence relating to the charge(s). Additional due process requirements will be identified in other sections of this Code.

II. Student Responsibilities

- A. Students are expected to conduct themselves in a manner that is civil, that is respectful of the rights of others, and that is compatible with the college's educational mission.
- B. Students are expected to comply with all of the college's duly established rules and regulations regarding student behavior while on campus, while participating in off-campus college sponsored activities, and while participating in off-campus clinical, field, internship, or in-service experiences.
- C. Students are expected to comply with all course requirements as specified by instructors in course syllabi and to meet the standards of acceptable classroom behavior set by instructors. Instructors will announce these standards during the first week of classes. Ordinarily, if a student's behavior disrupts class, the instructor will provide a warning about said behavior. However, if the unacceptable conduct/disruption jeopardizes the health, safety, or well-being of the student or others, or is otherwise severe or pervasive, the instructor may immediately dismiss the student for the remainder of the class. Any disruption may result in a written referral to the Chief Student Services Officer. This written referral may result in the initiation of disciplinary action against the student. The college reserves the right to review syllabi in connection with this provision.

III. Student Conduct Regulations

The following list identifies violations for which students may be subject to disciplinary action. The list is not all inclusive, but it reflects the categories of inappropriate behavior and provides examples of prohibited behaviors.

A. Academic Misconduct

All forms of academic misconduct including, but not limited to, cheating on tests, plagiarism, collusion, and falsification of information may call for disciplinary action.

1. Cheating on tests is defined to include the following:
 - a. Copying from another student's test or answer sheet.
 - b. Using materials or equipment during a test not authorized by the person giving the test.
 - c. Collaborating with any other person during a test without permission.
 - d. Knowingly obtaining) using, buying, selling, transporting, or soliciting in whole or in part the contents of a test prior to its administration.
 - e. Bribing or coercing any other person to obtain tests or information about tests.
 - f. Substituting for another student or permitting any other person to substitute for oneself.
 - g. Cooperating or aiding in any of the above.
2. "Plagiarism" is defined as the appropriation of any other person's work and the unacknowledged incorporation of that work in one's own work.
3. "Collusion" is defined as knowingly assisting another person in an act of academic dishonesty.
4. "Fabrication" is defined as falsifying or inventing information in such academic exercises as reports, laboratory results, and citations to the sources of information.

B. Abuse of Privilege of Freedom of Speech or Assembly

No student acting alone or with others, shall obstruct or disrupt any teaching, administrative, disciplinary, public service, research, or other activity authorized or conducted on the campus of the college or any other location where such activity is conducted or sponsored by the college. This disruption does not necessarily have to involve violence or force for the student to face disciplinary actions. In addition to administrative action, any person in violation of any federal, state, or local law will be turned over to the appropriate authorities.

C. Falsification of Information and other Acts Intended to Deceive

Falsification of information and other acts intended to deceive include, but are not limited to the following:

1. Forging, altering, or misusing college documents, records, or identification cards.
2. Falsifying information on college records.
3. Providing false information for the purpose of obtaining a service.

D. Actions which Endanger Students and the College Community

Actions which endanger students and the college community include, but are not limited to the following:

1. Possessing or using on campus a firearm or other dangerous or potentially dangerous weapon unless such possession or use has been authorized by the college.
2. Possessing, using, or threatening to use any incendiary device or explosive unless such possession or use has been authorized by the college.
3. Setting fires or misusing or damaging fire safety equipment.
4. Using, or threatening to use, physical force to restrict the freedom of action or movement of others or to harm others.
5. Endangering the health, safety, or wellbeing of others through the use of physical, written, or verbal abuse, threats, intimidation, harassment, and coercion.
6. Sexual violence, which refers to physical sexual acts perpetuated against a person's will or when a person is incapable of giving consent. Cases of alleged acts of sexual violence will be adjudicated through SBTCE procedure 3-2- 106.2.
7. Retaliating, or threatening to retaliate, against any person for filing a complaint, providing information relating to a complaint, or participating as a witness in any hearing or administrative process.

E. Infringement of Rights of Others

Infringement of rights of others is defined to include, but is not limited to the following:

1. Stealing, destroying, damaging, or misusing college property or the property of others on campus or off campus during any college activity.
2. Sexually harassing another person. In addition to sexual violence, sexual harassment can include unwelcome sexual advances, requests for sexual favors, and other verbal, nonverbal, or physical conduct of a sexual nature, when submission to such conduct is made a term or condition of a student's education, a basis for academic conditions affecting the student, or the conduct is sufficiently serious to interfere with the student's academic performance or otherwise deny or limit the student's ability to participate in any aspect

of the college's program, thereby creating an intimidating or hostile learning environment. Cases of alleged acts of sexual harassment will be adjudicated through SBTCE procedure 3-2-106.2 or SBTCE procedure 8-5-101.1.

3. Stalking, which is defined as engaging in a course of conduct, through physical, electronic, or other means, that would place a reasonable person in fear for his/her safety, or that has, in fact, placed an individual in such fear. Where the stalking is based on sex, race, national origin, color, age, religion or disability, it may constitute harassment under other provisions of this Code.
4. Bullying or harassing conduct, including verbal acts and name calling; graphic and written statements, which may include the use of cell phones, the internet, or other electronic devices; and other conduct that may be physically harmful, threatening, or humiliating. Bullying or harassment based on race, color, religion, sex, sexual orientation, national origin, age, disability, genetic information, gender, veteran status, pregnancy, childbirth or other categories protected by applicable law, will be a violation of the Code when it is a basis for academic decisions affecting the student or the conduct is sufficiently serious to interfere with the student's academic performance or otherwise deny or limit the student's ability to participate in any aspect of the college's program, thereby creating an intimidating or hostile learning environment.
5. Engaging in any activity that disrupts the educational process of the college, interferes with the rights of others, or adversely interferes with other normal functions and services.

F. Other Acts which Call for Discipline

Other acts which call for discipline include, but are not limited to the following:

1. Possessing, using, or distributing any narcotics or other unlawful drugs as defined by the laws of the United States or the State of South Carolina.
2. Possessing, using, or distributing on campus any beverage containing alcohol.
3. Violating institutional policies while on campus or off campus when participating in a college sponsored activity or event.
4. Violating any South Carolina and/or federal laws while on campus or off campus.

IV. Student Disciplinary Procedures

The procedures and sanctions that follow are designed to channel faculty, staff or student complaints against students, except for those complaints alleging acts of sexual violence or sexual harassment which are processed under SBTCE procedure 3-2-106.2 or SBTCE procedure 8-5-101.1. Because due process is essential in dealing with infractions of college regulations, any disciplinary actions taken and sanctions imposed on a student or student organization will follow the provisions of this code.

A. Interim Suspension

In certain situations, the President, or President's designee, may temporarily suspend a student before the initiation of disciplinary procedures. Interim suspension may only be imposed when there is reason to believe that the continued presence of the accused student at the college poses a substantial and immediate threat to the student or to others or poses a serious threat of disruption of, or interference with, the normal operations of the college.

