



**Radiologic Technology
Student Handbook
2026**

To assist in orientation to the didactic portion for the Radiologic Technology Program, we have prepared this student handbook which we hope will answer many of your questions. You may also check the web site at www.hgtc.edu, call the Program Director at 843-839-1149.

Respectfully,

Douglas Gleasman, DC, RT(R)(ARRT)
Department Chair, Program Director & Professor
(O): 843-839-1149

Douglas.gleasman@hgtc.edu

Robert E. Speir, Jr. Healthcare Education Building 1000, Room 1282F
Office Hours: Posted in MyHGTC and by appointment

Casey Mocarski, BA, AAS RT(R)(CT)(ARRT)
Clinical Coordinator & Professor
(O): 843-477-2180

Casey.mocarski@hgtc.edu

Robert E. Speir, Jr. Healthcare Education Building 1000, Room 1282G
Office Hours: Posted in MyHGTC and by appointment

Hannah Green, AAS RT(R)(MR)(ARRT)
Adjunct Professor

Hannah.green@hgtc.edu

Office Hours: Posted in MyHGTC and by appointment

Scott Taylor, AAS RT(R)(ARRT)
Adjunct Professor

Scott.taylor@hgtc.edu

Office Hours: Posted in MyHGTC and by appointment

Tabitha McDowell, AAS RT(R)(ARRT)
Adjunct Professor

Tabitha.mcdowell@hgtc.edu

Office Hours: Posted in MyHGTC and by appointment

Meghan Bancroft, AAS RT(R)(T)(ARRT)
Adjunct Professor

Meghan.bancroft@hgtc.edu

Office Hours: Posted in MyHGTC and by appointment

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Preface

Horry-Georgetown Technical College offers an associate degree program in Radiologic Technology. The program provides students with the foundational knowledge and principles necessary to become professionals in their field. The program is also committed to promoting quality patient care through comprehensive healthcare education.

The Radiologic Technology Associate Degree program is designed to comply with the *Standards for an Accredited Educational Program in Radiologic Sciences* as established by the Joint Review Committee on Education in Radiologic Technology (JRCERT). The Associate Degree program is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT). Program Effectiveness Data is available online at www.jrcert.org, and annual program effectiveness data is also accessible on the program's webpage.

Graduates of the program are eligible to sit for the nationally recognized certification examination administered by the American Registry of Radiologic Technologists (ARRT) for Radiography.

Students enrolled in the program are expected to demonstrate mature, responsible, and professional behaviors necessary for successful integration into the field of Radiologic Technology. Students are not considered employees of clinical education centers. The following information is provided to inform students of the policies and requirements of the educational program.

This student handbook was developed and approved by Radiologic Technology program officials, clinical instructors, and the advisory committee to ensure students adhere to the scope of practice and the Code of Ethics for Radiographers. Violations of program policies may result in progressive disciplinary action as outlined in this handbook.

I. Horry-Georgetown Technical College

A. Accreditation Status

Horry-Georgetown Technical College is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award associate degrees. Horry-Georgetown Technical College also may offer credentials such as certificates and diplomas at approved degree levels. Questions about the accreditation of Horry-Georgetown Technical College may be directed in writing to the Southern Association of Colleges and Schools Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097, by calling (404) 679-4500, or by using information available on SACSCOC's website (www.sacscoc.org) Accreditation Status

B. Mission Statement

Horry-Georgetown Technical College is dedicated to enriching the lives of students and empowering communities through accessible and affordable education. We are committed to fostering economic development and innovation by providing a premiere, comprehensive two-year collegiate and workforce education experience that will leave a lasting positive impact on our students and the regions we serve.

C. Vision

Horry-Georgetown Technical College will be recognized as a leader in workforce development, intellectual growth, and life improvement.

D. Core Values

To fulfill its mission, Horry-Georgetown Technical College is committed to the following values:

Accountability – We create an environment that promotes responsible stewardship of the resources entrusted upon us.

Collaboration – We develop and nurture partnerships among student, faculty, staff, and community to promote open and effective communication, decision-making, and implementation of ideas and processes.

Excellence – We set high and challenging standards for teaching and professional leadership, advocate continuous improvement of programs and services, and encourage a results-oriented organization.

Honor – We promote and foster openness, respect, sharing, and fairness in personal and professional interactions, and exemplify the highest standards in ethics and institutional governance.

Service – We embrace a customer focus to ensure that all College stakeholders needs and expectations are consistently met.

E. Statement of Equal Opportunity/Non-Discrimination

Our sincere commitment to both effective business management and equitable treatment of our employees requires that we present this Policy Statement as an embodiment of that commitment to the fullest.

Discrimination is conduct that includes unjust or prejudicial treatment based upon an individual's sex, race/color, religion, national origin, age, disability, service in the uniformed services (as defined in state and federal law), veteran status, political ideas, marital or family status, pregnancy, childbirth, or related medical conditions, including, but not limited to, lactation, genetic information, genetic identity, gender expression, or sexual orientation that excludes an individual from participation in, denies the individual the benefits of, treats the individual differently, or otherwise adversely affects a term or condition of a person's working or learning environment. This includes failing to provide reasonable accommodation, consistent with state and federal law, to persons with disabilities.

All inquiries regarding the federal laws as they relate to discrimination on the basis of sex may be directed to Dr. Melissa Batten, Vice President for Student Affairs, Horry-Georgetown Technical College, Building 1100C, Room 107A, 2050 Hwy 501 E, PO Box 261966, Conway, SC 29528-6066, 843 349-5228, Melissa.Batten@hgtc.edu.

Other employee and applicant inquiries concerning the federal laws and their application to the College may be directed to Jacquelyne Snyder, Vice President, Human Resources and Employee Relations & the College's Affirmative Action/Equal Opportunity Officer, Horry-Georgetown Technical College, Building 200C, Room 205B, 2050 Hwy 501 E, PO Box 261966, Conway, SC 29528-6066, 843-349 5212, Jacquelyne.Snyder@hgtc.edu.

Other student and prospective student inquiries concerning the federal laws and their application to the College or any student decision may be directed to Dr. Melissa Batten, Vice President, Student Affairs, Section 504 & Title II Coordinator Horry-Georgetown Technical College, Building 1100C, Room 107A, 2050 Hwy 501 E, PO Box 261966, Conway, SC 29528-6066, 843-349-5228, Melissa.Batten@hgtc.edu.

II. Radiologic Technology Program

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.
- 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 ensure 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.
- 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 on progress.
- Participates in the assessment process.
- Supports the program director to help ensure effective program operation.
- Cooperates with the program director in periodic review and revision of course materials.
- 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
- Maintains appropriate expertise and competence through continuing professional development.

Clinical Preceptor:

- Is knowledgeable of program goals
- Understands the clinical objectives and clinical evaluation system
- Understands the sequencing of didactic instruction and clinical education
- Provides students with clinical instruction and supervision
- Evaluates students' clinical competence
- Maintains competency in the professional discipline and instructional and evaluative techniques through continuing professional development

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

Clinical Staff:

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

Radiologic Technology Mission Statement

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

Areas of Assessment

- Critical Thinking and Problem-Solving
- Clinical Competency
- Professionalism/Ethics Communication Academic Preparedness Employment

Program Goals

1. Students will use critical thinking and problem-solving skills.
 - a. *Student Learning Outcomes- Students will:*
 - i. Apply analytical and evaluative abilities.
 - ii. Modify routine positions according to the patient's condition.
2. Students will be clinically competent.
 - a. *Student Learning Outcomes - Students will:*
 - i. Demonstrate competency in positioning.
 - ii. Apply radiation protection practices.
 - iii. Demonstrate applicable patient care methods. Select appropriate technical factors.
3. Students will demonstrate professional behavior.
 - a. *Student Learning Outcomes- Students will:*
 - i. Effectively work/demonstrate professional demeanor.
 - ii. Participate in activities that promote the profession.
4. Students will communicate effectively.
 - a. *Student Learning Outcomes- Students will:*
 - i. Demonstrate effective written communication.
 - ii. Demonstrate effective oral communication.
5. Students will demonstrate academic preparedness by passing a certification exam(s) in the field.
 - a. Students will pass the ARRT Registry Examination

Student Learning Outcomes

1. Students will demonstrate competency in command of Radiography equipment.
2. Students will execute clinical competence in performing radiography exams in the clinical setting.
3. Students will select appropriate technical factors for the examination being performed.
4. Students will develop the ability to perform image evaluation criteria.
5. Students will demonstrate analytical and evaluative abilities in a clinical setting.
6. Students will demonstrate and develop professional demeanors with the 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 technical considerations.
12. Students enrolled in the program will graduate.
13. Students will acquire jobs in the profession.
14. Students will pass the ARRT certification exam.
15. Employees will be satisfied with the graduates.

