

# HORRY-GEORGETOWN TECHNICAL COLLEGE

## **Medical Imaging Sciences Department**

### **STUDENT HANDBOOK 2019-2021**



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# HORRY-GEORGETOWN TECHNICAL COLLEGE

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3501 Pampas Drive  
Myrtle Beach, S.C. 29577  
(843) 839-1149**

## PROGRAM OFFICIALS

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Academic Chair Medical Imaging Sciences  
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  
Program Director  
Diagnostic Medical Sonography  
(843) 477-2181

Mandy Hiott RT(R) (CT)  
Adjunct Instructor - Radiography Program

Dr. Scott Mencken, M.D.  
Medical Advisor

## CLINICAL AFFILIATES

Conway Medical Center  
Georgetown Memorial Hospital – Tidelands Health  
Grand Strand Medical Center  
McLeod- Loris Healthcare System  
MUSC Health Marion Medical Center  
McLeod- Seacoast Medical Center  
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 a Certificate program in Diagnostic Medical Sonography. 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](http://www.jrcert.org). Our program annual effectiveness data may also be accessed online on our web page [http://www.hgtc.edu/documents/academics/programs/mis/RadiologicTech\\_chart.pdf](http://www.hgtc.edu/documents/academics/programs/mis/RadiologicTech_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](http://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.

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.

Adhering to the Code of Ethics for a Radiographer, the Scope of Practice for Radiography, and holding patient care at its highest regard, this student handbook was developed and approved by the Medical Imaging Sciences program officials, clinical instructors, and advisory committee.

## 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 Instructor(s):
  - Is knowledgeable of program goals,
  - understands the clinical objectives and clinical evaluation system, understands the sequencing of didactic instruction and clinical education, provides students with clinical instruction and supervision,
  - Evaluates students' clinical competence,
  - Maintains competency in the professional discipline and instructional and evaluative techniques through continuing professional development, and
  - Maintains current knowledge of program policies, procedures, and student progress.
  
- Clinical Staff:
  - Understand the clinical competency system, Understand requirements for student supervision, Support the educational process, and
  - Maintain current knowledge of program policies, procedures, and student progress.

# 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 that are 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 effectively meet the needs of the community for entry level Radiologic Technologists**  
Student Learning Outcomes – Students will:
  - Graduate from the program
  - Students will pass the ARRT Registry Examination
  - 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 that are 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 use critical thinking and problem solving skills.
2. Students will be clinically competent.
3. Students will demonstrate professional behaviors.
4. Students will communicate effectively.
5. The program will effectively meet the needs of the community for entry level Sonographers.

## 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 that the student carry his or her own health insurance.
3. The student has the right to have all rules and regulations explained to him/her, including periodic updates of any changes.
4. The student has the right to file a complaint concerning **any grievance** he/she 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 online at: <http://www.hgtc.edu/documents/policys/Chapt9.pd> The **Student Grievance Policy** is from the South Carolina State Technical College System.
5. The student has a right to inspect all records kept related to him/her, as dictated by the Federal Family Education Rights and Privacy Act of 1974.
6. The student has the right to inspect his/her radiation record, 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](http://www.jrcert.org)

**CAAHEP (Sonography)**

25400 US Highway 19 North  
 Suite 158  
 Clearwater, FL 33763  
 Telephone: 727-210-2350  
 Fax: 727-210-2354  
[mail@caahep.org](mailto:mail@caahep.org)

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## 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 his/her compensatory time off slips, if lost they will not be replaced.
3. The time must be used within the semester of the date of issue 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 instructor 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 Instructor, 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 and clinical instructors. Use appropriate language and medical terminology.

**Engage in classroom activities:** Avoid sleeping, actively participate, avoid doing personal work or 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 readings 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 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 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 and any conversation should be with the patient or include the patient conversation in the room.
6. Criticism of 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 simulating patients'.

6-17-19 DG

## 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 lap top device for note taking must be approved by the faculty prior to start of class lectures and if the student uses it for other 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.

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 of 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. 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.
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 will be withdrawn from the program immediately. The student will not be allowed to reapply to any of the Medical Imaging Sciences programs.**

Rev. 8/2019 - DG

## 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 monitor, a right and left film marker (when applicable), patient log book, 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. The clinical instructor has the obligation and authority to carry out this very important purpose. The time absent will be added to the end of the day as directed by the clinical instructor.

## APPEARANCE AND PERSONAL HYGIENE

You are expected to follow the rules of good grooming and personal hygiene. Students must follow the protocols for the Clinical site. If the dress code is more strict than this handbook, it must be followed as your 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 1/8<sup>th</sup> 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 clinic, with the exception of modest rings, watches (\*Notifications on I-watches must be disabled/turned off), and one pair of conservative earrings (\*No hoops which maybe grabbed by patients). No other visible body piercing are permitted. \*(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.)
7. 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 and gestures. Some 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 in order for you to maintain satisfactory class work. The student will follow attendance policies stated for each subject. 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 the morning as a result of calling in sick will not be permitted to sit for examinations conducted in didactic courses in the afternoon.

## 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 7<sup>th</sup> tardy will result in termination from program. No exceptions.

\*\*Tardy at 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 CI 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 personal cell-phone 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

In part 20, subpart C, Occupational Dose Limits, of its rules and regulations, the Nuclear Regulatory Commission 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 Landauer Company in Glenwood, Illinois 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 Instructor. 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 he/she 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**. 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 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 his/her clinical site without a **current** monitoring device, he/she 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. 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 program director or 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 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 (1<sup>st</sup>) 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 Instructor 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), his/her 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 <sup>st</sup> Ave, MB, SC	843-626-9379

## Convenient for the Conway campus:

Doctors Care- Church Street- 1113 Church St., Conway, SC	843-248-6269
Doctors Care- Main Street- 1400 Main St., Conway, SC 29526	843-381-8206

## Convenient for the Georgetown campus:

Doctors Care- 1068 No Frazier St Georgetown, SC 29440	843-545-7200
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# TUBERCULOSIS EXPOSURE AT CLINICAL SITE HGTC POLICY

1. SC DHEC is responsible for tracking all positive TB patients and making sure that they are taking their medication.
2. If a student comes into contact "exposure" to an active TB patient, we need to notify our local DHEC Office.
3. They will need the Students Name & Phone Number, the source individuals name and date of exposure.
4. They will contact the student and perform the following:
  - a. PPD SKIN TESTING – If it is negative then the process is complete.
  - b. If PPD is positive, then they will draw blood work to determine if there is active TB. If they are negative they the process is complete.
  - c. If the blood work is positive they will do a Chest X-ray to determine how much TB is present and decide how to treat.

Our direct contact for TB exposure is **Ms. Debbie Mincey** and she can be reached at **(843) 915-8789**.

The college official or the student will call Mrs. Norris and follow the appropriate instructions.

## COMMUNICABLE DISEASE POLICY

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

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

## 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 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.

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:
- Fluoroscopic procedures (unless with remote control fluoroscopy equipment)
  - Mobile and Surgical procedure
  - 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:

- An explanation for the higher reading, ie:
  - Dosimeters worn improperly
  - Dosimeter placed in an area that will affect its accuracy
  - Care of patient after a dose of radioactivity was given
  - Dosimeter badge lost
- Review the NRC Regulatory Guide titled "Instruction Concerning Prenatal Radiation Exposure"
- Investigate ways to reduce radiation exposure:
  - Eliminate participation in exams involving fluoroscopy and portable x-ray
  - Increase distance from radiation sources
  - Decrease time spent with patients who have received radioactive therapy
  - 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 Ms. Dana Gasque [dana.gasque@hgtc.edu](mailto:dana.gasque@hgtc.edu) at HGTC.