The interim suspension process is as follows:

1. **When the Chief Student Services Officer, or designee, becomes aware of a situation which may warrant interim suspension, the Chief Student Services Officer, or designee, will consult with the President, or President's designee, to confirm the imposition of interim suspension. This consultation includes providing the President, or President's designee,**

with the nature of the alleged infraction, a brief description of the incident(s) and the student's name. The decision to impose interim suspension should occur by the close of business within two instructional days.

2. The Chief Student Services Officer, or designee, will inform the student through an approved method of notification about the decision to impose an interim suspension. This notification must be sent within two (2) instructional days of receiving the information from the President, or designee.

The notification must include the following information:

- a. the reason(s) for the interim suspension;
- b. notice that the interim suspension does not replace the regular hearing process;
- c. information about requesting a hearing before the Hearing Committee; and
- d. notice that the student is denied access to the campus during the period of suspension without prior approval of the Chief Student Services Officer.

B. Academic Misconduct

1. An instructor who has reason to believe that a student enrolled in his/her class has committed an act of academic misconduct must discuss the matter with the student. The instructor must advise the student of the alleged act of academic misconduct and the information upon which it is based. The student must be given an opportunity to refute the allegation. If the student chooses not to participate in the discussion, the instructor will make a decision based upon the available information.
2. If the instructor, after meeting with the student, determines that the student has engaged in academic misconduct as alleged, the instructor will inform the student about the decision and the academic sanction that will be imposed. The instructor may impose one of the following academic sanctions:
 - a. Completion of an educational activity relating to the nature of the offense.
 - b. Assign a lower grade or score to the paper, project, assignment or examination involved in the act of misconduct.
 - c. Require the student to repeat or resubmit the paper, project, assignment, or examination involved in the act of misconduct.
 - d. Assign a failing grade for the course.
 - e. Require the student to withdraw from the course.
 - f. Egregious or repeat offenders may be referred to the College's conduct officer for a review of the matter. Such referrals will follow the Student Misconduct procedures and the sanctions that accompany it.
3. If the student is found responsible for the academic misconduct, within five (5) instructional days of the meeting with the student, the instructor, or designee, will submit a written report about the incident and the sanction imposed to the Chief Academic Officer.
4. The Chief Academic Officer, or designee, will send a notification to the student summarizing the incident, the finding, the terms of the imposed sanction, and informing the student that he/she may appeal the decision and/or the sanction by submitting a written request to the Chief Academic Officer within seven (7) instructional days of the date of the Chief Academic Officer's notification.
5. If the student requests an appeal, the Chief Academic Officer, or designee, will send an approved method of notification to the student's address of record. The notification must contain the following information:
 - a. a restatement of the charge(s);
 - b. the time, place, and location of the appeal;
 - c. a list of witnesses that may be called; and
 - d. a list of the student's basic procedural rights. These rights follow:
 - 1) The right to consult with counsel. The role of the person acting as counsel is solely to advise the student. Counsel may not participate in any of the questioning or make any statements on behalf of the student. The student will be responsible for paying any fees charged by his/her counsel.
 - 2) The right to present witnesses on one's behalf.
 - 3) The right to present evidence and notice that the Chief Academic Officer, or designee, may determine what evidence is admissible.

- 4) The right to know the identity of the person(s) bringing the charge(s).
 - 5) The right to hear witnesses on behalf of the person bringing the charges.
 - 6) The right to testify or to refuse to testify without such refusal being detrimental to the student.
 - 7) The right to appeal the decision of the Chief Academic Officer to the President.
 - e. A statement informing the student that the sanction imposed by the instructor will be held in abeyance pending the outcome of the appeal.
6. On the basis of the information presented at the appeal, the Chief Academic Officer, or designee, will render one of the following decisions:
- a. Accept the decision and the sanction imposed by the instructor.
 - b. Accept the instructor's decision but impose a less severe sanction.
 - c. Overturn the instructor's decision.

Within two (2) instructional days of the meeting with the student, the Chief Academic Officer, or designee, will notify the student of the decision through an approved method of notification. The notification must also inform the student that the decision may be appealed to the College's President and that any appeal request must be written and must detail the reason(s) for the appeal. The student seeking the appeal must provide reasons for the appeal which sets forth a statement that specifies the issues that further review is sought and any evidence which supports the issue(s) on appeal. The written appeal must be sent to the President within five (5) instructional days of the receipt of the Chief Academic Officer's decision.

After receiving the student's request, the President will review all written materials, non-written materials, and evidence relating to this incident and render one of the following decisions:

- a. Accept the decision and the sanction imposed
- b. Accept the decision, but impose a less severe sanction
- c. Overturn the decision
- d. Remand the case to the Student Hearing Committee to be re-heard. The decision of the hearing committee is final.

The President's decision is final and cannot be appealed further.

C. STUDENT MISCONDUCT

Any member of the college community may file charges alleging a violation of the Code. A charge, that includes a description of the alleged violation, must be submitted in writing to the Chief Student Services Officer as soon as possible after the incident occurs, but no later than ten (10) instructional days after the incident, unless the person filing the charge demonstrates that exceptional circumstances prevented filing the charge within this time period. The Chief Student Services Officer, or designee, will determine whether the circumstances merit an extension of the deadline.

1. Preliminary Investigation

Within seven (7) instructional days after the charge has been filed, the Chief Student Services Officer, or designee, shall complete a preliminary investigation of the charge and schedule a meeting with the student. After discussing the alleged infraction with the student and reviewing available information, the Chief Student Services Officer, or designee will decide whether the information presented during the meeting indicates that the violation occurred as alleged. When the student cannot be reached to schedule an appointment, or when the student fails to attend the meeting, the Chief Student Services Officer, or designee, will base the decision upon the available information.

If the available information indicates that the violation occurred as alleged, then one of the following sanctions will be imposed:

- a. Reprimand--A written warning documenting that the student violated a student conduct regulation and indicating that subsequent violations could result in more serious disciplinary sanctions.
- b. Restitution--Compensation for loss or damage to college property or the property of others while on the campus or at a college event or activity including but not limited to field trips, internships, and clinicals.
- c. Special Conditions--Completion of a variety of educational activities, relating to the nature of the offense may be imposed. Examples include, but are not limited to, the following: a formal apology, an essay or paper on a designated topic, or participation in a special project or activity.
- d. Disciplinary Probation-- A written reprimand documenting that the student violated a student conduct regulation. Probation is for a specified period of time and it serves as a warning that subsequent violations could most likely result in more serious disciplinary sanctions.
- e. Loss of Privileges-- Suspension or termination of particular student privileges.
- f. Suspension from the College--Separation from the college for a specified period of time. Suspended students will not receive academic credit for the semester in which the suspension was imposed. During the suspension period, the student may not return to the campus unless prior permission by the Chief Student Services Officer, or designee, has been granted.
- g. Expulsion from the college--Permanent separation from the college. An expelled student may not return to the campus unless prior permission by the Chief Student Services Officer, or designee, has been granted. An expelled student will not receive academic credit for the semester in which the expulsion was imposed.
- h. Any combination of the above.