Student Success

The HGTC Department of Medical Imaging Sciences is committed to student success. HGTC is fully accredited with the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) and with the Joint Review Committee on Education in Radiologic Technology (JRCERT). Both accrediting organizations affirm that the College meets rigorous standards in academics and within the Department of Medical Imaging Sciences.

Each HGTC student has an individualized “My Academic Plan” (MAP), a plan for success that identifies strengths and challenges. Students have access to Degree Works, a web-based tool to help students and advisors monitor student progress toward a degree or diploma. To support each student, several things are in place. The Student Success and Tutoring Centers (SSTC) provide a wealth of services and assistance to promote academic success on a personalized basis. And as always, each student has an Academic Advisor, and the Course Instructor/Coordinator is available for academic assistance.

Rights and Responsibilities of The Student

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

JRCERT (Radiography), 20 North Wacker Drive, Suite 2850, Chicago, Illinois 60606-3182, telephone: (312)-704-5300, fax: (312)-704-5304, website: www.jrcert.org.

III. Student Policies

Student Policy 1

TITLE: Progressive/Corrective Disciplinary Procedures

Original Approval Date:

Revision Date(s): March 2026

Purpose:

The Radiologic Technology (RAD) Faculty is committed to upholding the policies and procedures outlined in this handbook. All violations of program, clinical, and professional conduct policies are subject to progressive and/or corrective disciplinary action.

Policy:

Students are expected to comply with all policies and procedures contained in this handbook at all times. Failure to do so will result in disciplinary action in accordance with the progressive discipline framework outlined below.

Progressive discipline is intended to identify concerns, correct behavior, and promote professional accountability. Disciplinary actions may accumulate across courses, semesters, and clinical sites.

The following disciplinary steps may be applied:

1. Verbal Warning (Documented)

A verbal warning is issued to notify the student of a policy violation.

- a. Verbal warnings will be documented in the student's program or Professional Development (PD) record.
- b. A verbal warning may be issued for each individual breach of policy.

2. Written Warning

A written warning is issued when:

- a. A policy violation is repeated, or
- b. A violation is of sufficient severity to warrant escalation.

Written warnings will be placed in the student's permanent program record.

3. Dismissal from the Program

Continued violations of program, clinical, or professional conduct policies after a written warning may result in dismissal from the Radiologic Technology Program.

Additional Provisions

1. Certain violations (including but not limited to falsification of records, supervision violations, or patient safety concerns) may result in immediate escalation, including dismissal, regardless of prior disciplinary status.
2. The RAD Faculty reserves the right to determine the appropriate level of disciplinary action based on:
 - a. Severity of the violation
 - b. Frequency or pattern of behavior
 - c. Impact on patient safety, clinical operations, or program integrity

Administrative Authority

The Radiologic Technology Program reserves the right to impose disciplinary action deemed appropriate in accordance with program policies.

Student Policy 2

TITLE: Dress Standard for Didactic Setting

Original Approval Date: June 2026

Revision Date(s):

Purpose:

To define mandatory standards for professional dress and appearance for all students in program-related settings, ensuring consistency with healthcare expectations, promoting patient confidence, and supporting a safe, respectful, and professional learning environment.

Policy:

All students are required to always maintain a professional appearance while participating in program-related activities, including but not limited to:

- Didactic classroom instruction
- Laboratory sessions
- Simulation activities
- Campus-based program events
- Any off-site professional experiences not classified as clinical rotations

Students represent the Radiologic Technology Program and the profession and must adhere strictly to the standards outlined below.

1. General Professional Attire
 - a. Clothing must be clean, wrinkle-free, appropriately fitted, and in good condition (no tears, fraying, or excessive wear).
 - b. Attire must be modest and non-distracting; excessively tight, revealing, or sheer clothing is prohibited.
 - c. Logos, graphics, or language that are unprofessional, offensive, or unrelated to healthcare are prohibited.
2. Personal Hygiene and Grooming
 - a. Students must always maintain appropriate personal hygiene.
 - b. Strong fragrances (perfume, cologne, body sprays) are not encouraged due to potential sensitivity and allergy risks.
 - c. Fingernails must be clean, short, and well maintained. Nail polish is allowed. Artificial nails and nail enhancements are prohibited.
 - d. Hair must be clean, neatly maintained, and secured if it interferes with learning activities or safety.
3. Footwear
 - a. Closed-toe, closed-heel shoes are required in the lab setting
4. Identification
 - a. College-issued identification badges must be worn and visible at all times during program activities, if applicable.

Student Policy 3

TITLE: Professional Conduct

Original Approval Date: May 2023

Revision Date(s): April 2026

Purpose:

To ensure students consistently demonstrate appropriate medical, ethical, and professional behavior in all classroom and clinical settings. Professional conduct, patient-centered care, and ethical practice are fundamental expectations of the Radiologic Technology Program and must not be compromised by personal attitudes, behaviors, or distractions.

Policy:

Students are expected to conduct themselves in a professional, respectful, and ethical manner always. Failure to maintain professional behavior constitutes a violation of program, clinical, and professional conduct standards and is subject to disciplinary action in accordance with Clinical Policy 1: Progressive/Corrective Disciplinary Procedures, up to and including dismissal.

This policy applies in both classroom and clinical settings and operates in conjunction with the policies in this handbook.

1. Professional Communication and Respect
 - a. Students must address faculty, staff, clinical instructors, and program officials using appropriate professional titles (Dr., Professor, Mr., Ms., Mrs., etc.) unless instructed otherwise.
 - b. All physicians shall be referred to as Doctor.
 - c. Disrespectful communication, tone, or behavior toward patients, staff, faculty, clinical personnel, or peers is prohibited and subject to progressive discipline.
2. Patient-Centered Conduct
 - a. Patients are always the student's primary professional responsibility.
 - b. Personal conversations are not permitted in the presence of patients. Conversations should be patient-focused and clinically appropriate.
 - c. Criticism of patients, clinical sites, staff, faculty, or the program—whether verbal, written, or implied—is prohibited.
3. Academic and Professional Integrity
 - a. Cheating, falsification, or academic dishonesty in didactic or clinical education constitutes serious professional misconduct.
 - i. Such violations are subject to immediate escalation up to and including dismissal from the program.

Student Policy 4

TITLE: Privacy and Confidentiality (HIPAA Compliance)

Original Approval Date: May 2021

Revision Date(s): April 2026

Purpose:

To ensure students understand and comply with patient privacy and confidentiality requirements in all educational settings and to require professional conduct consistent with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) during clinical education.

Policy:

Students are required to comply with all HIPAA privacy and confidentiality standards in both classroom and clinical settings. These requirements apply to all protected health information (PHI) involving patients, fellow students, clinical staff, faculty, and any individuals encountered through program participation.

HIPAA compliance includes, but is not limited to:

1. Safeguarding verbal, written, and electronic protected health information.
2. Prohibiting unauthorized access, use, or disclosure of PHI.
3. Limiting access to information strictly on an authorized and need-to-know basis.
4. Adhering to all clinical sites, institutional, and federal privacy regulations.

Failure to comply with HIPAA standards constitutes a violation of program, clinical, and professional conduct policies.

1. First offense- Written warning and remediation.
 - a. Consisting of review of HIPAA and counseling.
2. Second offense- Dismissal from the program.

Student Policy 5

TITLE: Didactic Attendance- Absences

Original Approval Date: May 2021

Revision Date(s): April 2026

Purpose:

To establish clear, enforceable attendance requirements for all Medical Imaging Sciences (MIS) courses to ensure student success, maintain academic standards, and support successful completion of required program competencies

Definition:

Absence: A student will be recorded as absent under any of the following conditions:

- Failure to attend a scheduled class session.
- Arrival after the defined attendance threshold.
- Departure before the defined attendance threshold.