# CRIMINAL BACKGROUND CHECKS AND DRUG TESTING POLICY

## Background Checks

All students enrolled in any of the Nursing and 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 that 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)<sup>3/07</sup> 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 of time.
- 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 85% on the written knowledge verification examinations. Failure to achieve a minimum grade of 85% will deem a student ineligible

for re-entering the program. In addition, if a student was withdrawn from a program due to failing a clinical course (RAD 153, RAD 165, RAD 175, RAD 256, RAD 268, RAD 278) the student will be required to successfully complete a clinical skills evaluation with a minimum grade of 85%. If unsuccessful on these examinations/evaluations 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 programs 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. Dana Gasque [dana.gasque@hgtc.edu](mailto:dana.gasque@hgtc.edu) or (843) 477-2025 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. Gasque 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.

Revised 8/2019 DG

## 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 his/her 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 he/she 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 with regard to 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 his/her 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 - \$180    Titers- \$50.00

Varicella Vaccines – \$125 - \$200

Hep B Vaccines - \$100 - \$270

Influenza Vaccination - \$25.00

Tuberculin Skin Test - \$50.00

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 - \$100

Physical Examination \$100 - \$150

Liability Insurance - \$80.00

American Registry of Radiologic Technologists National Board Exam application fee -

Radiography \$200

DMS- \$200.

American Registry of Diagnostic Sonography-ARDMS- \$200. Per exam

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

HESI Registry Review Course (senior year)- \$235 (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)

**Application for Graduation: - All students must apply for graduation or they will not receive their degree/certificate. The application may be found on WaveNet.**

## RAD - ASSOCIATE DEGREE

	lect	lab	Cr	hours
Summer I				
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

	lect	lab	Cr	hours
Fall I				
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

	lect	lab	Cr	hours
Spring I				
SPC 205 or 209- Intro. Speech or Oral Comm.	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

	lect	lab	Cr	hours
Summer II				
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

	lect	lab	Cr	hours
Fall II				
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

	lect	lab	Cr	hours
Spring II				
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 155 – Clinical Education	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
			10	24
Fall II				
DMS 122 – Abdominal Sonography	0	3	1	3
DMS 167 – Image Practicum	0	24	8	24
			9	27
	Total		39	97

## PHYSICAL REQUIREMENTS FOR CLINICAL EDUCATION

	Never 0 hrs.	Occasionally 1-3 hrs.	Often 3-6 hrs.	Frequent Over 6 hrs.	Constant
<b>Lifting</b>					
0-20 lbs.			X		

20-25 lbs.		X			
25-50 lbs		X			
50-100 lbs		X			

<b>Moving/Pulling/Pushing</b>					
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	

**\* Lifting, moving, pushing/pulling 50 pounds or more is done with assistance.**

# APPENDIX

## A

# HORRY-GEORGETOWN TECHNICAL COLLEGE

## POLICY

<b>Number:</b>	<b>9.3.7</b>
<b>Title:</b>	<b>Student Code and Grievance Procedure</b>
<b>Authority:</b>	<b>Title 59, Chapter 53, Sections 810-860 of the 1976 Code of Laws of South Carolina, as Amended</b>
<b>Responsibility:</b>	<b>Associate Vice President for Student Affairs</b>
<b>Original Approval Date:</b>	<b>09-09-1993</b>
<b>Last Cabinet Review:</b>	<b>11-07-2007</b>
<b>Last Revision:</b>	<b>11-07-2007</b>

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Chairperson

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

Student Code for the South Carolina Technical College System (3-2-106.1) |

The Student Code for the South Carolina Technical College System is revised periodically and, if a recent revision has been done, an approved copy is available from the office of the Associate Vice President for Student Affairs. A statement on College policy on student conduct and due process procedures follows.

### I. GENERAL PROVISIONS

#### A. Principles

Technical college students are members of both the community at large 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 the larger community of which the College is a part, students are entitled to all rights and protection accorded them by the laws of that community.

By the same token, students are also subject to all laws, the enforcement of which is the responsibility of duly constituted authorities. When students violate laws, they may incur penalties prescribed by legal authorities. In such instance, college discipline will be initiated only when the presence of the student on campus will disrupt the educational process of the College. However, when a student's violation of the law also adversely affects the College's pursuit of its recognized educational objectives, the College may enforce its own regulations. When students violate College regulations, they are subject to disciplinary action by the College whether or not their conduct violates the law. If a student's behavior simultaneously violates both College regulations and the law, the College may take disciplinary action independent of that taken by legal authorities.

The Student Code for the South Carolina Technical College System sets forth the rights and responsibilities of the individual student.



## B. Solutions of Problems

The College will seek to solve problems by internal procedures of due process. When necessary, off-campus law enforcement and judicial authorities may be involved. In situations where South Carolina Technical 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 2 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.

## C. Definitions

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

1. "College" means any college in the South Carolina Technical College System.
2. "President" means the chief executive officer of the College.
3. "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.
4. "Chief Student Services Officer" means the Administrative Office at the College who has overall management responsibility for student services, or his/her designee.
5. "Chief Instructional Officer" means the Administrative Officer at the College who has overall management responsibility for academic programs, or his/her designee
6. "Student" means any person taking any course(s) offered by the College.
7. "Professor" means any person employed by the College to conduct classes.
8. "Staff" means any person employed by the College for reasons other than conducting classes.
9. "SGA" means Student Government Association of the College.
10. "Campus" means any place where the College conducts or sponsors educational, public service, or research activities.
11. "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.
12. "Suspension" means a temporary separation of the College and student under specified conditions.
13. "Expulsion" means permanent separation of the College and student.

## STUDENT CODE

### I. General Rights of Students

- A. Nondiscrimination—There shall be no discrimination in any respect by the College against a student, or applicant for admission as a student, based on race, color, age, religion, national origin, sex or disability.

- 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.

Students desiring to conduct an assembly must submit a request to the President, or other designated College official, requesting a specific date, time, location and manner no later than 15 working days prior to the date of the desired event. The request will be approved, amended or denied no later than 10 working days prior to the desired event.

- C. Freedom of the Press—In official student publications, they 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. Protection Against 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. Student Representation in College Governance—Students should be represented on campus committees that have the following duties:
1. To propose policy that affects student activities and conduct.
  2. To make policy decisions on such matters.
  3. To implement policy.
- F. Classroom Behavior—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 professors to teach or the rights of other students to learn.

The professor sets the standards of behavior acceptable in the classroom by announcing these standards early in the term. If a student behaves disruptively in class after the professor has explained the unacceptability of such conduct, the professor may dismiss the student for the remainder of that class period.

The professor shall initiate a discussion with the student to resolve the issue prior to the next class meeting. A further disruption by the student may result in a second dismissal and referral in writing by the faculty member to the Chief Student Services Officer. These procedures for classroom behavior do not limit the action that may be taken for proscribed conduct under Section III herein and professors may dismiss students from class for the remainder of the class period for such conduct. Students remain subject to other sanctions hereunder for such conduct.