Within five (5) instructional days of the preliminary investigation, the Chief Student Services Officer, or designee, will send an approved method of notification to the student. This notification will confirm the date of the investigation, identify the specific regulation(s) that the student allegedly violated, identify the decision, summarize the rationale, and, if the student violated the regulation(s), state the sanction that was imposed. This notification must also state that if the student disagrees with the decision or the sanction, the student may request a hearing before the Hearing Committee, that the student must submit this request no later than five (5) instructional days after receiving the decision unless a request is made and approved by the Chief Student Services Officer, or designee, for an extension, and that any decision made and sanction imposed after the preliminary investigation may be held in abeyance should the student decide to go before the Hearing Committee.

2. Hearing Committee

- a. The Hearing Committee shall be composed of the following:
 - 1) Two faculty members appointed by the Chief Academic Officer and approved by the President.
 - 2) Two student members appointed by the appropriate student governing body and approved by the President.
 - 3) One member of the Student Services staff appointed by the Chief Student Services Officer and approved by the President.
 - 4) The Chief Student Services Officer, or designee, who serves as an ex officio non-voting member of the Committee and who presents the case.
- b. The Hearing Committee shall perform the following functions:
 - 1) Hear cases of alleged violations of the Code of Student Conduct.
 - 2) Insure that the student's procedural rights are met.
 - 3) Make decisions based only on evidence and information presented at the hearing.
 - 4) Provide the student with a statement of the committee's decision including findings of fact and, if applicable, impose one or more of the following sanctions:
 - i. Academic Misconduct Sanctions
 - a) Refer to Student Code; IV. Disciplinary Procedures; B. Academic Misconduct; Section 2
 - ii. Student Misconduct Sanctions
 - a) Refer to Student Code; IV. Disciplinary Procedures; C. Student Misconduct;

Section 1

c. Hearing Committee Procedures

- 1) The Chief Student Services Officer, or designee, shall refer the matter to the Hearing Committee together with a report of the nature of the alleged misconduct, the name of the person(s) filing the complaint(s), the name of the student against whom the charge(s) has (have) been filed, and a summary of the findings from the preliminary investigation.
- 2) At least seven (7) instructional days before the date set for the Hearing meeting, the Chief Student Services Officer, or designee, shall send an approved method of notification to the student's address of record. The notification must contain the following information:
 - i. A statement of the charge(s).
 - ii. A brief description of the incident that led to the charge (s).
 - iii. The name of the person(s) submitting the incident report.
 - iv. The date, time, and place of the scheduled hearing.
 - v. A list of all witnesses who might be called to testify.
 - vi. A statement of the student's procedural rights. These rights follow:
 - a) The right to consult counsel. This role of the person acting as counsel is solely to advise the student. Counsel may not address the Hearing Committee or participate in any of the questioning. The student has the responsibility for paying any of the counsel's fees and any other of the counsel's charges.
 - b) The right to present witnesses on one's behalf.
 - c) The right to know the names of any witnesses who may be called to testify at the hearing.
 - d) The right to review all available evidence, documents, exhibits, etc., that may be presented at the hearing.
 - e) The right to present evidence; however, the Hearing Committee will determine what evidence is admissible.
 - f) The right to know the identity of the person(s) bringing the charge(s).
 - g) The right to hear witnesses on behalf of the person bringing the charges.
 - h) The right to testify or to refuse to testify without such refusal being detrimental to the student.
 - i) The right to a fair and impartial decision.
 - j) The right to appeal the Hearing Committee's decision.
- 3) On written request of the student, the hearing may be held prior to the expiration of the seven (7) day advance notification period if the Chief Student Services Officer, or designee, concurs with this change.
- 4) The Chief Student Services Officer, or designee, may postpone the hearing due to circumstances beyond the control of the parties.

d. Hearing Committee Meetings

- 1) **The Chair shall be appointed by the College's President from among the membership of the Committee. Ex officio members of the Committee may not serve as its Chair.**
- 2) **Committee hearings shall be closed to all persons except the student ("Student") accused of the violation(s), the person(s) initiating the charge(s), respective counsel for the Student and the College, witnesses authorized by the Committee to participate in the hearing, and one or more persons designated by the Committee to be responsible for making an official written record or audio recording of the hearing.**
- 3) **The Committee will arrange for an official audio recording or written record of the hearing (not including deliberations) to be made, and only the person(s) designated by the Committee may make any kind of record of the proceedings. No record of the Committee's deliberations shall be permitted to be made by any means. The official audio recording or written record of the hearing is the property of the College and will be maintained in the office of the Chief Student Services Officer.**

The Student may review the official audio recording or written record of the hearing (as applicable) under the supervision of the Chief Student Services Officer or designee, but the Student is not entitled to a copy of the audio recording or written record. Notes made by Committee members for use as a personal memory aid shall not be made a part of the written record and are not subject to review by the Student.

- 4) Witnesses shall be called in one at a time to make a statement and to respond to questions, as permitted by the Chair.
 - 5) After the portion of the hearing concludes in which all pertinent information has been received, everyone other than the Committee will be excused and its deliberations will begin. The "preponderance of the evidence" standard shall apply to the deliberations, which means that the Committee members must determine if the information presented at the hearing leads them to conclude that it is more likely than not that the violation(s) occurred as alleged. The Committee members will determine by majority vote whether the violation(s) occurred and, if so, the Committee members will decide upon the appropriate sanction(s) by majority vote.
 - 6) The Chair of the Committee will send an approved method of notification to the Student's address of record within two (2) instructional weekdays of the Committee's decision. The letter shall inform the Student of the Committee's decision, the date of the decision, any sanction(s) imposed, and the appeal process.
3. Appeal

If the student disagrees with either the decision or the sanction, the student may submit a written appeal to the College's President. This letter must be submitted within seven (7) instructional days of the date on which the Hearing Committee made its decision. The written appeal must include a statement indicating why the student disagrees with the Hearing Committee's findings.

The President, or designee, shall review the Hearing Committee's findings, conduct whatever additional inquires as deemed necessary, and render a decision within ten (10) instructional days of receiving the appeal. The President, whose decision is final, shall have the authority to approve, modify, or overturn the Hearing Committee's decisions and, if needed, void the process and reconvene another Hearing Committee. The President's decision regarding disciplinary actions under the Student Code 3-2-106.1 is not grievable.

The President, or designee, will inform the student about the outcome of the appeal in a certified letter sent to the student's address on record.

HORRY-GEORGETOWN TECHNICAL COLLEGE

PROCEDURE

Number: 9.3.7.2
Related Policy: 9.3.7
Title: Student Grievance
Responsibility: Vice President for Student Affairs

Original Approval Date: 08-01-1994
Last Cabinet Review: 06-10-2020
Last Revision: 06-10-2020

President

This procedure is taken directly from the South Carolina Technical College System: Procedure 3-2-106.3.