Policy:

1. General Attendance Requirement
 - a. Attendance in all RAD courses is mandatory
 - b. Students must attend a minimum of 90% of all scheduled class time for each RAD course, each semester.
 - i. Attendance is calculated based on total scheduled instructional time.
 - ii. Any student who attends less than 90% of a course will be withdrawn from the course, regardless of academic performance.
 - iii. Attendance requirements will be outlined in the Course Instructor's information sheet at the beginning of the semester.
2. Minimum Presence Requirement (No Partial Credit)
 - a. Students must be present for at least two-thirds (2/3) of the scheduled class time to be considered present.
 - b. Students present less than two-thirds (2/3) of a class session will be marked absent in full.
 - c. Partial attendance will not be calculated or prorated.
3. Examination Eligibility
 - a. Students who are absent from a scheduled class session will not be permitted to take examinations conducted during the same day.
 - i. The student is responsible for notifying the instructor and scheduling a make-up examination in accordance with program and testing center procedures.
 - b. Failure to take these actions does not exempt the student from exam requirements or deadlines.
4. Bereavement Leave
 - a. Students may be granted up to three (3) unexcused absences for bereavement involving immediate family.
 - b. Immediate family includes:

- i. Spouse, Child, Parent, Sibling, Parent-in-law, and Grandparent (student or spouse)
 - c. Conditions:
 - i. Students must provide appropriate documentation verifying the death and relationship to the deceased. Acceptable documentation may include, but is not limited to:
 - Obituary
 - Funeral program
 - Death notice
 - ii. Documentation must be submitted to program faculty within a timeframe established by the program. Failure to provide documentation will result in the absence being treated as unexcused and applied toward the attendance limit.
 - iii. A maximum of three (3) days will be granted. Additional time beyond three (3) days requires approval through institutional processes and is not guaranteed.
 - iv. Students are responsible for all missed coursework, assignments, and examinations.
- 5. Responsibility for Missed Content
 - a. Absence does not relieve the student's responsibility for:
 - i. Course material
 - ii. Assignments
 - iii. Examinations
 - iv. Announcements
 - b. Students are expected to meet all requirements without exception unless explicitly outlined in program policy.

Student Policy 6

TITLE: Didactic Attendance- Tardy

Original Approval Date: May 2021

Revision Date(s): April 2026

Purpose:

To establish clear, enforceable expectations regarding student punctuality in all educational settings, ensuring professional behavior, accountability, and full participation in program requirements.

Definition:

Tardy: A student is considered tardy if they are not present at their assigned location at the scheduled start time.

- Tardiness begins at one (1) minute past the scheduled start time
- No grace period will be applied

Policy:

1. General Expectation
 - a. Students are required to report on time and fully prepared to all scheduled program activities, including:
 - i. Classroom instruction
 - ii. Laboratory sessions
 - iii. Testing environments
2. During a ten-week semester, students may not exceed three (3) tardies.
 - a. First tardy: No disciplinary action
 - b. Second tardy: Verbal warning (documented)
 - c. Third tardy: Written warning
 - d. Fourth tardy: Dismissal from the Radiologic Technology Program
3. During a fifteen-week semester, students may not exceed four (4) tardies.
 - a. First tardy: No disciplinary action
 - b. Second tardy: No disciplinary action
 - c. Third tardy: Verbal warning (documented)
 - d. Fourth tardy: Written warning
 - e. Fifth tardy: Dismissal from the Radiologic Technology Program
4. Relationship to Attendance Policy
 - a. Students who do not meet the minimum presence requirement defined in the Attendance Policy (i.e., present for at least two-thirds (2/3) of the scheduled class time) will be recorded as absent, not tardy.
 - b. Tardies accumulate separately but may contribute to attendance violations as outlined in the Attendance Policy.
5. Multi-Course Tardiness
 - a. A pattern of tardiness across multiple courses within the same semester will be considered insubordination and unprofessional conduct.
 - b. Such patterns may result in escalation of disciplinary action beyond the standard tardiness progression.
6. Tardiness for Examinations and Quizzes
 - a. Tardiness for scheduled examinations or quizzes is not permitted.

- b. The following penalties apply:
 - i. Up to 5 minutes late = Student may test with a 50% reduction of the earned score.
 - ii. Greater than 10 minutes late = Student will not be permitted to test and will receive a grade of zero (0).

Student Policy 7

TITLE: Didactic Course Grading

Original Approval Date: May 2021

Revision Date(s): June 2026

Purpose:

To define clear and enforceable grading standards for all didactic Radiologic Technology (RAD) courses, ensuring consistency, academic accountability, and progression within the program.

Policy:

1. The grading scale for all didactic courses is as follows:

Grade:	Scale:
A	92-100%
B	83-91%
C	74-82%
D	65-73%
F	0-64%

2. Minimum Passing Requirement
 - a. A minimum final course grade of "C" (74%) is required to pass any RAD didactic course.
 - b. Students who earn a final grade below 74% will be withdrawn from the program course sequence. Please refer to the Dismissal and Readmission Policy.
 - c. RAD courses are not eligible for repetition due to sequencing and scheduling constraints.
 - d. Failure to achieve the minimum required grade will prevent progression in the program.
3. Grade Calculation
 - a. Final course grades are calculated using weighted percentage components.
 - b. The weight of each component is determined by the Course Instructor and published in the course instructional materials.
4. Round Policy
 - a. Scores on individual graded components are calculated to the hundredth decimal place (2 decimal places).
 - b. The final course grade is calculated to the hundredth decimal place and will NOT be rounded under any circumstances.
 - i. A final grade of 73.99% will not be rounded to 74% and will be recorded as a failing grade.

Student Policy 8

TITLE: Testing Integrity and Conduct

Original Approval Date: May 2021

Revision Date(s): June 2026

Purpose:

To establish clear and enforceable expectations for student conduct during examinations and quizzes to ensure the integrity and security of all assessments.

Policy:

1. Testing Environment Requirements
 - a. All personal belongings must be placed in the location specified by the instructor prior to the start of any test or quiz.
 - b. Prohibited items include, but are not limited to:
 - i. Cellphones
 - ii. Smart Watches
 - iii. Personal Computers (unless authorized)
 - iv. Backpacks
 - v. Food and drinks
 - c. Failure to comply with these requirements will result in removal from the testing environment and a grade of zero (0) for the assessment.
2. Authorized Materials
 - a. Students are permitted to have only materials explicitly authorized by the instructor.
 - b. Unless otherwise instructed, this includes:
 - i. A pen or pencil
 - ii. Program-issued scratch paper
3. Use of Technology
 - a. All electronic testing will utilize Respondus Lockdown Browser or approved software.
 - b. Students must use only the assigned or authorized computers for examinations and quizzes.
 - c. Accessing unauthorized applications, websites, or materials during testing is strictly prohibited.
4. Academic Dishonesty
 - a. Any behavior that compromises the integrity of an examination or quiz- including unauthorized materials, communication, or access to information – will result in:
 - i. A grade of zero (0) for the assessment, and disciplinary action.
5. Scratch Paper Accountability
 - a. Scratch paper will be distributed by the instructor once examination has begun.
 - b. Students must:
 - i. Write their name and required identifying information on the paper
 - ii. Return all issued materials prior to leaving the testing area
 - c. Failure to return issued materials will result in a grade of zero (0) for the assessment.
6. Post-Testing Procedures
 - a. Upon completion of an examination, students must follow instructor directions regarding dismissal or remaining seated.
 - b. Students are not permitted to access testing materials, discuss content, or re-enter the testing environment once they have completed an assessment.

7. Review of Assessments

- a. Students will not have immediate access to missed questions following completion of an assessment.
- b. Students wishing to review an examination must schedule an appointment with the instructor within 1 week of the assessment.

Student Policy 9

TITLE: Release of Grades and Examination Review

Original Approval Date: May 2023

Revision Date(s): June 2026

Purpose:

To establish clear procedures for the release, review, and verification of examination and quiz grades to ensure accuracy, consistency, and timely feedback.

Policy:

1. Release of Grades
 - a. Test and quiz grades will be released within 24–48 hours following completion of instructor review and analysis.
 - b. Grade release timelines may vary based on assessment complexity but will occur only after verification of accuracy.
2. Final Examination Grades
 - a. Final examination grades will not be released until all students in the program have completed the required final examinations for the semester.
3. Examination Analysis
 - a. All examinations and quizzes are subject to instructor review and analysis prior to the release of grades.
 - b. Grades will not be released until this review process is complete to ensure accuracy and fairness.
4. Grade Review Process
 - a. Students with questions regarding assessment results must schedule an appointment with the instructor.
 - b. Requests for review must be made within one (1) week of grade release.
 - c. Review of assessments will occur only under instructor supervision and in accordance with program policies.
5. Required Academic Follow-up
 - a. Students who earn a score of 80% or below on any examination or quiz are required to complete academic follow-up.
 - b. This may include:
 - i. Meeting with the course instructor, and/or
 - ii. Participating in peer tutoring or other remedial instruction as directed
 - c. Completion of required follow-up activities is mandatory.

Student Policy 10

TITLE: Make-up Work, Examinations, and Assignments

Original Approval Date: May 2021

Revision Date(s): June 2026

Purpose:

To establish clear, enforceable procedures for missed examinations, quizzes, and assignments to ensure fairness and prevent academic advantage related to absence.