- G. Evaluation and Grading— Professors will follow the announced standards in evaluating and grading students.
- Grades are awarded for student academic achievement. No grade will be reduced as a disciplinary action for student action or behavior unrelated to academic achievement. Assigned grades may be reviewed upon written request, but are not subject to grievance process.
- H. Privacy— Information about individual student views, beliefs and political associations acquired by professors, 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.

## I. Records

### 1. General

The student records office will maintain and safeguard student records. All official student and former 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) veterans affairs.

### 2. Confidentiality of Records

Before information in any student file may be released to anyone, the student must give prior written consent except in those instances stated below:

- a. To professors and administrators for legitimate educational purposes.
- a. To accrediting organizations to carry out their functions.
- b. To appropriate parties to protect the health and safety of students or other individuals in emergencies with the understanding that only information essential to the emergency situation will be released.
- c. The Chief Student Services Officer may release directory information as authorized by the College through federal and state privacy legislation.
- d. If the inquirer has a court order, the Chief Student Services Officer or someone designated by that official will release information from the student's file.

### 3. Disciplinary Records

Records of disciplinary action shall be maintained in the office of the Chief Student Services Officer. No record of disciplinary action shall be entered or made on the student's academic records.

4. Treatment of Records after Student Graduation or Withdrawal— When students withdraw or graduate from a technical college, their records shall continue to be subject to the provisions of this code.

## II. Student Government and Student Organizations

- A. Student Government Associations—The College Student Government Association's constitution, as approved by the area commission, establishes the governance structure for students at a college. Amendments to the constitution require approval as stipulated in each Student Government Association constitution.
- B. Student Organizations—An essential prerequisite for a student organization to be approved is that it have educational importance and that its objectives be clearly explained in a proposed charter. The formation of organizations strictly as social clubs should be discouraged. Prior to consideration for approval as an organization, an organization constitution or bylaws must be prepared, a person must be identified who is willing to serve as advisor and the names of charter members must be submitted.

## III. Prescribed Conduct

### A. General

Certain conduct is proscribed and upon violation of such proscriptions, a student shall be subject to one or more of the sanctions specified in Section IV, D, 2, c. However, it is expected that the more severe sanctions of suspension and expulsion will be imposed sparingly and only for more extreme or aggravated violations or for repeated violations.

### 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 who violates the law will be

turned over to the appropriate authorities. In the event of illegal or disruptive activity on a College campus, the Chief Student Services Officer or other administrative officer will request those involved either to leave the campus or abide by regulations governing uses of, or presence on, the campus. The Chief Student Services Officer or other official will further announce that failure to disperse will result in enforcement of Section 16-17-420 of the South Carolina Code of Laws pertaining to illegal or disruptive activity on a college campus. According to South Carolina law, "It shall be unlawful for any person willfully or unnecessarily (a) to interfere with or disturb in any way or in any place the students or teachers of any school or college in this state, (b) to enter upon any such school or school premises, (c) to loiter around the premises, except on business, without the permission of the principal or president in charge, or, (d) to act in an obnoxious manner thereon." (Section 16-17-420 part 2 of South Carolina Code of Laws).

### C. Academic Misconduct

All forms of academic misconduct including, but not limited to, cheating on tests, plagiarism, collusion and falsification of information will call for discipline. Alleged violations will be handled according to the procedures presented in Section IV.B.

1. Cheating on tests is defined to include the following:
  - a. Copying from another student's test.
  - b. Using materials 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" means 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.

### D. Falsification of information, and other unlawful acts, with intent to deceive is defined as:

1. Forgery, alteration or misuse of college documents, records or identification cards.
2. Destruction of evidence with the intent to deny its presentation to the appropriate hearing or appeals panel when properly notified to appear.

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

1. Physical or verbal abuse inflicted on another person.
2. Severe emotional distress inflicted upon another person.
3. Theft, destruction, damage or misuse of the private property of members of the College community or non-members of the College community occurring on campus or off campus during any college approved activity.
4. Sexual harassment inflicted on another person. This is defined as sexual discrimination where the harassing conduct created a hostile environment. Therefore, unwelcome sexual advances, request for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when the conduct is sufficiently severe, persistent or pervasive to limit an individual's ability to participate in or benefit from the education program, or to create a hostile or abusive educational environment.
5. Stalking, defined as engaging in a course of conduct that would place a reasonable person in fear for their safety, and that has, in fact, placed an individual in such fear.

F. Other unlawful acts which call for discipline include, but are not limited to:

1. Destruction, theft, damage or misuse of college property occurring on or off campus.
2. Unauthorized entry upon the property of the College after closing hours.
3. Unauthorized presence in any College facility after hours.
4. Unauthorized possession or use of a key to any College facility or other property.
5. Possession or use on campus of any firearm or other dangerous weapon or incendiary device or explosive unless such possession or use has been authorized by the College.
6. Possession, use or distribution on campus of any narcotics, dangerous or unlawful drugs as defined by the laws of the United States or the State of South Carolina.
7. Possession, use or distribution on campus of any beverage containing alcohol.
8. Violation of institutional policies while on campus or off campus when participating in a College-sponsored activity.
9. Violation of South Carolina and/or federal laws while on campus or off campus when participating in a college-sponsored activity.
10. Engaging in any activity which disrupts the educational process of the College, interferes with the rights of others or adversely interferes with other normal functions and services.

IV. Rules of Student Disciplinary Procedure and Sanctions

The sanctions that follow are designed to channel faculty, staff or student complaints against students. Due process of law is essential in dealing with infractions of college regulations and state and federal statutes. Consequently, any disciplinary sanction imposed on a student or organization will follow the provisions of this code.

A. Administrative Suspension

1. If an act of misconduct threatens the health or well-being of any member of the academic community or seriously disrupts the function and order of the College, an administrative officer may direct student involved to cease and desist such conduct and advise them that failing to cease and desist will result in immediate administrative suspension. If the student fails to cease and desist, or if the student's continued presence constitutes a danger, the President of the College, or his/her designee, may temporarily suspend the student from the College pending the outcome of a disciplinary hearing on the charge(s).

2. The President, or his/her designee, shall notify the Chief Student Services Officer in writing about the nature of the infraction and the name of the student before 5:00 P.M. of the first class day following imposition of the administrative suspension. The Chief Student Services Officer will inform the student, in writing, about the decision. This written notice will be hand-delivered to the student or sent by certified mail within two working days of receiving the information from the President or his/her designee.

B. Academic Misconduct

1. A professor who has reason to believe that a student enrolled in his/her class has committed an act of academic misconduct must meet with the student to discuss this matter. The professor 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.

2. If the professor, after meeting with the student, determines that the student has engaged in academic misconduct as alleged, the professor will inform the student about the decision and the academic sanction that will be imposed. The professor may impose one of the following academic sanctions:

- a. Assign a lower grade or score to the paper, project, assignment, or examination involved in the act of misconduct.
- b. Require the student to repeat or resubmit the paper, project, assignment or examination involved in the act of misconduct.
- c. Assign a failing grade for the course.
- d. Require the student to withdraw from the course.