I. PURPOSE

The purpose of the student grievance procedure is to provide a system to channel and resolve student complaints against a college employee concerning decisions made or actions taken. A decision or action can be grieved only if it involves a misapplication of a college's policies, procedures, or regulations, or a state or federal law. This procedure may not be used in the following instances: (1) to grieve a claim against a college employee for any matter unrelated to the employee's role or position at the college; (2) for complaints or appeals of grades awarded in a class or for an assignment, unless the complaint is based upon alleged discrimination on the basis of race, color, religion, sex, sexual orientation, national origin, age, disability, genetic information, gender, veteran status, pregnancy, childbirth, other categories protected by applicable law or on the basis of alleged sexual harassment/violence; or (3) to grieve a decision for which other grievance or appeal procedures exist (e.g., appeal of a disciplinary case, a residency appeal, a financial aid appeal, FERPA grievances, transfer credit evaluations).

The student filing the grievance must meet the definition of a "student" at the time of the decision or action being grieved and must be the victim of the alleged mistreatment. A grievance cannot be filed on behalf of another person.

II. DEFINITIONS

When used in this document, unless the content requires other meaning,

- A. "College" means any college in the South Carolina Technical College System.
- B. "President" means the chief executive officer of the college.

- C. "Administrative Officer" means anyone designated at the college as being on the administrative staff, such as the President, Chief Academic Officer, Chief Student Services Officer, etc.
- D. "Chief Student Services Officer" means the Administrative Officer at the College who has overall management responsibility for student services or his/her designee.
- E. "Chief Academic Officer" means the Administrative Officer at the College who has overall management responsibility for academic programs and services or his/her designee.
- F. "Grievable Act or Decision" means a misapplication of a college's policies, procedures, or regulations, or a violation of a state or federal law.
- G. "Instructional Days" means any weekday (M-F) in which classes are in session.
- H. "Student" means an individual currently enrolled in a program and/or registered for the current or upcoming academic term.
- I. "Instructor" means any person employed by the college to conduct classes.
- J. "Staff" means any person employed by the college for reasons other than conducting classes.
- K. "Campus" means any place where the college conducts or sponsors educational, public service, or research activities.
- L. "Approved Method of Notification" means any communication from college personnel through a communication channel to which the student has consented or which confirms receipt of the communication by the student, such as a hand-delivered letter, restricted mail delivery services, or e-mail. A student who communicates with the college via e-mail or otherwise provides an e-mail address in connection with communications relating to a grievance thereby consents to the service of documents and all other correspondence associated with the grievance by e-mail, and the date and time of such e-mail(s) shall be deemed the date and time of service.
- M. "Close of Business" means the time that the administrative offices of the college close on that specific workday.

III. GRIEVANCE PROCESS

A. Filing a Complaint

This procedure must be initiated by the student within fifteen (15) instructional days of becoming aware of the decision, action, or event giving rise to the grievance. This time limit may be extended by the President or his/her designee, if the student requests an extension within the fifteen (15) instructional day period.

Before initiating the Student Grievance process, a student may go to the college employee who originated the alleged problem and attempt to resolve the matter informally. In instances alleging discrimination or harassment, including sexual harassment and violence, the student is not required to initially try to resolve the matter with the person alleged to have committed the violation under this policy. Where applicable, if the student is not satisfied with the outcome of this meeting or if the student prefers to ignore this step, then the student may file a written complaint and initiate the grievance process. This written complaint should describe the decision or action that is being grieved, the date of the decision or action, and the college employee(s) involved in the decision or action.

1. Written complaints about alleged discrimination or harassment on the basis of race, color, religion, sex, sexual orientation, national origin, age, disability, genetic information, gender, veteran status, pregnancy, childbirth, other categories protected by applicable law and written complaints about alleged sexual harassment or violence shall be submitted to the employee(s) designated in the college's Statement of Nondiscrimination to coordinate Section 504, Title II, and Title IX compliance.

2. Written complaints about decisions and actions not related to discrimination on the basis of race, color, religion, sex, sexual orientation, national origin, age, disability, genetic information, gender, veteran status, pregnancy, childbirth, other categories protected by applicable law or sexual harassment shall be submitted to the college's Chief Student Services Officer.
3. Any written complaint naming the College's President as the person whose alleged action or decision originated the problem shall be submitted to the President of the South Carolina Technical College System.

B. Preliminary Investigation and Findings

The person receiving the student's written complaint will send a written acknowledgement to the student no later than two (2) instructional days after receiving the written complaint.

1. When the complaint is against anyone other than the President of a College:

The person receiving the complaint will forward the complaint to the immediate supervisor of the employee named in the complaint no later than two (2) instructional days after it has been received.

As a part of the effort to resolve the matter, the supervisor, or designee, will consult, as needed, with the employee named in the complaint, the student filing the complaint, the Chief Administrative Officer of the division or component concerned, and any other parties relevant to the resolution of the complaint.

The supervisor, or designee, shall respond in writing to the student within ten (10) instructional days of receipt of the complaint. The response, sent through an approved method of notification, shall include a summary of the findings and, as needed, propose the steps that shall be taken to resolve the complaint. If the student does not agree with the proposed resolution, the student may request to have the complaint heard by the Student Grievance Committee.

2. When the complaint is against the President of a College:

The South Carolina Technical College System's Executive Vice President, or designee, will be responsible for the preliminary investigation and findings.

As a part of the effort to resolve the matter, the South Carolina Technical College System's Executive Vice President, or designee, will consult, as needed, with the College President named in the complaint, the student filing the complaint, the Chief Administrative Officer of the division or component concerned, and any other parties relevant to the resolution of the complaint.

The South Carolina Technical College System's Executive Vice President, or designee, shall respond in writing to the student within ten (10) instructional days of receipt of the complaint. The response, sent through the approved method of notification, shall include a summary of the findings and, as needed propose the steps that shall be taken to resolve the complaint. If the student does not agree with the proposed resolution, the student may request to have the complaint heard by an ad hoc committee.

The President of the South Carolina Technical College System will convene a three person ad hoc committee consisting of System Presidents or a three person ad hoc committee from within the System to hear the student's complaint.

C. Student Grievance Hearing

1. Requesting a Hearing

- a. When the complaint is against anyone other than the President of a College:
 - 1) The student must submit a written request for a Grievance Hearing to the Chief Student Services Officer within seven (7) instructional days after receiving the supervisor's written response. The request must be related to the original complaint, and include a statement describing why the supervisor's response was unsatisfactory.
 - 2) If the student does not submit the written request for a hearing within seven (7) instructional days after receiving the supervisor's written response, and the student can demonstrate that extenuating circumstances resulted in the failure to meet this deadline, the Chief Student Services Officer may allow the hearing to take place.
 - 3) Within two (2) instructional days of receiving the request for a hearing, the Chief Student Services Officer shall notify the College President about the need to convene a Student Grievance Committee. These committees shall be formed to hear specific complaints and a new committee may be formed each time a grievance covered by this procedure is filed.
- b. When the complaint is against the President of a College:
 - 1) The student must submit a written request for a Grievance Hearing to South Carolina Technical College System's Executive Vice President, or designee, within seven (7) instructional days after receiving the Executive Vice President's written response. The request must be related to the original complaint, and include a statement describing why the Executive Vice President's response was unsatisfactory.
 - 2) If the student does not submit the written request for a hearing within seven (7) instructional days after receiving the Executive Vice President's written response, and the student can demonstrate that extenuating circumstances resulted in the failure to meet this deadline, the Executive Vice President may allow the hearing to take place.
 - 3) Within two (2) instructional days of receiving the request for a hearing, the Executive Vice President shall notify the South Carolina Technical College System President about the need to convene an ad hoc committee of System Presidents or a three person ad hoc committee from within the System to hear the student's complaint. These committees shall be formed to hear specific complaints and a new committee may be formed each time a grievance covered by this procedure is filed.