Policy:

1. General Responsibility
 - a. Students are responsible for all:
 - i. Reading assignments
 - ii. Lecture material
 - iii. Coursework
 - iv. Examinations and quizzes
 - b. Absence does not relieve the student of responsibility for completing all course requirements.
2. Examinations and quizzes
 - a. Students are expected to be present for all scheduled examinations and quizzes.
 - b. Failure to attend a scheduled assessment will result in a grade of zero (0) unless the student meets the requirements outlined in this policy.
3. Notification Requirement
 - a. Students must notify the course instructor prior to the scheduled start time of the examination or quiz.
 - b. Failure to provide timely notification will result in a grade of zero (0) for the assessment.
4. Eligibility for Make-up Assessments
 - a. Make-up examinations and quizzes will be permitted only under exceptional circumstances.
 - i. The student must provide clear and verifiable documentation supporting the absence.
 - ii. Acceptable circumstances include:
 1. Severe illness
 2. Documented emergency
 3. Death of an immediate family member (as defined in program policy)
 - iii. Medical Documentation Requirements:
 1. Date of medical visit
 2. Clearance to return to academic activities
 3. Verification from a licensed healthcare provider
 - iv. Documentation must be submitted as directed by the instructor and may be required to be sent directly from the provider.
 - b. Failure to provide acceptable documentation will result in a grade of zero (0).

5. Make-up Scheduling
 - a. Students must schedule and complete make-up assessments prior to the next scheduled class session for the course.
 - b. Failure to complete the make-up within this timeframe will result in a grade of zero (0).
6. Format of Make-up Assessments
 - a. Make-up examinations and quizzes may be administered in any format at the discretion of the instructor, including but not limited to:
 - i. Multiple choice
 - ii. Essay
 - iii. Alternative question formats
 - iv. Modified number of questions
 - b. The format of the make-up assessment is not subject to student preference or appeal.
7. Same-Day Testing Restrictions
 - a. Students who are absent from any scheduled class session are not permitted to participate in examinations or quizzes administered later that same day.
 - b. Failure to comply with this requirement will result in:
 - i. The student being recorded as absent, and
 - ii. A grade of zero (0) for the assessment.
8. Assignments Due on Day of Absence
 - a. Assignments due on the day of absence must be submitted.
 - b. Submission methods may include instructor-approved electronic submission (e.g., course platform or email).
9. Failure to submit assignments by the required deadline will result in a grade of zero (0).

Student Policy 11

TITLE: Radiography Laboratory Use

Original Approval Date: May 2021

Revision Date(s): June 2026

Purpose:

To establish clear, enforceable expectations for the safe and proper use of radiography laboratory facilities and equipment, ensuring adherence to radiation safety principles and professional standards.

Policy:

1. Authorized Use of Equipment
 - a. Radiographic exposures may be performed only on phantoms or approved inanimate objects.
 - b. Under no circumstances may students perform radiographic exposures on themselves or any other individual.
2. Dosimetry Requirement
 - a. Students must wear their assigned dosimetry monitor and possess required radiographic markers during all laboratory exposures.
 - b. Students without a dosimeter and/or required markers will not be permitted to participate in lab activities.
 - c. Failure to meet this requirement will result in:
 - i. Recorded absence for the lab session, and a grade of zero (0) for associated lab assignments
3. Radiation Safety Practices
 - a. Students must always adhere to the following safety requirements:
 - i. Students must remain outside of the primary beam during exposures.
 - ii. Positioning aids (e.g., sponges, blocks, weights) must be used in place of manual holding.
 - iii. All doors must be closed during exposures.
 - iv. The x-ray tube must not be directed toward the control booth during exposure.
 - v. Proper collimation must be used for all exposures.
4. Positioning and Exposure Requirements
5. Exposures must be performed using appropriate equipment configurations, including:
 - i. Tabletop
 - ii. Table bucky
 - iii. Upright bucky
 - a. Improper or unauthorized positioning practices are not permitted.

6. Laboratory Occupancy and Conduct
 - a. Student presence behind the control booth must be limited to no more than five (5) individuals during an exposure.
 - b. Students are expected to maintain a safe, controlled, and professional environment at all times.
7. Pregnancy Consideration
 - a. Students who are pregnant may elect to leave the room during exposures.
 - b. At no time may a student be present in the direct path of ionizing radiation exposure.
8. Laboratory Maintenance and Shutdown
 - a. At the conclusion of lab activities, students are responsible for:
 - i. Cleaning and restoring the laboratory environment
 - ii. Positioning the x-ray tube in the upright position above the table
 - iii. Powering down equipment as directed
 - iv. Properly storing all protective lead apparel (hung appropriately or laid flat)
 - b. Failure to maintain the laboratory environment may result in disciplinary action.

Student Policy 12

TITLE: Dosimetry Badge Monitoring and Radiation Exposure Compliance

Original Approval Date: May 2021

Revision Date(s): June 2026

Purpose:

To ensure accurate monitoring of student radiation exposure, uphold the ALARA principle, and maintain compliance with NCRP occupational dose recommendations and JRCERT Standard 5.2, which requires programs to monitor and limit student radiation exposure during energized procedures.

Policy:

Participation in clinical education involving ionizing radiation requires continuous and proper use of an assigned dosimetry badge. Dosimetry monitoring is a condition of clinical participation.

Failure to comply constitutes a serious radiation safety violation.

The Radiologic Technology Program establishes student exposure limits below occupational maximums to ensure conservative radiation protection and educational safety.

1. Issuance and Assignment
 - a. Each student will be assigned one (1) personally identified dosimetry badge through the program's approved dosimetry service.
 - b. Dosimetry badges are:
 - i. Assigned to one student only
 - ii. Non-transferable
 - iii. Not interchangeable under any circumstance
 - c. Wearing another individual's badge or allowing another individual to wear a student's badge is strictly prohibited and constitutes falsification of radiation monitoring records.
2. Required Wearing of Dosimetry Badge
 - a. Students must wear their assigned dosimetry badge:
 - i. Prior to entering any clinical facility
 - ii. At all times when present in any area where ionizing radiation may be used
 - iii. During all clinical hours, including observation, assistance, direct and indirect supervision, portables, fluoroscopy, OR, and trauma imaging
 - b. Failure to wear a dosimetry badge is considered a radiation safety violation, regardless of whether an exposure occurs.
3. Proper Placement
 - a. The dosimetry badge must be worn:
 - i. At the collar level
 - b. When wearing lead protection:
 - i. The badge must be worn outside the lead apron at the collar level
 - c. When a student is issued additional monitoring devices (e.g., fetal monitor, ring badge), placement must follow instructions provided by the Clinical Coordinator and dosimetry provider.

Improper badge placement invalidates exposure data and will be treated as noncompliance.
4. Use Restrictions
 - a. Students are strictly prohibited from:

- i. Wearing a dosimetry badge outside of assigned clinical education activities
 - ii. Wearing a badge while undergoing personal medical imaging
 - iii. Storing a badge in radiation areas when not worn
 - iv. Intentionally exposing or shielding a badge
 - v. Leaving a badge in a vehicle, locker, or clinical area during imaging.
- 5. Student Dose Limits
 - a. To maintain exposures well below regulatory thresholds, the program establishes the following maximum student dose limits:
 - i. Monthly limit: 1.0 mSv (100 mrem)
 - ii. Quarterly limit: 3.0 mSv (300 mrem)
 These limits apply to deep dose equivalent (whole body exposure) and are enforced regardless of cumulative occupational limits.
- 6. Exchange, Storage, and Care
 - a. Dosimetry badges must be:
 - i. Stored in the designated badge storage location when not in use
 - ii. Kept away from radiation sources, extreme heat, moisture, or sunlight
 - b. Students are responsible for:
 - i. Timely badge exchange per program schedule
 - ii. Returning badges immediately upon request by program faculty
 Failure to exchange or return a badge as instructed invalidates monitoring records and is considered noncompliance.
- 7. Lost, Damaged, or Forgotten Badges
 - a. A student who:
 - i. Forgets, Loses, or Damages their dosimetry badge will not participate or attempt to participate in Clinical Education for the day.
 - b. The student will:
 - i. Be sent home
 - ii. Be charged one clinical absence
 - c. The incident must be reported immediately to the Clinical Preceptor and Clinical Coordinator.
 - d. Repeated incidents will result in progressive disciplinary action.
- 8. Exposure Monitoring and Review
 - a. Radiation exposure reports are reviewed by program officials to ensure compliance with NCRP-recommended limits.
 - b. Any:
 - i. Unusual, Elevated, or Or unexpected exposure reading will be formally investigated.
 - c. Students will be:
 - i. Counseled and will fill out an overexposure form.
 - ii. Three (3) consecutive elevated readings will result in being restricted from certain procedures, and/or removed from clinical participation if necessary to maintain safety and compliance along with a written warning.
 - iii. Continued elevated readings after counseling and restricted practices will result in dismissal from the program.
- 9. Declared Pregnancy and Fetal Monitoring
 - a. A student who voluntarily declares pregnancy will be issued a fetal dosimeter.
 - b. The fetal dosimeter must be worn:
 - i. At waist level and if lead is worn, it must be worn under.
 Fetal dose limits will follow NCRP and NRC guidance for declared pregnant workers. Failure to properly wear a fetal monitor is considered a serious safety violation.