3. If the student is found responsible for the academic misconduct, within five working days of the meeting, the professor will submit a written report about the incident and the sanction imposed to the Chief Instructional Officer.
4. The Chief Instructional Officer, or designee, will send a letter 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 sanction by submitting a written request to the Chief Instructional Officer within seven working days of the date of the Chief Instructional Officer's letter.
5. If the student requests an appeal, the Chief Instructional Officer, or designee, will schedule a time for the meeting. The Chief Instructional Officer, or designee, will send a certified letter to the student. In addition to informing the student that the Chief Instructional Officer, or designee, will hear the appeal, this letter must also contain the following information:
  - a. A restatement of the charges
  - b. The time, place and location of the meeting
  - c. A list of witnesses that may be called
  - d. A list of the student's procedural rights. These procedural rights are presented in the Student Code and Grievance Policy, Section V.A.1.e.
6. On the basis of the information presented at the appeal, the Chief Instructional Officer, or designee, will render one of the following decisions:
  - a. Accept the decision and sanction imposed by the professor
  - b. Accept the professor's decision but impose a less severe sanction
  - c. Overturn the professor's decision
7. The Chief Instructional Officer, or designee, will send the student a letter within two working days of the meeting. This letter will inform the student of the decision and inform the student that the decision can be appealed to the President of the College by sending a letter detailing the reasons for the appeal to the President's Office within five working days.
8. After receiving the student's request, the President will review all written materials relating to this incident and render one of the following decisions. The President's decision is final and cannot be appealed further.
  - 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 Appeals Committee to re-hear the case according to the procedures listed in section IV.D and section V.

### C. Student Misconduct

1. A charge involving a student infraction must be filed in writing at the office of the Chief Student Services Officer within 5 working days after the alleged infraction or after such infraction becomes known to an administrative officer of the College.
2. Within 5 working days after the charge is filed, the Chief Student Services Officer, or designee, shall complete a preliminary investigation of the charge and schedule immediately a meeting with the student. After discussing the alleged infraction with the student, the Chief Student Services Officer may act as follows:
  - a. Drop the charges.
  - b. Impose a sanction consistent with those shown in Section IV.D.2.c, Student Appeals Committee.
  - c. Refer the student to a College office or community agency for services.
3. The decision of the Chief Student Services Officer, or designee, shall be presented to the student in writing within 5 working days following the meeting with the student. In instances

where the student cannot be reached to schedule an appointment, or where the student refuses to cooperate, the Chief Student Services Officer, or designee, shall send a certified letter to student's last known address providing the student with a list of the charges, the Chief Student Services Officer's, or designee's, decision, and instructions governing the appeal process.

4. A student who disagrees with the decision may request a hearing before the Student Appeals Committee. This request must be submitted within 2 working days after receipt of the decision unless a request is made and approved for an extension of time. The Chief Student Services Officer shall refer the matter to the Committee together with a report of the nature of the alleged misconduct, the name of the complainant, the name of the student against whom the charge has been filed and the relevant facts revealed by the preliminary investigation.

#### D. The Student Appeals Committee

Each college shall have a Student Appeals Committee (hereafter referred to as the Committee) to consider the case of a student who declines to accept the findings of the Chief Student Services Officer. The hearing shall be held within 15 working days after the student has officially appealed the decision of the Chief Student Services Officer.

1. Membership of the Committee shall be composed of the following:

- a. Three faculty members appointed by the chief instructional officer and approved by the President.
- b. Three student members appointed by the appropriate student governing body and approved by the President.
- c. One member of the Student Services staff appointed by the Chief Student Services Officer and approved by the President.
- d. The Chief Student Services Officer serves as an ex officio nonvoting member of the Committee.
- e. The chair shall be appointed by the President from among the membership of the Committee. Ex officio members of the committee may not serve as the chair of the committee.

2. Functions of the Committee are described as follows:

- a. To hear an appeal from a student charged with an infraction that may result in disciplinary action.
- b. To hand down a decision based only on evidence introduced at the hearing.
- c. To provide the student defendant with a statement of the committee's decision findings of fact and if applicable, to impose one or more of the following sanctions:

1. Academic Misconduct

- a. Assign a lower grade or score to the paper, project, assignment, or examination involved in the act of misconduct.
- b. Require the student to repeat or resubmit the paper, project, assignment, or examination involved in the act of misconduct.
- c. Assign a failing grade for the course
- d. Require the student to withdraw from the course.

2. Student Misconduct

- a. A written reprimand.
- b. An obligation to make restitution or reimbursement.
- c. A suspension or termination of particular student privileges.
- d. Disciplinary probation.
- e. Suspension from the College.
- f. Expulsion from the College.

g. Any combination of the above.

V. Procedures for Hearings Before the Student Appeals Committee

A. Procedural Duties of the Chief Student Services Officer—

1. At least 7 working days prior to the date set for hearing before the Committee, the Chief Student Services Officer shall send written notice to all involved and a certified letter to the student's last known address providing the student with the following information:
  - a. A restatement of the charge or charges.
  - b. The time and place of the hearing.
  - c. A list of all witnesses who might be called to testify.
  - d. The names of Committee members.
  - e. A statement of the student's basic procedural rights. These rights follow:
    1. The right to counsel. The role of the person acting as counsel is solely to advise the student. The counsel shall not address the Committee. Payment of legal fees is the responsibility of the student.
    2. The right to produce witnesses on one's behalf.
    3. The right to request, in writing, the President to disqualify any member of the committee for prejudice or bias. (At the discretion of the President, reasons for disqualification may be required.) A request for disqualification, if made, must be submitted at least 2 working days prior to the hearing. If such disqualification occurs, the appropriate nominating body shall appoint a replacement to be approved by the president.
    4. The right to present evidence. The Committee may determine as to what evidence is admissible.
    5. The right to know the identity of the person(s) bringing the charge(s).
    6. The right to hear witnesses on behalf of the person bringing the charges.
    7. The right to testify or to refuse to testify without such refusal being detrimental to the student.
    8. The right to appeal the decision of the Committee to the President who will review the official record of the hearing.  
The appeal must be in writing and it must be made within 7 working days after receipt of the decision.
2. On written request of the student, the hearing may be held prior to the expiration of the 7 days advance notification period, if the Chief Student Services Officer concurs with this change.

B. The Conduct of the Committee Hearings

1. Hearings before the Committee shall be confidential and shall be closed to all persons except the following:
  - a. The student and the person who initiated the charges; however, the hearing may be conducted without either party present if either party ignores the notice of the hearing and is absent without cause.
  - b. Counsels for the student and the College.
  - c. A person, mutually agreed upon by the student and the Committee, to serve in the capacity of recorder.
  - d. Witnesses who shall:
    - (1) Give testimony singularly and in the absence of other witnesses.
    - (2) Leave the committee meeting room immediately upon completion of the testimony.
2. The Committee shall have the authority to adopt supplementary rules of procedure consistent with this code.