2. Grievance Committees

- a. When the complaint is against anyone other than the President of a College:
 - 1) Student Grievance Committee- The College President must approve all recommended members. The committee shall be composed of the following:
 - a) Two students recommended by the governing body of the student body;
 - b) One faculty members recommended by the Chief Academic Officer;
 - c) One Student Services staff member recommended by the Chief Student Services Officer;
 - d) One administrator, other than the Chief Student Services Officer, to serve as the Committee's chairperson;
 - e) The Chief Student Services Officer, or designee, who serves as an ex-officio, nonvoting member of the committee.
 - 2) The Chief Student Services Officer, or designee, will send copies of the student's request for a hearing to the committee members, the employee, and the employee's supervisor. The employee against whom the grievance was filed has an opportunity to submit his/her response to the request for a hearing to the Committee prior to the hearing.
 - 3) The Student Grievance Committee's hearing shall be conducted within twenty-one (21) instructional days following the date of the request. The chairperson may grant a postponement if either party

submits a written request no later than five (5) instructional days prior to the scheduled hearing. The chairperson of the Student Grievance Committee, in his/her discretion, may postpone the hearing due to circumstances beyond the control of the parties. The re-scheduled hearing must take place within ten (10) instructional days of the date of the previously scheduled hearing.

- b. When the complaint is against the President of a College:
 - 1) Ad hoc committee- The President of the South Carolina Technical College System will select three College Presidents from the System to serve on this committee and identify one of the three College Presidents to serve as the chairperson for the hearing. The President of the South Carolina Technical College System may also choose to select a three person ad hoc committee from within the System to hear the student's complaint.
 - 2) The President of the South Carolina Technical College System, or designee, will send copies of the student's request for a hearing to the committee members, and the President at that college. The President against whom the grievance was filed has an opportunity to submit his/her response to the request for a hearing to the Committee prior to the hearing.
 - 3) The ad hoc committee hearing shall be conducted within twenty-one (21) instructional days following the date of the request. The chairperson may grant a postponement if either party submits a written request no later than five (5) instructional days prior to the scheduled hearing. The chairperson of the ad hoc committee, in his/her discretion, may postpone the hearing due to circumstances beyond the control of the parties. The re-scheduled hearing must take place within ten (10) instructional days of the date of the previously scheduled hearing.

3. Hearing Procedures

- a. When the complaint is against anyone other than the President of a College:
 - 1) The Chief Student Services Officer, or designee, shall send an approved method of notification to the student filing the complaint and to the employee(s) named in the complaint at least five (5) instructional days before the scheduled hearing. This notification shall include:
 - a) a brief description of the complaint, including the name of the person filing the complaint;
 - b) the date, time, and location of the hearing;
 - c) the name of any person who might be called as a witness.
 - d) a list of the student's procedural rights. These rights follow:
 - i. The right to review all available evidence, documents or exhibits that each party may present at the hearing. This review must take place under the supervision of the Chief Student Services Officer, or designee.
 - ii. The right to appear before the Hearing Committee and to present information and additional evidence, subject to the Committee's judgment that the evidence is relevant to the hearing.
 - iii. The right to consult with counsel. This person serving as counsel may not address the committee, question the employee(s) named in the complaint, or any witnesses. The student will be responsible for paying any fees charged by the counsel.
 - iv. The right to present witnesses who have information relating to the complaint. Witnesses will be dismissed after presenting the information and responding to questions posed by the Committee, the student filing the complaint, and the employee(s) named in the complaint.
 - 2) At least ten (10) instructional days before the scheduled hearing the parties must submit the names of persons that the parties anticipate calling as witnesses as well as any evidence that the parties intend to introduce at the hearing.
 - 3) Committee hearings shall be closed to all persons except the student filing the complaint, the employee(s) named in the complaint, respective counsel for the student and the employee(s), witnesses authorized by the Committee to participate in the hearing, committee members, and one or more persons designated by the Committee to be responsible for making an official written record or audio recording of the hearing.

- 4) The Committee will arrange for an official audio recording or written record of the hearing (not including deliberations) to be made, and only the person(s) designated by the Committee may make any kind of record of the proceedings. No record of the Committee's deliberations shall be permitted to be made by any means. The official audio recording or written record of the hearing is the property of the College and will be maintained in the office of the Chief Student Services Officer. The Student or employee(s) named in the complaint may review the official audio recording or written record of the hearing (as applicable) under the supervision of the Chief Student Services Officer or designee, but neither are entitled to a copy of the audio recording or written record. Notes made by Committee members for use as a personal memory aid shall not be made a part of the written record and are not subject to review by the Student or employee(s).
 - 5) Witnesses shall be called in one at a time to make a statement and to respond to questions, as permitted by the Chair.
 - 6) After the portion of the hearing concludes in which all pertinent information has been received, everyone other than the Committee will be excused and its deliberations will begin. The "preponderance of the evidence" standard shall apply to the deliberations, which means that the Committee members must determine if the information presented at the hearing leads them to conclude that it is more likely than not that the violation(s) occurred as alleged. The Committee members will determine by majority vote whether the violation(s) occurred and, if so, the Committee members will decide upon the appropriate sanction(s) by majority vote. In case of a tie, the chairperson may vote.
 - 7) The Chair of the Committee will send an approved method of notification to the Student and employee's address of record within two (2) instructional weekdays of the Committee's decision. The letter shall inform both parties of the Committee's decision, the date of the decision, any sanction(s) imposed, and the appeal process.
- b. When the complaint is against the President of a College:
- 1) The South Carolina Technical College System President, or designee, shall send an approved method of notification to the student filing the complaint and to the College President named in the complaint at least five (5) instructional days before the scheduled hearing. This notification shall include:
 - a) a brief description of the complaint, including the name of the person filing the complaint;
 - b) the date, time, and location of the hearing;
 - c) the name of any person who might be called as a witness.
 - d) a list of the student's procedural rights. These rights follow:
 - i. The right to review all available evidence, documents or exhibits that each party may present at the hearing. This review must take place under the supervision of the South Carolina Technical College System President, or designee.
 - ii. The right to appear before the ad hoc committee and to present information and additional evidence, subject to the Committee's judgment that the evidence is relevant to the hearing.