Any violations may result in immediate dismissal without progression through disciplinary steps.

Student Policy 13

TITLE: Voluntary Pregnancy Disclosure (Pregnancy Declaration)

Original Approval Date: May 2021

Revision Date(s): May 2026

Purpose:

The purpose of this policy is to provide clear, consistent guidance for pregnant students enrolled in the Medical Imaging Sciences program, to ensure informed decision-making, adherence to radiation protection principles, and compliance with JRCERT standards regarding student safety, radiation exposure monitoring, and student rights, including the right to request reasonable modifications and/or accommodations available through Title IX regulations.

Although pregnancy declaration is voluntary and not required, it enables the student and the College to engage in an interactive process to identify and implement individualized supportive measures based on the student's specific needs within the program.

Policy:

1. **Voluntary Declaration**

Pregnancy declaration (a student's written disclosure of pregnancy) is voluntary but strongly encouraged to allow the program to provide the student with appropriate radiation monitoring and counseling and resources and support.

2. **Declaration Process**

A student who chooses to declare their pregnancy may do so by completing the program's voluntary **Declaration of Pregnancy** form (see Appendix A). For radiation-safety and regulatory purposes, the completion of this form constitutes a formal declaration of pregnancy. Once the form is completed, the student will receive a review of the program's Radiation Protection and Dosimetry Policies, including fetal dose monitoring and applicable exposure limits.

The College's disclosure of pregnancy will be limited to individuals with a legitimate educational or safety need to know.

3. **Title IX Referral**

Students who declare their pregnancy will also be referred to the College's Title IX Coordinator to begin the interactive process to complete a plan of success. Students who declare pregnancy (or related conditions) are entitled to request and receive reasonable modifications and/or accommodations consistent with Title IX law and institutional policy and will not be penalized for receiving modifications and/or accommodations.

Students may contact the Title IX Coordinator (titleix@hgtc.edu) with questions related to pregnancy-related rights, modifications and/or accommodations, or concerns.

4. **Process for Undeclaring**

A student may withdraw ("undeclare") the pregnancy declaration at any time, without explanation, by submitting a written **Undeclaration of Pregnancy** form. Once undeclared, the student will resume participation under standard program policies and clinical expectations, reflecting the student's choice to no longer receive modifications and/or accommodations.

Student Rights and Decision-Making Authority

1. The decision to declare or undeclare pregnancy is entirely voluntary.
2. The decision to continue, modify, or pause program participation due to pregnancy or pregnancy-related conditions rests solely with the student.
3. No student will be coerced, pressured, or required to declare a pregnancy or select any specific option due to pregnancy.
4. Program faculty may provide information and counseling but may not mandate a student to take any particular course of action.

Student Policy 14

TITLE: Use of Electronic Devices in the Didactic Setting

Original Approval Date: May 2021

Revision Date(s): June 2026

Purpose:

To establish clear, enforceable expectations regarding student use of electronic devices during all program-related educational activities to maintain professionalism, minimize distractions, and support effective learning.

Policy:

1. The use of personal electronic devices for non-academic purposes during scheduled instructional time is prohibited.
2. General Device Requirements
 - a. All personal electronic devices (including, but not limited to, cell phones, smartwatches, tablets, and similar communication devices) must be:
 - i. Turned off or silenced prior to the start of class or instructional activity
 - ii. Stored out of sight in a bag or designated area
 - b. Devices may not be kept on the student's person or visible during instructional time unless explicitly authorized.
3. Unauthorized Use
 - a. Unauthorized use includes, but is not limited to:
 - i. Texting, calling, emailing, or messaging
 - ii. Checking notifications, social media, or internet browsing
 - iii. Audible alerts, ringing, or device activation during instructional time
 - iv. Use of a device without faculty permission
 - b. Any activation or use of a device without authorization will be considered a policy violation.
4. Laptop and Academic Use
 - a. Use of laptops or electronic devices for note-taking or academic purposes must be approved by the instructor prior to the start of class.
 - b. Approved devices must be used strictly for academic purposes.
 - c. Use of any approved device for non-academic activity during instructional time will result in removal from the session and enforcement under this policy.
5. Violations and Progressive Discipline
 - a. Violations of this policy will result in progressive disciplinary action:
 - i. First Offense
 1. Removal from the classroom or instructional session
 2. Recorded absence for the scheduled time
 3. Written warning
 - ii. Second Offense
 1. Dismissal from the program
 - b. All absences resulting from electronic device violations will be applied toward the Attendance Policy.
6. Recording Prohibition
 - a. Audio or video recording of any lecture, lab activity, or conversation is strictly prohibited.
 - b. Violation of this requirement may result in immediate dismissal from the program.

7. Breaks and Limited Use
 - a. Personal electronic devices may be used only during instructor-authorized breaks.
 - b. Device use during breaks must not interfere with the timely return to instructional activities.
8. Special Circumstances
 - a. Students anticipating the need to access a personal electronic device must:
 - i. Notify the instructor prior to the start of class
 - ii. Obtain approval before device use.
 - b. Medical-related device use requires documentation from a licensed healthcare provider and prior approval from program officials.

Student Policy 15

TITLE: Social Media

Original Approval Date: May 2021

Revision Date(s): April 2026

Purpose:

To establish clear expectations regarding appropriate use of social media by students enrolled in the Medical Imaging Sciences (MIS) program; to define applicable terminology; and to outline disciplinary consequences for social media activity that violates professional, ethical, or program standards.

Definitions:

Social media/Social Networking: Interchangeable terms referring to any online platform used to create, share, or exchange information, opinions, images, or videos, including but not limited to Facebook, X (Twitter), Instagram, YouTube, Pinterest, blogs, forums, and message boards.

Libel: A written or published false statement that damages a person's reputation.

Slander: A spoken or communicated false statement or misrepresentation that damages a person's reputation.

Policy:

1. Students must not transmit or place online individually identifiable patient, student, faculty, adjunct faculty, clinical or staff information.
 - a. Students must not publish libel or make slanderous remarks or insinuations about patients, peers, adjunct faculty, faculty, clinical staff, or the institution of HGTC, even if they are not identified.
2. Students must not transmit or place online any test questions or test content that could be identified as cheating. The college policy on academic misconduct will be followed to include social media networking.
3. Students must observe ethical and professional patient-Radiologic Technologist/student boundaries.
 - a. Do not share or post opinions, information, insinuations, or photos gained through the student-patient relationship on any social media outlet.
 - b. Do not share or post libelous or slanderous opinions, information, insinuations, or photos regarding students, faculty, staff, or the institution of HGTC.
4. Should any problem arise during the classroom or clinical setting, use the Chain-of-Command to resolve the issue.
5. Students have a responsibility to promptly report any identified breach of confidentiality or any inappropriate use of social media to appropriate Program officials.
6. This breach may be reported to (but not limited to) an instructor, staff person, or dean.
7. Be aware of your association with HGTC in online social networks.
 - a. Horry Georgetown Technical College (HGTC) name, photos, trademark, etc., cannot be used in social media groups. For example, if a cohort, class, or classmate makes a Facebook page named HGTC's Fall Class of 2016, this would be an infringement on trademark rights.
8. If you identify yourself as a student, ensure your profile and any related content is professional and consistent with how you wish to present yourself to colleagues, clients, and potential employers.

Student Policy 16

TITLE: Major Illness or Extended Absence

Original Approval Date: May 2021

Revision Date(s): June 2026

Purpose:

To establish clear and enforceable procedures for students who are unable to participate in program requirements for an extended period due to major illness or unforeseen circumstances, ensuring appropriate academic decision-making and program progression.

Policy:

1. General Requirement

- a. Students must maintain active participation in all program components.
- b. A student who is unable to participate in required program activities for a duration exceeding course attendance allowance must notify program officials and provide appropriate documentation.

2. Required Documentation

- a. Students must provide the Program Director with:
 - i. Documentation describing the nature of the illness or event
 - ii. Verification of the student's inability to participate
 - iii. Estimated duration of absence
 - iv. Clearance to return when applicable
- b. Failure to provide adequate documentation will result in inability to determine eligibility for continuation or re-entry.