3. The Committee shall have the authority to render written advisory opinions concerning the meaning and application of this code.
  4. The conduct of hearings before this Committee is unaffected by charges of local, state, or federal authorities against the student for acts that are the same, or similar to, charges of misconduct to be heard by the Committee. Two separate jurisdictions are involved in such cases. Therefore, hearings may be held and decisions rendered independent of any resolution by the court system.
  5. In addition to written notes, the hearing may be tape recorded, except for the Committee's deliberations. After the conclusion of the hearing, the tape will be kept in the office of the Chief Student Services Officer. The student may listen to the tape of his/her hearing under the supervision of the Chief Student Services Officer or designee. The student is not entitled to a copy of the tape or a written transcript of the hearing.
  6. Upon completion of a hearing, the Committee shall meet in executive session to determine concurrence or non-concurrence with the original finding and to impose sanctions, if applicable.
  7. Decisions of the Committee shall be made by majority vote.
  8. Within 2 working days after the decision of the Committee, the Chairperson shall send a certified letter to the student's last known address providing the student with the committee's decision and a summary of the rationale for the decision.
- C. Appeal to the President—a student who refuses to accept the finding of the Committee may appeal in writing to the President within 2 working days after receipt of the Committee's decision. The President, whose decision is final, shall have the authority to:
1. Receive from the student an appeal of the Committee's decision.
  2. Review the findings of the proceedings of the Committee.
  3. Hear from the student, the Chief Student Services Officer and the members of the Committee before ruling on an appeal.
  4. Approve, modify or overturn the decision of the Committee.
  5. Inform the student in writing of the final decision within 10 working days of the receipt of the appeal.

## **[Student Grievance Procedure for the South Carolina Technical College System (3-2-106.2)]**

### I. Purpose

The purpose of the student grievance procedure is to provide a system to channel student complaints against faculty or staff, concerning the following:

- A. Alleged discrimination on the basis of age, gender, race, disability or veteran's status, excluding sexual harassment complaints.
- B. Alleged sexual harassment complaints should be directed to the Chief Student Services Officer. Because of the sensitive nature of this kind of complaint, a conference with the Chief Student Services Officer will replace the first step of the grievance procedure. The Chief Student Services Officer will counsel with the student to determine the appropriate action that is required. If the grievance is not resolved after this meeting, then the remainder of the grievance procedure will be followed.
- C. Academic matters, excluding individual grades, except where the conditions in items A or B above apply.

### II. Definitions

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

- A. "College" means any college in the South Carolina Technical Education 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 Instructional 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 a person taking any course(s) offered by the College.
- G. "Professor" means any person employed by the College to conduct classes.
- H. "Staff" means any employee of the College who was employed by the College for reasons other than conducting classes.
- I. "Campus" means any place where the College conducts or sponsors educational, public service or research activities.

### III. Procedures

#### A. First Step

The student must go to the professor or staff member where the alleged problem originated. An attempt will be made to resolve the matter equitably and informally at this level. The conference must take place within ten instructional weekdays of the incident that generated the complaint.

#### B. Second Step

If the student is not satisfied with the outcome of the informal conference, the student may file written grievance. The Chief Student Services Officer, or designee, shall make a grievance form available to the student and explain the grievance process to the student.

The completed grievance form must be presented to the Chief Student Services Officer, or designee, within ten instructional weekdays after satisfying the first step in the process. The Chief Student Services Officer, or designee, shall give written acknowledgment of receipt of the grievance form. This acknowledgment shall be given immediately or no later than two instructional weekdays after receipt of the student's grievance form. The Chief Student Services Officer, or designee, will then refer the grievance to the immediate supervisor involved. The supervisor shall respond in writing to the student within ten instructional weekdays of receipt of the grievance form. As a part of the effort to resolve the issue, the supervisor will consult with the accused and the Chief Administrative Officer of the division or component concerned.

#### C. Third Step

If the supervisor's written response does not resolve the matter, the student may request to appear before the Student Grievance Committee. The student must submit a written request within five instructional weekdays after receiving the supervisor's written response. The request shall include a copy of the original grievance form and the reason why the supervisor's response was unsatisfactory. The student must attach a copy of the supervisor's response to the request. The Chief Student Services Officer shall immediately notify the President, who shall insure that the Committee is organized in a manner consistent with Section IV, A of this procedure. The Chief Student Services Officer, or designee, will send copies of the appeal to the members of the Committee, the employee, and the employee's supervisor. The employee against whom the grievance was filed shall be given an opportunity to respond in writing to the chairperson of the Committee.

The Student Grievance Committee's meeting(s) shall be conducted between five and fifteen instructional weekdays following the date of the request. The chairperson may grant a postponement if either party submits a written request no later than five instructional weekdays prior to the scheduled meeting.

#### D. Fourth Step

If either party is not satisfied with the Committee's decision, that person may submit an appeal to the President of the College within ten instructional weekdays of the Committee's decision.

The President shall review the Committee's findings, conduct whatever additional inquiries that are deemed necessary and render a decision within ten instructional weekdays of receipt of the appeal. The President's decision is final.

### IV. The Student Grievance Committee

#### A. The Student Grievance Committee shall be composed of the following:

1. Three students recommended by the governing body of the student body.
2. Two faculty members recommended by the Chief Instructional Officer.
3. One Student Services staff member recommended by the Chief Student Services Officer.
4. One administrator, other than the Chief Student Services Officer, to serve as the Committee's chairperson.
5. The Chief Student Services Officer, or designee, who serves as an ex officio, non-voting member of the committee.

All recommended members must be approved by the President.

#### B. Purpose and Function of Grievance Committee

1. All student grievance committees are ad hoc and shall be formed to hear specific complaints. A new committee may be formed every time that a grievance covered under this procedure is filed.
2. Whenever a committee is formed, it may adopt additional rules and guidelines not in contradiction with these procedures.

#### C. Rights of the Parties Involved in a Grievance

When a grievance committee meeting is scheduled, the parties involved are entitled to:

1. A written notice of the complaint that shall be forwarded to all parties at least five instructional weekdays prior to the meeting unless the student filing the complaint waives this requirement. This notice shall include the following:
  - a. A brief description of the complaint, including the name of the person filing the complaint;
  - b. The date, time and location of the meeting; and
  - c. The name of any person who might be called as a witness.
2. Review all available evidence, documents or exhibits that each party may present at the meeting. This review must take place under the supervision of the Chief Student Services Officer or his/her designee.
3. Appear in person and present information on his or her behalf, and present additional evidence to the committee, subject to the Committee's judgment that the evidence is relevant to the appeal.
4. Call witnesses who are dismissed after providing testimony and responding to questions posed by the Committee and either party in the appeal.

5. An advisor who shall not address the Committee or ask any witness a question. Payment of legal fees is the student's responsibility.

#### D. Hearing Procedures

1. Hearings are closed to the public. When testimony is being given, only the committee members, the student and his/her advisor, the employee and his/her advisor, and the witness giving testimony may be present. During deliberations, only members of the Committee may be present.
2. Hearings are informal and a tape recording of the testimony presented during the appeal may be made. The Committee's deliberations are not tape-recorded. After resolution of the appeal, the tape recording will be kept for three months in the office of the Chief Student Services Officers. Either party in the appeal may listen to this tape recording under the supervision of the Chief Student Services Officer or designee.
3. The Committee may question the student and the employee. The Committee may also question the employee's supervisor and any additional witnesses that it considers necessary to render a fair decision. Questions must be relevant to the issues of the appeal.
4. Both parties to the appeal may ask questions of the other during the meeting. These questions must be relevant to the issues of the appeal. The Chairperson of the Committee will determine the appropriateness of the questions.
5. The student shall bear the burden of proof.
6. The Committee shall decide the solution of the grievance by a majority vote. In case of a tie, the chairperson shall vote and thus break the tie.
7. The chairperson shall forward a copy of the Committee's decision to all parties involved and to the office of the President of the College within two instructional weekdays of the Committee's decision. This letter will include a rationale for the Committee's decision.