- iii. The right to consult with counsel. This person serving as counsel may not address the committee, question the College President named in the complaint, or any witnesses. The student will be responsible for paying any fees charged by the counsel.
 - iv. The right to present witnesses who have information relating to the complaint. Witnesses will be dismissed after presenting the information and responding to questions posed by the Committee, the student filing the complaint, and the College President named in the complaint.
- 2) At least ten (10) instructional days before the scheduled hearing the parties must submit the names of persons that the parties anticipate calling as witnesses as well as any evidence that the parties intend to introduce at the hearing.
 - 3) Committee hearings shall be closed to all persons except the student filing the complaint, the College President named in the complaint, respective counsel for the student and the employee(s), witnesses authorized by the Committee to participate in the hearing, committee members, and one or more persons designated by the Committee to be responsible for making an official written record or audio recording of the hearing.
 - 4) The Committee will arrange for an official audio recording or written record of the hearing (not including deliberations) to be made, and only the person(s) designated by the Committee may make any kind of record of the proceedings. No record of the Committee's deliberations shall be permitted to be made by any means. The official audio recording or written record of the hearing is the property of the College and will be maintained in the office of the President of the South Carolina Technical College System. The Student or College President named in the complaint may review the official audio recording or written record of the hearing (as applicable) under the supervision of the System President or designee, but neither are entitled to a copy of the audio recording or written record. Notes made by Committee members for use as a personal memory aid shall not be made a part of the written record and are not subject to review by the Student or College President.
 - 5) Witnesses shall be called in one at a time to make a statement and to respond to questions, as permitted by the Chair.
 - 6) After the portion of the hearing concludes in which all pertinent information has been received, everyone other than the Committee will be excused and its deliberations will begin. The "preponderance of the evidence" standard shall apply to the deliberations, which means that the Committee members must determine if the information presented at the hearing leads them to conclude that it is more likely than not that the violation(s) occurred as alleged. The Committee members will determine by majority vote whether the violation(s) occurred and, if so, the Committee members will decide upon the appropriate sanction(s) by majority vote. In case of a tie, the chairperson may vote.
 - 7) The Chair of the Committee will send an approved method of notification to the Student and College President's address of record within two (2) instructional weekdays of the Committee's decision. The letter shall inform both parties of the

Committee's decision, the date of the decision, any sanction(s) imposed, and the appeal process.

IV. Appeal Process

A. When the complaint is against anyone other than the President of a College:

If either party is not satisfied with the Student Grievance Committee's decision, that person may submit a written appeal to the President of the College within ten (10) instructional days of the Committee's decision. The written appeal must include a statement indicating why the person was not satisfied with the Committee's decision. The College President shall review the Committee's findings, conduct whatever additional inquiries are deemed necessary and render a decision within ten (10) instructional days of receipt of the appeal. The College President will notify both parties of his/her decision through an approved method of notification. The President's decision is final and this decision cannot be the sole reason for filing a grievance against the President.

B. When the complaint is against the President of a College:

If either party is not satisfied with the ad hoc committee's decision, that person may submit a written appeal to the President of the South Carolina Technical College System within ten (10) instructional days of the Committee's decision. The written appeal must include a statement indicating why the person was not satisfied with the Committee's decision. The System President shall review the Committee's findings, conduct whatever additional inquiries are deemed necessary and render a decision within ten (10) instructional days of receipt of the appeal. The System President will notify both parties of his/her decision through an approved method of notification. The System President's decision is final.

For any complaint that does not fall within the scope of the Student Grievance Procedure for the South Carolina Technical College System (3-2-106.3)-2020, students may file a formal complaint with the Office of Student Affairs. The Office of Student Affairs or the appropriate designee will respond to the complaint in writing.

APPENDIX B

Standards for an Accredited Educational Program in Radiography

EFFECTIVE JANUARY 1, 2021

Adopted by:

**The Joint Review Committee on Education
in Radiologic Technology- April 2020**

Joint Review Committee on Education in Radiologic Technology

20 N. Wacker Drive, Suite 2850

Chicago, IL 60606-3182

312.704.5300 • (Fax) 312.704.5304

www.jrcert.org

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.

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***Please note:** The following is a condensed version of the JRCERT (Joint Review Committee on Education in Radiologic Technology) Standards for an Accredited Educational Program in Radiography. This is a window into a 54 page document that can be obtained online at WWW.jrcert.org. Also, the document can be found in its entirety in the Program Directors office, Clinical Coordinators office or accessed online via our webpage under Medical Imaging Sciences. Questions can be addressed at mail@jrcert.org

A copy will also be available in the Radiology Classroom.

REV 3/27/2012 dg

Standard One

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.

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.

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.

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.

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.

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.

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.

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, N.E.
 Albuquerque, NE 87123-3917
 (505) 298-4500
 www.asrt.org

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

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

APPENDIX C



Joint Review Committee on Education in Radiologic Technology (JRCERT) Process for Reporting Allegations

Important Notes

1. The JRCERT cannot advocate on behalf of any student(s). An investigation into allegations of non-compliance addresses only the program's compliance with accreditation standards and will not affect the status of any individual student.
2. The investigation process may take several months.
3. The JRCERT will not divulge the identity of any complainant(s) unless required to do so through legal process.

Process

1. Before submitting allegations, the individual must first attempt to resolve the complaint directly with program/institution officials by following the due process or grievance procedures provided by the program/institution. Each program/institution is required to publish its internal complaint procedure in an informational document such as a catalog or student handbook. (Standard One, Objective 1.6)
2. If the individual is unable to resolve the complaint with program/institution officials or believes that the concerns have not been properly addressed, he or she may submit allegations of non-compliance to the JRCERT:

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

3. The Allegations Reporting Form must be completed and sent to the above address with required supporting materials. All submitted documentation must be legible.
4. Forms submitted without a signature or the required supporting material will not be considered.
5. If a complainant fails to submit appropriate materials as requested, the complaint will be closed.

The Higher Education Opportunities Act of 2008, as amended, provides that a student, graduate, faculty or any other individual who believes he or she has been aggrieved by an educational program or institution has the right to submit documented allegation(s) to the agency accrediting the institution or program.

The JRCERT, recognized by the United States Department of Education for the accreditation of radiography, radiation therapy, magnetic resonance, and medical dosimetry educational programs investigates allegation(s) submitted, in writing, signed by any individual with reason to believe that an accredited program has acted contrary to the relevant accreditation standards or that conditions at the program appear to jeopardize the quality of instruction or the general welfare of its students.

**Joint Review Committee on Education in Radiologic Technology (JRCERT) Allegations
Reporting Form**

Please print or type all information.

Name of Complainant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

Institution sponsoring the program:

Name: _____

City: _____ State: _____

Type of Program (Check one):

Radiography Radiation Therapy Magnetic Resonance Medical Dosimetry

The following materials must be submitted:

1. Attach a copy of the program's publication that includes the due process or grievance procedure.
2. Provide a narrative that identifies what you did at each step of the due process or grievance procedure and copies of materials you submitted as part of your appeal and copies of correspondence you received in response to your appeal.
3. List the specific objective(s) from the accreditation standards (available at www.jrcert.org/acc_standards.html) and indicate what the program is alleged to have done that is not in compliance with the cited objective(s).

Example

Objective

Allegation

4.4 direct supervision pre-competency

Students often do patient exams without supervision before they have completed a competency check-off.