3. Determination of Status

Students who are unable to continue participation will be subject to one of the following outcomes, as determined by program officials:

- a. Withdrawal and Petition for Re-Entry
 - i. Students may withdraw from the program and petition for re-entry in a future cohort.
 - ii. Re-entry is not guaranteed and is subject to:
 1. Program seat availability
 2. Maximum student capacity requirements
 3. Compliance with the program's Readmission Policy
 4. Successful completion of any required competency or knowledge verification
- b. Completion of Current Didactic Coursework
 - i. Students who have completed at least three-fourths ($\frac{3}{4}$) of the didactic portion of the semester may petition program faculty to complete the current term.
 - ii. Approval is discretionary and based on the student's academic standing and ability to meet course requirements.

- c. Reapplication Requirement
 - i. Students impacted prior to the start of the program or during the first semester must reapply for admission through the standard selection process.
 - ii. Prior acceptance does not guarantee future placement.
- 4. Program Review Process
 - a. Each case will be evaluated individually by the Program Director.
 - b. Determinations will consider:
 - i. Length of absence
 - ii. Academic progression
 - iii. Ability to meet program requirements upon return
 - iv. Compliance with program and accrediting body standards
- 5. Re-Entry Limitations
 - a. The program cannot guarantee placement in a future cohort.
 - b. Re-entry is dependent upon:
 - i. Available program capacity
 - ii. Student attrition
 - iii. Compliance with accrediting body limits
 - iv. Successful completion of all re-entry requirements
- 6. Failure to comply with documentation, communication, or program requirements may result in withdrawal from the program.
- 7. All decisions regarding continuation, withdrawal, or re-entry are made at the discretion of program officials and in accordance with program and accreditation standards.

Student Policy 17

TITLE: Communicable Disease

Original Approval Date: May 2021

Revision Date(s): May 2026

Purpose:

To establish clear requirements and procedures for students regarding exposure to, reporting of, and participation in clinical education activities when a communicable disease is suspected or confirmed.

Policy:

Students who have, or who reasonably suspect they may have, a communicable disease that could pose a risk to patients, staff, or others must immediately report the condition to the Clinical Coordinator and comply with all policies and directives of the assigned clinical affiliate. Students may be restricted from clinical participation until medically cleared, as determined by program administration and/or the clinical affiliate.

When caring for patients with known or suspected communicable diseases, including but not limited to hepatitis, human immunodeficiency virus (HIV/AIDS), tuberculosis, meningitis, or COVID-19, students must be directly supervised by a qualified radiographer/technologist and shall strictly follow all infection control procedures, safety protocols, and institutional policies established by the clinical education center. Students may not independently modify or deviate from required procedures.

If a student is identified by a clinical affiliate as having been exposed to a communicable disease while participating in clinical education, the student will be notified and required to follow all testing, treatment, monitoring, and clearance requirements as directed by the clinical affiliate, the program, and applicable public health guidance. Contacting Compendium Services may be necessary in specific instances. (See Clinical Policy 26)

All students enrolled in the Radiologic Technology Program are required to maintain current annual tuberculosis (TB) screening while participating in clinical education. Proof of compliance must be submitted as required to the HGTC Clinical Admissions Office at hgtc-clinical@hgtc.edu. Failure to provide required documentation may result in delayed start and/or removal from clinical education activities.

Student Policy 18

TITLE: Inclement Weather

Original Approval Date: May 2021

Revision Date(s): April 2026

Purpose:

To establish clear expectations for student responsibilities and program operations during inclement weather conditions affecting didactic and clinical education activities.

Policy:

1. The Radiologic Technology Program complies with all inclement weather decisions issued by Horry-Georgetown Technical College (HGTC).
2. All determinations regarding class cancellations, delays, closures, or modified schedules for both didactic and clinical education are governed by official HGTC announcements.
3. Students are required to monitor and follow only HGTC-specific communications, including:
 - a. Official HGTC website postings, and
 - b. Local media announcements that explicitly refer to Horry-Georgetown Technical College (not Horry County Schools or other entities).
4. Students are solely responsible for remaining informed of College announcements and for complying with all directives issued by HGTC. Unless otherwise communicated in writing by program administration, attendance expectations for didactic and clinical education will align with HGTC determinations

Student Policy 19

TITLE: Telephone Use and Communication Courtesy

Original Approval Date: May 2021

Revision Date(s): June 2026

Purpose:

To establish clear expectations regarding telephone use and professional communication behaviors during classroom, clinical and laboratory settings.

Policy:

1. Use of Telephones
 - a. Telephones located in faculty offices and instructional areas are intended for program-related use only.
 - b. Personal use of these telephones is prohibited except in emergency situations.
 - c. Students must request and receive faculty approval prior to use of any office telephone for emergency purposes.
2. Communication Courtesy
 - a. Students are expected to demonstrate professional behavior when using any program or clinical telephone.
 - b. When answering a telephone, students must:
 - i. Identify themselves appropriately
 - ii. State the department or program when applicable
 - iii. Communicate in a clear, respectful, and professional manner

Student Policy 20

TITLE: Program and Clinical Site Safety Conduct

Original Approval Date: May 2021

Revision Date(s): April 2026

Purpose:

The purpose of this policy is to establish clear, enforceable, and non-negotiable safety and conduct requirements regarding weapons, smoking, and vaping for students enrolled in the Medical Imaging Sciences Program while on college property, at clinical education settings, or while representing the College in any program-related activity.

Scope and Applicability

This policy always applies to all students when the student is:

- On HGTC property (including buildings, grounds, parking areas, and vehicles)
- At any clinical education facility or affiliate site
- Traveling to or from a clinical education assignment
- Participating in any College- or program-related activity
- Wearing a college or program identifier (badge, uniform, scrubs)

Compliance with this policy is mandatory and not optional.

Policy:

1. Weapons Prohibition — Zero Tolerance
 - a. Students are strictly prohibited from possessing, carrying, storing, transporting, or bringing any weapon onto:
 - i. HGTC buildings, grounds, or parking areas
 - ii. Clinical education facilities, grounds, or parking areas
 - iii. Areas immediately adjacent to HGTC or clinical facilities
 - iv. Personal vehicles parked on HGTC or clinical site property
 - b. Weapons are prohibited regardless of:
 - i. State or local concealed/open carry laws
 - ii. Permit status
 - iii. Whether the weapon is concealed, secured, or left in a vehicle
 - iv. Whether the weapon belongs to the student or another individual
 - v. Intent or lack of intent to use the weapon
2. Definition of Weapon:
 - a. A weapon is defined as any object, device, or substance capable of causing bodily harm, including but not limited to:
 - i. Firearms (loaded or unloaded)
 - ii. Knives of any type or blade length
 - iii. Chemical agents (including mace or pepper spray)
 - iv. Tasers or stun guns
 - v. Batons, clubs, or similar devices
3. Enforcement:

Any violation of this weapons policy will result in immediate dismissal from the Medical Imaging Sciences Program, with no warning required.
4. Smoking, Vaping, and Tobacco Prohibition
 - a. Smoking, vaping, or use of tobacco or nicotine products in any form is strictly prohibited:
 - i. On all HGTC campuses, buildings, grounds, and parking areas
 - ii. Inside or outside clinical education facilities

- iii. In personal vehicles while parked on HGTC or clinical site property
 - b. This prohibition includes, but is not limited to:
 - i. Cigarettes, cigars, and pipes
 - ii. Electronic cigarettes and vaping devices
 - iii. Nicotine delivery systems
 - iv. Any smoking or vaping substances, whether nicotine-containing or not
- 5. Students must follow all tobacco-free policies established by clinical affiliates and are held to the same standards as clinical site employees.
- 6. Students may only leave clinical property during an approved 45-minute lunch break to engage in smoking or vaping off site, if permitted by the clinical affiliate.
- 7. Disciplinary Action
 - a. Violations may result in immediate dismissal from the Medical Imaging Sciences Program.
 - b. Clinical affiliates reserve the right to remove students from the clinical site immediately for any violation.

Student Policy 21

TITLE: Travel Requirements

Original Approval Date: May 2021

Revision Date(s): June 2026

Purpose:

To establish clear expectations regarding student travel responsibilities associated with participation in the Radiologic Technology (RAD) Program.

Policy:

1. Travel Expectations
 - a. Students should expect to travel to assigned program locations, including clinical education sites, within a 100-mile radius of HGTC Grand Strand campus.
2. Student Responsibility
 - a. Students are solely responsible for arranging and providing their own transportation to and from:
 - i. HGTC campuses
 - ii. Assigned program-related locations
3. Clinical Placement Considerations
 - a. Assignment to clinical education sites will be based on program requirements and competency needs, not geographic convenience.
 - b. Proximity to a student's residence will not be considered in site assignments.
 - c. **Clinical site assignments are final once issued.**
 - i. Students may not request changes to assigned clinical sites based on personal preference, transportation, work schedules, or other non-program-related factors.
 - ii. Requests for reassignment will not be considered except under extraordinary circumstances as determined by program officials.