# APPENDIX

## B

# Standards for an Accredited Educational Program in Radiologic Sciences

**EFFECTIVE JANUARY 1, 2014**

Adopted by:

**The Joint Review Committee on Education  
in Radiologic Technology- October 2013**

*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](http://www.jrcert.org)

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

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

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Please note that 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 75 page document that can be obtained online at [WWW.jrcert.org](http://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](mailto:mail@jrcert.org).

A copy will also be available in the Radiology Classroom.

New 3/27/2012

## **Standard One Integrity**

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

**Objectives:**

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

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

- 1.13 Has student recruitment and admission practices that are consistent with published policies of the sponsoring institution and the program.
- 1.14 Has program faculty recruitment and employment practices that are nondiscriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.
- 1.15 Has procedures for maintaining the integrity of distance education courses.

**Standard Two:**  
**Resources**

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

**Objectives:**

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

**Administrative Structure**

- 2.1 Has an appropriate organizational structure and sufficient administrative support to achieve the program's mission.
- 2.2 Provides an adequate number of faculty to meet all educational, program, administrative, and accreditation requirements.
- 2.3 Provides faculty with opportunities for continued professional development
- 2.4 Provides clerical support services, as needed, to meet all educational, program, and administrative requirements.

**Learning Resources/Services**

- 2.5 Assures JRCERT recognition of all clinical education settings.
- 2.6 Provides classrooms, laboratories, and administrative and faculty offices to facilitate the achievement of the program's mission.
- 2.7 Reviews and maintains program learning resources to assure the achievement of student learning.
- 2.8 Provides access to student services in support of student learning.

**Fiscal Support**

- 2.9 Has sufficient ongoing financial resources to support the program's mission.
- 2.10 For those institutions and programs for which the JRCERT serves as a gatekeeper for Title IV



financial aid, maintains compliance with United States Department of Education (USDE) policies and procedures

### **Standard Three** ***Curriculum and Academic Practices***

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

**Objectives:**

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

- 3.1 Has a program mission statement that defines its purpose and scope and is periodically reevaluated.
- 3.2 Provides a well-structured, competency-based curriculum that prepares students to practice in the professional discipline.
- 3.3 Provides learning opportunities in current and developing imaging and or therapeutic technologies.
- 3.4 Assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.
- 3.5 Measures the length of all didactic and clinical courses in clock hours or credit hours.
- 3.6 Maintains a master plan of education.
- 3.7 Provides timely and supportive academic, behavioral, and clinical advisement to students enrolled in the program.
- 3.8 Documents that the responsibilities of faculty and clinical staff are delineated and performed.
- 3.9 Evaluates program faculty and clinical instructor performance regularly to assure instructional responsibilities are performed

### **Standard Four** ***Health and Safety***

**Standard Four:**

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

**Objectives:**

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

- 4.1 Assures the radiation safety of students through the implementation of published policies and procedures that are in compliance with nuclear regulatory commission regulations and state laws as applicable.
- 4.2 Has a published pregnancy policy that is consistent with applicable federal regulations and state laws, made known to accepted and enrolled female students, and contains the following elements:
  - Written notice of voluntary declaration,
  - Option for student continuance in the program without modification, and
  - Option for written withdrawal of declaration.
- 4.3 Assures that students employ proper radiation safety practices.
- 4.4 Assures that medical imaging procedures are performed under the direct supervision of a qualified radiographer until a student achieves competency.
- 4.5 Assures that medical imaging procedures are performed under the in direct supervision of a qualified radiographer after a student achieves competency
- 4.6 Assures that students are directly supervised by a qualified radiographer when repeating unsatisfactory images.
- 4.7 Assures sponsoring institution's policies safeguard the health and safety of students.
- 4.8 Assures that students are oriented to clinical education setting policies and procedures in regard to health and safety.

## **Standard Five Assessment**

### **Standard Five:**

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

### **Objectives:**

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

### **Student Learning**

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

### **Program Effectiveness**

- 5.2 Documents the following program effectiveness data:
- Five-year average credentialing examination pass rate of not less than 75% at first attempt within one year.
  - Five-year average job placement rate of not less than 75% within one year of graduation,
  - Annual program completion rate,
  - Graduate satisfaction, and
  - Employer satisfaction.
- 5.3 Makes available to the general public program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.

### **Analysis and Actions**

- 5.4 Analyzes and shares student learning outcome data and program effectiveness data to foster continuous program improvement.
- 5.5 Periodically evaluates its assessment plan to assure continuous program improvement.

## **Standard Six *Institutional/Programmatic Data***

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

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

### **Sponsoring Institution**

- 6.1 Documents the continuing institutional accreditation of the sponsoring institution.
- 6.2 Documents that the programs energized laboratories are in compliance with applicable state and or federal radiation safety laws.

### **Personnel**

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

### **Clinical Education Settings**

- 6.4 Establishes and maintains affiliation agreements with clinical education settings.
- 6.5 Documents the clinical education settings are in compliance with applicable state and or federal radiation safety laws.

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

- 6.6 Complies with requirements to achieve and maintain JRCERT accreditation.

## Glossary

- Affiliation Agreement** - A formal written understanding between an institution sponsoring the program and an independent clinical education setting.
- American Registry of Radiologic Technologists Certification or Equivalent** - Certification by the American Registry of Radiologic Technologists or unrestricted state license to operate radiation producing equipment.
- Assessment** - The systematic collection, review, and use of information to improve student learning, educational quality, and program effectiveness.
- Assessment Plan** - Provides direction for actions and is a way to determine progress. At a minimum, an assessment plan should include goals, evaluation criteria and benchmarks, outcomes, and a plan of action.
- Clinical Coordinator** - Required if the program has 6 or more clinical education settings or more than 30 students enrolled in the clinical component. The clinical coordinator may not serve as program director. The clinical coordinator position may be considered equal to a full-time equivalent but may be shared by no more than four appointees.
- Clinical Instructor(s)** - In radiography one full-time equivalent clinical instructor for every 10 students involved in the competency achievement process.
- Clinical Supervisor(s)** - In radiation therapy, one clinical supervisor for each clinical education setting.
- Clinical Education Setting** - A facility recognized by the JRCERT as meeting appropriate qualifications for delivering clinical education and evaluation of clinical competency. A minimum of one clinical instructor/supervisor is designated at each site.
- Clinical Observation Site** - An observation site is used for student observation of the operation of equipment and/or procedures.
- Clinical Staff** - For radiography, the ratio of students to staff prior to student competency achievement in a given examination or procedure shall not exceed 1:1. For radiation therapy, the ratio of students to staff shall always be 1:1.
- Communities of Interest** - Institutions, organizations, groups and/or individuals interested in educational activities in radiologic sciences.
- Competency Based** - Student attainment of a specified level of proficiency.
- Credentialing Examination Pass Rate** - The number of graduates who pass the American Registry of Radiologic Technologists Credentialing examination or an unrestricted state licensing examination compared with the number of graduates who take the examination.
- Direct Supervision** - Student supervision by a qualified practitioner who reviews the procedure in relation to the student's achievement, evaluates the condition of the patient in relation to the student's knowledge, is present during the procedure, and reviews and approves the procedure. A qualified radiographer is present during student performance of a repeat of any unsatisfactory radiograph.

**Due Process** - The formal procedure for resolution of a grievance or complaint that identifies timeframes for completion of each step and provides for a final appeal to a source external to the program.