**Program Complaint Resolution Procedure
Non-Compliance Allegation Regarding JRCERT Standards**

The alleged complaint would be handled in the following manner:

1. Upon receiving a formal complaint, the parties involved would be questioned by the appropriate College and Program officials (ie. Program director, Dean of Health Sciences, Vice President for Academic Affairs, President)
2. After hearing from the parties involved, appropriate College and Program officials would try to resolve the complaint as expediently as possible and take action if necessary.
3. A report of how the situation was resolved would then be sent to the JRCERT and appropriate parties.

APPENDIX D



THE AMERICAN REGISTRY
OF RADIOLOGIC
TECHNOLOGISTS®

ARRT STANDARDS OF ETHICS

Last Revised: September 1, 2020
Published: September 1, 2020

PREAMBLE

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

STATEMENT OF PURPOSE

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

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

A. CODE OF ETHICS

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

1. The radiologic technologist acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.
2. The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.
3. The radiologic technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, familial status, disability, sexual orientation, gender identity, veteran status, age, or any other legally protected basis.
4. The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.
5. The radiologic technologist assesses situations; exercises care, discretion, and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.

7. The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self, and other members of the healthcare team.
8. The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.

9. The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
10. The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.
11. The radiologic technologist refrains from the use of illegal drugs and/or any legally controlled substances which result in impairment of professional judgment and/or ability to practice radiologic technology with reasonable skill and safety to patients.

B. RULES OF ETHICS

The Rules of Ethics form the second part of the *Standards of Ethics*. They are mandatory standards of minimally acceptable professional conduct for all Certificate Holders and Candidates. Certification and registration are methods of assuring the medical community and the public that an individual is qualified to practice within the profession. Because the public relies on certificates and registrations issued by ARRT, it is essential that Certificate Holders and Candidates act consistently with these Rules of Ethics. These Rules of Ethics are intended to promote the protection, safety, and comfort of patients.

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

Certificate Holders and Candidates engaging in any of the following conduct or activities, or who permit the occurrence of the following conduct or activities with respect to them, have violated the Rules of Ethics and are subject to sanctions as described hereunder:

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

Fraud or Deceptive Practices

Fraud Involving Certification and Registration

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

Fraudulent Communication Regarding Credentials

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

Fraudulent Billing Practices

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

Subversion

Examination / CQR Subversion

4. Subverting or attempting to subvert ARRT's examination process, and/or the Structured Self-Assessments (SSA) that are part of the *Continuing Qualifications Requirements* (CQR) process. Conduct that subverts or attempts to subvert ARRT's examination and/or CQR SSA process includes, but is not limited to:
 - (i) disclosing examination and/or CQR SSA information using language that is substantially similar to that used in questions and/or answers from ARRT examinations and/or CQR SSA when such information is gained as a direct result of having been an examinee or a participant in a CQR SSA or having communicated with an examinee or a CQR participant; this includes, but is not limited to, disclosures to students in educational programs, graduates of educational programs, educators, anyone else involved in the preparation of Candidates to sit for the examinations, or CQR participants; and/or
 - (ii) soliciting and/or receiving examination and/or CQR SSA information that uses language that is substantially similar to that used in questions and/or answers on ARRT examinations or CQR SSA from an examinee, or a CQR participant, whether requested or not; and/or
 - (iii) copying, publishing, reconstructing (whether by memory or otherwise), reproducing or transmitting any portion of examination and/or CQR SSA materials by any means, verbal or written, electronic or mechanical, without the prior express written permission of ARRT or using professional, paid or repeat examination takers and/or CQR

SSA participants, or any other individual for the purpose of reconstructing any portion of examination and/or CQR SSA materials; and/or

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

Education Subversion

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

Failure to Cooperate with ARRT Investigation

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

Unprofessional Conduct

Failure to Conform to Minimal Acceptable Standards

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

Sexual Misconduct

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

Unethical Conduct

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

Scope of Practice

Technical Incompetence

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

Improper Supervision in Practice

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

Improper Delegation or Acceptance of a Function

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

Fitness to Practice

Actual or Potential Inability to Practice

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

Inability to Practice by Judicial Determination

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

Improper Management of Patient Records

False or Deceptive Entries

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

Failure to Protect Confidential Patient Information

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

Knowingly Providing False Information

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

Violation of State or Federal Law or Regulatory Rule

Narcotics or Controlled Substances Law

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

Regulatory Authority or Certification Board Rule

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

Criminal Proceedings

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

Duty to Report

Failure to Report Violation

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

Failure to Report Error

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

C. ADMINISTRATIVE PROCEDURES

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

1. Ethics Committee

(a) Membership and Responsibilities of the Ethics Committee

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

(b) The Chair of the Ethics Committee

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

(c) Preliminary Screening of Potential Violations of the Rules of Ethics

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

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

2. Hearings

Whenever ARRT proposes to take action in respect to the denial of an application for certification and registration (for reasons other than failure to meet the criteria as stated in Article II, Sections 2.03 and 2.04 of the *Rules and Regulations* of ARRT, in which case there is no right to a hearing) or of an application for renewal or reinstatement of certification and registration, or in

connection with the revocation or suspension of certification and registration, or the censure of a Certificate Holder or Candidate for an alleged violation of the Rules of Ethics, it shall give written notice thereof to such person, specifying the reasons for such proposed action. A Certificate Holder or Candidate to whom such notice is given shall have 30 days from the date the notice of such proposed action is mailed to make a written request for a hearing. The written request for a hearing must be accompanied by a nonrefundable hearing fee in the amount of \$100. In rare cases, the hearing fee may be waived, in whole or in part, at the sole discretion of the Ethics Committee.

Failure to make a written request for a hearing and to remit the hearing fee (unless the hearing fee is waived in writing by ARRT) within such period or submission of a properly executed Hearing Waiver form within such period shall constitute consent to the action taken by the Ethics Committee or the Board of Trustees pursuant to such notice. A Certificate Holder or Candidate who requests a hearing in the manner prescribed above shall advise the Ethics Committee of the intention to appear at the hearing. A Certificate Holder or Candidate who requests a hearing may elect to appear in person, via teleconference, or by a written submission which shall be verified or acknowledged under oath.

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

Failure to appear at the hearing in person or via teleconference, or to supply a written submission in response to the charges shall be deemed a default on the merits and shall be deemed consent to whatever action or disciplinary measures that the Ethics Committee determines to take. Hearings shall be held at such date, time, and place as shall be designated by the Ethics Committee or the Chief Executive Officer. The Certificate Holder or Candidate shall be given at least 30 days notice of the date, time, and place of the hearing. The hearing is conducted by the Ethics Committee with any three or more of its members participating, other than any member of the Ethics Committee whose professional activities are conducted at a location in the approximate area of the Certificate Holder or Candidate in question. In the event of such disqualification, the President may appoint a Trustee to serve on the Ethics Committee for the sole purpose of participating in the hearing and rendering a decision. At the hearing, ARRT shall present the charges against the Certificate Holder or Candidate in question, and the facts and evidence of ARRT in respect to the basis or bases for the proposed action or disciplinary measure. The Ethics Committee may be assisted by legal counsel. The Certificate Holder or Candidate in question, by legal counsel or other representative (at the sole expense of the Certificate Holder or Candidate in question), shall have the right to call witnesses, present testimony, and be heard in the Certificate Holder's or Candidate's own defense; to hear the testimony of and to cross-examine any witnesses appearing at such hearing; and to present such other evidence or testimony as the Ethics Committee shall deem appropriate to do substantial justice. Any information may be considered that is relevant or potentially relevant. The Ethics Committee shall not be bound by any state or federal rules of evidence. The Certificate Holder or Candidate in question shall have the right to submit a written statement at the close of the hearing. A transcript or an audio recording of the hearing testimony is made for in person and teleconference hearings only. Ethics Committee deliberations are not recorded.