Student Policy 22

TITLE: Visitor and Facility Access

Original Approval Date: May 2021

Revision Date(s): June 2026

Purpose:

To establish clear expectations and enforceable standards regarding visitor access and student presence within the Radiologic Technology Program facilities at the Grand Strand campus.

Policy:

1. Visitor Restrictions
 - a. Students are not permitted to bring or receive visitors within program classrooms, laboratories, or instructional areas at any time.
 - b. Exceptions will only be considered in the event of a documented emergency involving the student's health or safety.
2. Authorized Student Presence
 - a. Students are permitted access to program facilities only during their assigned and scheduled class or lab times.
 - b. Presence outside of scheduled instructional time is prohibited.
3. Approval for Additional Access
 - a. Access to program facilities outside of scheduled instructional time requires prior approval from program faculty.
 - b. Verbal permission from non-program personnel does not constitute authorization.

Student Policy 23

TITLE: ARRT Ethics (Felony)

Original Approval Date: May 2021

Revision Date(s): June 2026

Purpose:

To establish clear requirements regarding compliance with the American Registry of Radiologic Technologists (ARRT) Standards of Ethics and criminal background screening for participation and eligibility within the Radiologic Technology (RAD) Program.

Policy:

1. ARRT Standard of Ethics
 - a. Students must comply with the ARRT Standards of Ethics, including adherence to all applicable state and federal laws.
 - i. Any conviction, plea of guilty, or plea of *nolo contendere* to a felony or a crime of moral turpitude must be reviewed by the ARRT to determine eligibility for certification.
 - ii. Students who have potential violations of the ARRT Standards of Ethics are responsible for:
 1. Providing a written explanation
 2. Submitting appropriate official documentation as required by the ARRT
 - b. Additional information regarding these requirements is available in the ARRT Standards of Ethics (see Appendix B) and on the ARRT website.
2. Pre-Application Review
 - a. Individuals who have potential violations of the ARRT Standards of Ethics are encouraged to request a pre-application review through the ARRT.
 - b. This review may be completed either before or during enrollment in the program and is required prior to confirmation of ARRT examination eligibility.

Student Policy 24

TITLE: Criminal Background Check and Drug Screening

Original Approval Date: May 2026

Revision Date(s):

Purpose:

To provide clear information and enforceable guidance regarding criminal background checks and urine drug screening requirements for students enrolled in health sciences programs, as required by clinical education affiliates and institutional policy.

Policy Statement:

All students admitted to health science programs must complete and pass a criminal background check as a condition of enrollment and clinical placement. Students will be required to complete a urine drug screen prior to clinical courses. Clinical affiliates reserve the right to accept or deny student placement based on the results of the background check. A positive background check does not automatically disqualify a student from program continuation; however, clearance from clinical affiliates is required for placement eligibility.

Failure to obtain clinical clearance will impact completion of required clinical competencies. Therefore, students who are not able to be placed into a clinical site are not eligible to enroll in/continue enrollment in their health science program because of the inability to meet essential curriculum requirements.

Clinical Background Check Procedure

1. Initial Screening
 - a. All students must complete a criminal background check through the college-approved vendor upon admission into the health science program and prior to clinical placement per deadlines sent by the Clinical Admissions Office. Students should not complete this step until instructed to do so by the Clinical Admissions Office.
 - b. Criminal background checks are automatically sent to the Clinical Admissions Office and reviewed upon receipt.
2. Positive Background Check Process
 - a. If a background check indicates any positive finding:
 - i. The report is sent to the Dean and Chair of the Department along with the Student Rectification Form for completion.
 - ii. The Dean and Chair will clear the student for clinical/internship if there is only 1 minor traffic offense such as a parking ticket or speeding (not reckless driving).
 - iii. All other offenses will result in clinical affiliate review, see numbers 2-4 below.
 - b. The student is notified in writing that review is required before clinical placement eligibility can be determined.
 - c. The Clinical Admissions Office will:
 - i. Require the student to submit any court related documentation about the charges, a letter of explanation, two-character references and a resume to the Clinical Admissions Office.

- ii. Send the criminal background check report, plus all documentation mentioned above to the clinical affiliates for review.
 - d. Clinical affiliates will evaluate the offense(s) and determine whether the student may be accepted for clinical placement.
- 3. Determination & Notification
 - a. When clinical affiliate responses are received:
 - i. The Clinical Admissions Office documents each affiliate response.
 - ii. A placement decision is made based on affiliate acceptance or denial.
 - b. If one or more clinical affiliates approve placement:
 - i. The student may continue in the program and be scheduled for clinical rotations accordingly.
 - c. If no clinical affiliate is willing to accept the student:
 - i. The student will be notified that they are unable to meet clinical requirements.
 - ii. The student is not eligible to enroll in/progress in the program because of the inability to meet essential curriculum requirements.
 - d. Students have the right to:
 - i. Reapply to the program in the future if background charges are expunged.
- 4. Urine Drug Screen Procedure
 - a. Initial Screening
 - i. All students must complete a urine drug screen prior to clinical placement per deadlines sent by the Clinical Admissions Office. Students should not complete this step until instructed to do so by the Clinical Admissions Office.
 - ii. Urine drug screens are automatically sent to the Clinical Admissions Office and reviewed upon receipt.
 - b. Urine Drug Screen Process
 - i. If a negative urine drug screening is returned by the vendor, the student will be considered to have satisfied the eligibility requirement for progression in the program and clinical placement.
 - ii. If a urine drug screen indicates any positive finding:
 - 1. The report is sent to the Dean and Chair of the Department along with the Student Rectification Form for completion.
 - 2. The student will be required to meet with the Dean and the Chair to discuss the positive finding. The student's progression in the program and clinical placement may be negatively impacted based on the results.
 - iii. Students have the right to:
 - 1. Reapply to the program in the future.
- 5. Confidentiality and Student Acknowledgement
 - a. All criminal background information and urine drug screening is confidential and will only be shared with authorized personnel and/or clinical affiliates for placement decision purposes. Documentation is maintained in secure files per institutional record-keeping policies.
 - b. All students must sign a Criminal Background Check and Urine Drug Screen Acknowledgement Form upon program application confirming:
 - i. Understanding of this policy
 - ii. Awareness that clinical affiliates make final placement decisions

- iii. Recognition that inability to obtain placement will prevent program enrollment/progression due to the inability to meet essential curriculum requirements.

Student Policy 25

TITLE: Advance Placement and Enrollment Status

Original Approval Date: May 2019

Revision Date(s): June 2026

Purpose:

To establish clear expectations regarding advanced placement and full-time enrollment requirements within the Radiologic Technology (RAD) Program.

Policy:

1. Full-Time Enrollment Requirement
 - a. Enrollment in the MIS Program is **full-time only**.
 - i. Part-time attendance is not permitted.
 - ii. The structure of the program requires continuous and coordinated participation in all scheduled coursework and program activities.
 - b. Failure to maintain full-time status will result in inability to meet program requirements.
2. Rationale for Full-Time Status
 - a. The MIS Program is designed to integrate instructional components in a structured and sequential manner.
 - i. Program coursework is organized to support the development of knowledge and skills within the context of the profession.
 - ii. Disruption of this sequence through part-time enrollment is not compatible with program requirements or expected learning outcomes.
3. Advance Placement
 - a. Advanced placement within the MIS Program is not permitted.
 - i. Coursework completed prior to admission will not substitute for program-specific course requirements.
 - ii. All students must complete the full sequence of courses as outlined in the program curriculum.
4. Transfer Students
 - a. Students who have previously been enrolled in another medical imaging sciences program will be evaluated in accordance with the Transfer Student Policy.
 - b. Transfer consideration does not guarantee placement or advanced standing within the program.

Student Policy 26

TITLE: Outside Employment

Original Approval Date: May 2019

Revision Date(s): June 2026

Purpose:

To establish clear expectations regarding student employment during enrollment in the Radiologic Technology (RAD) Program and its impact on academic and professional performance.