**Gatekeeper** - An agency with responsibility for oversight of the distribution, record keeping, and repayment of Title IV financial aid.

**Goals** - Ends or results the program wants to achieve.

**Indirect Supervision** - For radiography, that supervision provided by a qualified practitioner immediately available to assist students regardless of the level of student achievement. Immediately available is interpreted as the physical presence of a qualified practitioner adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use.

**Job Placement Rate** - The number of students employed in the radiologic sciences compared to the number of students actively seeking employment in the radiologic sciences.

**Learning Environment** - Places, surroundings or circumstances where knowledge, understanding, or skills are studied or observed such as classrooms, laboratories and clinical education settings.

**Learning Resources** - Media and reference materials utilized to support and enhance the educational program and scholarly activity.

**Master Plan of Education** - Documentation of the entire course of study that includes at a minimum: didactic and clinical curricula, program policies and procedures, and strategies for assessing program effectiveness.

**Mission Statement** - A means to communicate an educational vision and purpose.

**Mixed Accreditor** - An accrediting agency whose responsibilities for accreditation include situations where the agency accredits the only educational program in an institution. Where there are multiple educational programs in an institution, the agency selected as the institutional accreditor.

**Outcomes** - Results, end products, or actual consequences resulting from the educational process. Outcomes include what the students demonstrated/accomplished or what the program achieved.

**Program Completion Rate** - The number of students who complete the program compared to the number of students initially enrolled in the program.

**Program Length** - Duration of the program which may be stated as total academic or calendar year(s), or total semesters, trimesters, or quarters.

**Qualified Practitioner** - A radiation therapist or radiographer possessing American Registry of Radiologic Technologists certification or equivalent and active registration in the pertinent discipline and practicing in the profession.

**Recognized and Accepted Curriculum** - 1) The latest American Society of Radiologic Technologists professional curriculum and/or 2) other professional curriculum adopted by the JRCERT Board of Directors following review and recommendation by the JRCERT Standards Committee.

**Sponsoring Institution** - The facility or organization that has primary responsibility for the educational program and grants the terminal award. A sponsoring institution must be accredited by a recognized agency or meet equivalent standards. Educational programs may be established in: community and

junior colleges; senior colleges and universities, hospitals, medical schools, postsecondary vocational/technical schools and institutions; military/governmental facilities; proprietary schools; and consortia (two or more academic or clinical institutions that have formally agreed to sponsor the development and continuation of an educational program). Consortia must be structured to recognize and perform the responsibilities and functions of a sponsoring institution.

**Title IV Financial Aid-** Monies for education loaned or granted by the Federal government, e.g. Perkins loans, Stafford loans, PLUS loans, Pell grants, Supplemental Educational Opportunity grants and work-study programs.

## **Awarding, Maintaining, and Administering Accreditation**

### **A. Program/Sponsoring Institution Responsibilities**

1. Applying for Accreditation  
The accreditation review process conducted by the Joint Review Committee on Education in Radiologic Technology (JRCERT) can be initiated only at the written request of the chief executive officer or an officially designated representative of the sponsoring institution. This process is initiated by submitting an application and self-study report, prepared according to JRCERT guidelines, to:  
Joint Review Committee on Education in Radiologic Technology  
20 North Wacker Drive, Suite 2850  
Chicago, IL 60606-3182
2. Administrative Requirements for Maintaining Accreditation
  - a. Submitting the self-study report or a required progress report within a reasonable period of time, as determined by the JRCERT.
  - b. Agreeing to a reasonable site visit date before the end of the period for which accreditation was awarded.
  - c. Informing the JRCERT, within a reasonable period of time, of changes in the institutional or program officials, program director, clinical coordinator, and clinical supervisor(s) or clinical instructor(s).
  - d. Paying JRCERT fees within a reasonable period of time.
  - e. Returning, by the established deadline, a completed Annual Report.Programs are required to comply with these and other administrative requirements for maintaining accreditation. Additional information on policies and procedures is available from the JRCERT.  
Program failure to meet administrative requirements for maintaining accreditation may lead to being placed on Administrative Probationary Accreditation and ultimately to 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 Radiologic Sciences**.

The accreditation process includes a site visit.

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

The JRCERT is responsible for recognition of clinical education settings.

## 2. Accreditation Actions

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

JRCERT accreditation actions for Accreditation Withheld or Accreditation Withdrawn may be appealed following the established procedure.

All other JRCERT accreditation actions are final.

Procedures for reconsideration and appeal are published in the JRCERT Accreditation Handbook and are available upon request.

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

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

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

Curriculum:        American Society of Radiologic Technologists  
                          15000 Central Avenue, N.E.  
                          Albuquerque, NE 87123-3917  
                          (505) 298-4500  
                          [www.asrt.org](http://www.asrt.org)

Certification:      American Registry of Radiologic Technologists  
                          1255 Northland Drive  
                          St. Paul, MN 55120- 1155  
                          (651) 687-0048  
                          [www.arrrt.org](http://www.arrrt.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](mailto:mail@jrcert.org)  
[www.jrcert.org](http://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](http://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®

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#### PREAMBLE

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

#### STATEMENT OF PURPOSE

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

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

#### A. CODE OF ETHICS

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

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

#### ARRT STANDARDS OF ETHICS

2. The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.
3. The radiologic technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of sex, race, creed, religion, or socio-economic status.
4. The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.
5. The radiologic technologist assesses situations; exercises care, discretion, and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
7. The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self, and other members of the healthcare team.
8. The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
9. The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
10. The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.

#### B. RULES OF ETHICS

The Rules of Ethics form the second part of the *Standards of Ethics*. They are mandatory standards of minimally acceptable professional conduct for all Certificate Holders and Candidates. Certification and Registration are methods of

assuring the medical community and the public that an individual is qualified to practice within the profession. Because the public relies on certificates and registrations issued by ARRT, it is essential that Certificate Holders and Candidates act consistently with these Rules of Ethics. These Rules of Ethics are intended to promote the protection, safety, and comfort of patients. The Rules of Ethics are enforceable. 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 the individual's education, training, credentials, experience, or qualifications, or the status of the individual's state permit, license, or registration certificate in radiologic technology or certificate of registration with ARRT.

##### 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 that are part of the Continuing Qualifications Requirements (CQR) process. Conduct that subverts or attempts to subvert ARRT's examination and/or CQR assessment process includes, but is not limited to:
  - (i) disclosing examination and/or CQR assessment information using language that is substantially similar to that used in questions and/or answers from ARRT examinations and/or CQR assessments when

such information is gained as a direct result of having been an examinee or a participant in a CQR assessment or having communicated with an examinee or a CQR participant; this includes, but is not limited to, disclosures to students in educational programs, graduates of educational programs, educators, anyone else involved in the preparation of Candidates to sit for the examinations, or CQR participants; and/or