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

In the case of alleged violations of the Rules of Ethics by a Certificate Holder or Candidate, the Ethics Committee shall assess the evidence presented at the hearing and make its decision accordingly, and shall prepare written findings of fact and its determination as to whether there has been a violation of the Rules of Ethics and, if so, the appropriate sanction, and shall promptly transmit the same to the Board of Trustees and to the Certificate Holder or Candidate in question. Potential sanctions include denial of renewal or reinstatement of certification and registration with ARRT, revocation or suspension of certification and registration with ARRT, or the public or private reprimand of a Certificate Holder or Candidate. Unless a timely appeal from any findings of fact and determination by the Ethics Committee is taken to the Board of Trustees in accordance with Section 3 below (Appeals), the Ethics Committee's findings of fact and determination in any matter (including the specified sanction) shall be final and binding upon the Certificate Holder or Candidate in question.

3. Appeals

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

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

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

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

4. Adverse Decisions

(a) Private Reprimands

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

(b) Public Reprimands

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

(c) Conditional

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

(d) Suspensions

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

(e) Summary Suspensions

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

(f) Ineligible

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

(g) Revocation

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

(h) Alternative Dispositions

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

(i) Civil or Criminal Penalties

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

5. Publication of Adverse Decisions

Summary suspensions and final decisions (other than private reprimands) that are adverse to the Certificate Holder or Candidate will be communicated to the appropriate authorities of certification organizations and state licensing agencies and provided in response to written inquiries into an individual’s certification and registration status. The ARRT shall also have the right to publish any final adverse decisions and summary suspensions and the reasons therefore. For purposes of this paragraph, a “final decision” means and includes: a determination of the Ethics Committee relating to an adverse decision if the affected Certificate Holder or Candidate does not request a hearing in a timely manner; a non-appealable decision of the Ethics Committee; an appealable decision of the Ethics Committee from which no timely appeal is taken; and, the decision of the Board of Trustees in a case involving an appeal of an appealable decision of the Ethics Committee.

6. Procedure to Request Removal of a Sanction

A sanction imposed by ARRT, including a sanction specified in a Settlement Agreement, specifically provides a sanction time frame and it shall be presumed that a sanction may only be reconsidered after the time frame has elapsed. At any point after a sanction first becomes eligible for reconsideration, the individual may submit a written request (“Request”) to ARRT asking the Ethics Committee to remove the sanction. The Request must be accompanied by a nonrefundable fee in the amount of \$250.

A Request that is not accompanied by the fee will be returned to the individual and will not be considered. In rare cases, the fee may be waived, in whole or in part, at the sole discretion of the Ethics Committee. The individual is not entitled to make a personal appearance before the Ethics Committee in connection with a Request to remove a sanction or to modify a Settlement Agreement.

Although there is no required format, Requests for both sanction removal and Settlement Agreement modification must include compelling reasons justifying the removal of the sanction or modification of the Settlement Agreement. It is recommended that the individual demonstrate at least the following: (1) an understanding of the reasons for the sanction; (2) an

understanding of why the action leading to the sanction was felt to warrant the sanction imposed; and (3) detailed information demonstrating that the Certificate Holder’s or Candidate’s behavior has improved and similar activities will not be repeated. Letters of recommendation from individuals, who are knowledgeable about the person’s sanction imposed; and current character and behavior, including efforts at rehabilitation, are advised. If a letter of recommendation is not on original letterhead or is not duly notarized, the Ethics Committee shall have the discretion to ignore that letter of recommendation.

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

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

7. Amendments to the Standards of Ethics

The ARRT reserves the right to amend the *Standards of Ethics* following the procedures under Article XI, Section 11.02 of the *ARRT Rules and Regulations*.



APPENDIX E

Radiation Monitoring and Overexposure Document Form

Date:

This document has identified that the radiation monitoring device assigned to _____ has received radiation doses that have exceeded the established amounts set by the Horry-Georgetown Technical College's Medical Imaging Sciences program. This measurement was identified on a Landauer Inc. Radiation Monitoring report dated _____ for the time period of _____.

For student purposes, badge readings may not exceed: 3mSv (300mrems) quarterly
1mSv (100mrem) monthly

It has been identified that your Badge report indicates _____.

This document also verifies that the student was counseled on the importance of radiation protection and back tracked the student's assignment at the time the exposures would have occurred. The following was covered:

1. Where was student assigned? (ie fluoro, OR etc)
2. Where does student store badge when not in use?
3. Has student left badge in car or other area where heat generates.(washer/dryer)?
4. Did student let badge on fluoro apron or in radiology room?
5. Is student following ALARA principles?
6. Are there other reasons the report may be high?

This document will be kept in student's clinical file and sent to assigned clinical site.

Student signature: _____

Program Director signature: _____

HGTC MEDICAL IMAGING SCIENCES DECLARED PREGNANCY POLICY

This declaration is necessary to initiate ALARA limit of 5mSv (500 mrem) per gestation or .5 mSv (50 mrem) per month designated by the program faculty.

Reminders:

- Monitors should be worn at waist level
- Monitors should be worn under lead aprons , when aprons are to be utilized
- NRC guide 8.13 is required reading and is being provided to you.

I wish to inform the Program Director and Clinical Coordinator of my pregnancy.

Name: _____

SSN: _____

Expected Delivery date: _____

Signature: _____

Date: _____

Clinical Coordinator: _____

Program Director: _____

HGTC MEDICAL IMAGING SCIENCES
UN DECLARATION OF PREGNANCY

I wish to un declare my pregnancy to the Program Director and Clinical Coordinator.

Name: _____

SSN: _____

Signature: _____

Date: _____

Clinical Coordinator: _____

Program Director: _____

HORRY-GEORGETOWN TECHNICAL COLLEGE

Medical Imaging Sciences

RECEIPT OF STUDENT HANDBOOK

I have received a copy of the current Medical Imaging Sciences Student Handbook. I have reviewed the Student handbook and had the opportunity to ask questions regarding its content, policies and procedures. It is my understanding if any additional questions arise concerning material in this handbook I may contact:

Dr, Douglas Gleasman, DC RT (R), Program Director/Chairperson

or

Mary E. Stenger MS RT (R) Clinical Coordinator

I also understand that I am responsible for all of the information contained in this handbook and I will be expected to conform/adhere to all procedures herein, during my didactic and clinical education.

Date

Student Signature

Please print name

Faculty Signature

NOTE TO ALL STUDENTS IN CHILD BEARING AGE: To assure the radiation safety of your baby in the event you become pregnant during your clinical education, please read and sign the Student Pregnancy Policy.