- (ii) soliciting and/or receiving examination and/or CQR assessment information that uses language that is substantially similar to that used in questions and/or answers on ARRT examinations or CQR assessments from an examinee, or a CQR participant, whether requested or not; and/or
- (iii) copying, publishing, reconstructing (whether by memory or otherwise), reproducing or transmitting any portion of examination and/or CQR assessment materials by any means, verbal or written, electronic or mechanical, without the prior express written permission of ARRT or using professional, paid or repeat examination takers and/or CQR assessment participants, or any other individual for the purpose of reconstructing any portion of examination and/or CQR assessment materials; and/or
- (iv) using or purporting to use any portion of examination and/or CQR assessment materials that were obtained improperly or without authorization for the purpose of instructing or preparing any Candidate for examination or participant for CQR assessment; and/or
- (v) selling or offering to sell, buying or offering to buy, or distributing or offering to distribute any portion of examination and/or CQR assessment materials without authorization; and/or
- (vi) removing or attempting to remove examination and/or CQR assessment materials from an examination or assessment room; and/or
- (vii) having unauthorized possession of any portion of or information concerning a future, current, or previously administered examination or CQR assessment 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 assessment of ARRT; and/or
- (ix) communicating with another individual during administration of the examination or CQR assessment for the purpose of giving or receiving help in answering examination or CQR assessment questions, copying another Candidate's, or CQR participant's answers, permitting another Candidate or a CQR participant to copy one's answers, or possessing unauthorized materials including, but not limited to, notes; and/or
- (x) impersonating a Candidate, or a CQR participant, or permitting an impersonator to take or attempt to take the examination or CQR assessment on one's own behalf; and/or
- (xi) using any other means that potentially alters the results of the examination or CQR assessment such that the results may not accurately represent the professional knowledge base of a Candidate, or a CQR participant.

##### CE Subversion

5. Subverting, attempting to subvert, or aiding others to subvert or attempt to subvert ARRT's *Continuing Education (CE) Requirements*, and/or ARRT's



Continuing Qualifications Requirements (CQR). Conduct that subverts or attempts to subvert ARRT's CE or CQR Requirements includes, but is not limited to:

- (i) providing false, inaccurate, altered, or deceptive information related to CE or CQR activities to ARRT or an ARRT recognized record keeper; and/or
- (ii) assisting others to provide false, inaccurate, altered, or deceptive information related to CE or CQR activities to ARRT or an ARRT recognized record keeper; and/or
- (iii) conduct that results or could result in a false or deceptive report of CE or CQR completion; and/or
- (iv) conduct that in any way compromises the integrity of the CE or CQR Requirements such as sharing answers to the post-tests or self-learning activities, providing or using false certificates of participation, or verifying credits that were not earned.

#### 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 a felony, a gross misdemeanor, or a misdemeanor, with the sole exception of speeding and parking violations. All alcohol and/or drug related violations must be reported; and/or
  - (ii) criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld, deferred, or not entered or the sentence is suspended or stayed; or a criminal proceeding where the individual enters an Alford plea, a plea of guilty or nolo contendere (no contest); or where the individual enters into a pre-trial diversion activity; or
  - (iii) military courts-martial related to any offense identified in these Rules of Ethics.

### 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 Violation of the Rules of Ethics

The Chair of the Ethics Committee shall review each alleged violation of the Rules of Ethics that is brought to the attention of the Ethics Committee. If, in the sole discretion of the Chair:

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

#### (d) Alternative Dispositions

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

The Ethics Committee may accept the proposed settlement, make a counterproposal to the Certificate Holder or Candidate, or reject the proposed settlement and proceed under these Administrative Procedures. A Certificate Holder

or Candidate who voluntarily enters into an Alternative Disposition Agreement agrees to waive all rights set forth in these Administrative Procedures.

**(e) Summary Suspensions**

If an alleged violation of the Rules of Ethics involves the occurrence, with respect to a Certificate Holder, of an event described in the Rules of Ethics, or any other event that the Ethics Committee determines would, if true, potentially pose harm to the health, safety, or well being of any patient or the public, then, notwithstanding anything apparently or expressly to the contrary contained in these Administrative Procedures, the Ethics Committee may, without prior notice to the Certificate Holder and without a prior hearing, summarily suspend the certification and registration of 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) Voluntary Surrender of Credentials**

At any time during the ethics review process, the Certificate Holder may request to voluntarily surrender ARRT credentials and accept permanent revocation of ARRT certification and registration. To request a voluntary surrender, the Certificate Holder must complete the Voluntary Credential Surrender and Sanction Agreement form ("Agreement") that is available on the ARRT website at [www.arrt.org](http://www.arrt.org). The Agreement must be signed by the Certificate Holder, notarized, and submitted to ARRT. The Executive Director of ARRT shall have the authority to receive the request and may be assisted by staff members and/or legal counsel of ARRT. The Executive Director is not empowered to enter into a binding agreement, but rather may recommend a proposed action to the Ethics Committee. The Ethics Committee will then decide whether to accept or deny

the request for surrender of credentials. If denied by ARRT, the ethics review will continue according to the *Standards of Ethics*. If accepted by ARRT, the ethics review process will be discontinued, the Certificate Holder agrees to waive all rights set forth in these Administrative Procedures, and a sanction for permanent revocation will be entered against the Certificate Holder.

**(g) Civil or Criminal Penalties**

Conduct that violates 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.

**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.arrt.org](http://www.arrt.org). The Hearing Waiver form must be signed by the Certificate Holder or Candidate, notarized, and submitted to ARRT. The Executive Director 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 Executive Director. The Certificate Holder or Candidate shall be given at least 30 days notice of the date, time, and place of the hearing. The hearing is conducted by the Ethics Committee with any three or more of its members participating, other than any member of the Ethics Committee whose professional activities are conducted at a location in the approximate area of the Certificate Holder or Candidate in question. In the event of such disqualification, the President may appoint a Trustee to serve on the Ethics Committee for the sole purpose of participating in the hearing and rendering a decision. At the hearing, ARRT shall present the charges against the Certificate Holder or Candidate in question, and the facts and evidence of ARRT in respect to the basis or bases for the proposed action or disciplinary measure. The Ethics Committee may be assisted by legal counsel. The Certificate Holder or Candidate in question, by legal counsel or other representative (at the sole expense of the Certificate Holder or Candidate in question), shall have the right to call witnesses, present testimony, and be heard in the Certificate Holder's or Candidate's own defense; to hear the testimony of and to cross-examine any witnesses appearing at such hearing; and to present such other evidence or testimony as the Ethics Committee shall deem appropriate to do substantial justice. Any information may be considered that is relevant or potentially relevant. The Ethics Committee shall not be bound by any state or federal rules of evidence. The Certificate Holder or Candidate in question shall have the right to submit a written statement at the close of the hearing. A transcript or an audio recording of the hearing testimony is made for in person and teleconference hearings only. Ethics Committee deliberations are not recorded.

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

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

shall be final and binding upon the Certificate Holder or Candidate in question.

### 3. Appeals

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

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

A Certificate Holder or Candidate may waive the 30 day timeframe to request an appeal. To request a waiver of the 30 day timeframe, the Certificate Holder or Candidate must complete an Appeal Waiver form that is available on the ARRT website at [www.arrt.org](http://www.arrt.org). The Appeal Waiver form must be signed by the Certificate Holder or Candidate, notarized, and submitted to ARRT. The Executive Director 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. 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.

#### 5. 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.

#### 6. 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: \_\_\_\_\_

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: \_\_\_\_\_

Program Director: \_\_\_\_\_

# HORRY-GEORGETOWN TECHNICAL COLLEGE

## Medical Imaging Sciences

### RECEIPT OF STUDENT HANDBOOK

I have received a copy of the current Medical Imaging Sciences 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 to all procedures herein, during my didactic and clinical education.

\_\_\_\_\_

Date

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Please print name

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.