Policy:

1. Employment During the Program
 - a. Students are permitted to seek and maintain outside employment; however, employment is not encouraged due to the demands of the program.
 - b. Employment must not interfere with:
 - i. Class attendance
 - ii. Laboratory participation
 - iii. Assigned program activities
 - iv. Academic performance
2. Student Responsibility
 - a. Students are solely responsible for managing their employment schedule to ensure full compliance with all program requirements.
 - b. Conflicts between employment and program obligations are not an acceptable justification for:
 - i. Absences
 - ii. Tardiness
 - iii. Incomplete assignments
 - iv. Unsatisfactory academic performance
3. Academic Performance Monitoring
 - a. Student progress will be continuously monitored by program faculty.
 - b. If a student fails to meet required academic or professional standards, they may be required to modify or discontinue outside employment to remain in good standing within the program.
4. Employment in Medical Imaging Settings
 - a. Students may be employed in medical imaging environments (e.g., transporter, file clerk, radiology assistant, or similar roles).
 - b. Under no circumstances may students:
 - i. Perform program competencies
 - ii. Complete clinical requirements
 - iii. Obtain evaluations or verification of skills during the course of their employment.
 - c. Program requirements must be completed only during assigned educational experiences.

Student Policy 27

TITLE: Clinical Education Interruption

Original Approval Date: May 2019

Revision Date(s): June 2026

Purpose:

To establish clear procedures in the event of a disruption to clinical education that may impact on the program's ability to meet required accreditation standards.

Policy:

1. Interruption of Clinical Education
 - a. In the event a clinical education site is unable to operate under normal conditions due to circumstances such as:
 - i. Strike
 - ii. Temporary closure
 - iii. Reduction in services
 - iv. Emergencies or unforeseen events that interfere with the delivery of clinical education,
 - b. In these events the program will initiate appropriate actions to ensure continuity of student learning and maintain compliance with accreditation standards.
2. Program's Response
 - a. The program will make reasonable efforts to temporarily reassign affected students to alternate clinical education sites.
 - b. Reassignment will be based on:
 - i. Availability of placement
 - ii. Program capacity
 - iii. Ability to meet clinical competency requirements
3. Student Responsibility
 - a. Students must be prepared to accept reassignment to an alternate clinical site as directed by program officials.
 - b. Reassignment may include changes in location, schedule, or rotation.
4. Accreditation Compliance
 - a. All decisions regarding reassignment and continuation of clinical education will be made in accordance with:
 - i. Program requirements
 - ii. Clinical affiliate agreements
 - iii. Applicable accreditation standards (JRCERT, as applicable)

Student Policy 28

TITLE: Academic Advisement

Original Approval Date: May 2019

Revision Date(s): June 2026

Purpose:

To establish clear expectations for student participation in academic advisement and communication with program faculty throughout enrollment in the Radiologic Technology (RAD) Program.

Policy:

1. Advisement Sessions
 - a. Students will participate in advisement sessions with program faculty as determined by faculty and/or student need each semester.
 - b. Advisement sessions may include discussion of:
 - i. Academic performance
 - ii. Clinical performance (as applicable)
 - iii. Professional behavior
 - iv. Attendance and progression status
2. Required Clinical Performance Review
 - a. Students are expected to meet with designated program faculty for performance review at a minimum:
 - i. Mid-semester
 - ii. End of the semester
 - b. These meetings are required to evaluate progress and provide feedback on program performance.
3. Access to Academic Records
 - a. Students have the right to access their academic records in accordance with the Family Educational Rights and Privacy Act (FERPA).
 - b. Academic records are available through the institution's designated student system.
4. Faculty Availability
 - a. Program faculty maintain regular office hours and are available to students as scheduled.
 - b. Students are responsible for initiating appointments when additional guidance or clarification is needed.
 - c. Appointments may be scheduled directly with program faculty through established communication channels.

Student Policy 29

TITLE: Program Progression

Original Approval Date: May 2019

Revision Date(s): June 2026

Purpose:

To establish clear and enforceable requirements for student progression within the Radiologic Technology (RAD) Program, including academic performance, withdrawal, and eligibility for continuation.

Policy:

1. Minimum Academic Requirements for Progression
 - a. Students must achieve a minimum:
 - i. 74% in all didactic courses
 - ii. 80% in all clinical courses
 - b. Failure to meet these minimum requirements constitutes a course failure and will impact progression.
 - c. Students must maintain a minimum cumulative GPA of 3.0 to remain enrolled in the program.
2. Course Failure and Dismissal
 - a. A student who fails one (1) RAD course may be eligible to apply for readmission in accordance with the Readmission Policy.
 - b. A student is allowed a maximum of two attempts per RAD course.
 - c. A second course failure (in the same or different RAD course) will result in:
 - i. Dismissal from RAD program for a period of 24 months
 - d. After 24 months, the student may reapply through the College Admissions process. Admission is not guaranteed.
3. Withdrawal From Courses
 - a. Students who withdraw from one MIS course must withdraw from all program coursework within the same semester.
 - b. A withdrawal from a course with a failing grade will count as a course attempt.
 - c. Withdrawal prior to the institutional add/drop deadline will result in a grade of "W."
 - d. Withdrawal after the add/drop deadline with a failing grade will result in a grade of "WF" and may result in dismissal from the program.
4. Readmission/Re-entry
 - a. Students who withdraw or are dismissed must follow the Readmission Policy for consideration of re-entry.
5. Incomplete courses
 - a. Students receiving a grade of Incomplete (I) in any MIS course will not be permitted to progress until the course is satisfactorily completed in accordance with college policy

6. Clinical and Competency Requirements
 - a. Students must successfully complete all required clinical competencies at the conclusion of each course and/or semester to progress and graduate.
 - b. Beginning in the second semester and continuing throughout the program, students must demonstrate competency in designated program skills as required for progression.
 - c. See Clinical Competency Requirements and Clinical Probation policies found in the Clinical Handbook.
7. Health and Clinical Clearance Requirements
 - a. Students must maintain all required health and clinical clearance documentation throughout enrollment.
 - b. Any change in health status must be reported and updated documentation submitted as required.
 - c. Failure to meet health clearance requirements by the designated deadline will result in:
 - i. Inability to participate in required components, and
 - ii. Withdrawal from the course
 - d. A withdrawal due to failure to maintain required documentation will count toward program progression limits.
8. Financial Aid and Advisement
 - a. Students receiving financial aid are responsible for consulting with Financial Aid prior to withdrawal from any course.
 - b. Students must also meet with program faculty and/or advisors prior to initiating withdrawal.

Student Policy 30

TITLE: Withdrawal from the Program

Original Approval Date: May 2019

Revision Date(s): June 2026

Purpose:

To establish clear procedures and expectations for students who are considering withdrawal from the Radiologic Technology (RAD) Program, ensuring informed decision-making and compliance with program and college requirements.

Policy:

1. Student Responsibility
 - a. Students considering withdrawal are strongly encouraged to seek advisement prior to making a final decision.
 - b. Students must meet with the **Program Director and/or faculty advisor** to:
 - i. Review academic standing
 - ii. Understand the impact of withdrawal
 - iii. Explore available options
2. Notification Requirement
 - a. Students who elect to withdraw must submit **formal written notification** to program faculty.
 - b. Notification must be submitted in accordance with institutional procedures.
3. Voluntary Withdrawal
 - a. Students may voluntarily withdraw from a course or the program in accordance with college and program policies.
 - b. Withdrawal status and resulting grades will be determined based on the timing of the withdrawal and applicable institutional guidelines.
4. Administrative Withdrawal
 - a. Program faculty or the Program Director may withdraw a student from a course or the program at any time due to:
 - i. Failure to meet academic requirements
 - ii. Violation of program policies
 - iii. Failure to comply with program expectations
 - b. In such cases, the student will be:
 - i. Notified of the action, and
 - ii. Provided written documentation outlining the reason for withdrawal

Student Policy 31

TITLE: Dismissal

Original Approval Date: May 2019

Revision Date(s): May 2026

Purpose:

To establish clear, consistent, and enforceable conditions under which a student may be dismissed from the Radiologic Technology program due to failure to meet academic, clinical, behavioral, or professional standards.

Policy:

Students enrolled in the Radiologic Technology program are required to comply with all academic, clinical, ethical, and professional standards outlined in this handbook, clinical education handbook, course instructional materials, and applicable college and clinical affiliate policies.

Failure to meet these standards will result in disciplinary action up to and including dismissal from the program.

1. General Grounds for Dismissal
 - a. Academic and Clinical Performance
 - i. Failure to meet minimum academic or clinical course requirements.
 - ii. Failure to demonstrate required competency or progression.
 - iii. Inability to meet program completion requirements.
 - b. Professional and Behavioral Conduct
 - i. Failure to demonstrate professional respectful behavior in classroom, laboratory, or clinical settings.
 - ii. Disruptive, disrespectful, or unethical conduct
 - iii. Insubordination or refusal to comply with faculty, staff, or clinical affiliate direction.
 - c. Patient Safety and Clinical Competence
 - i. Any behavior or demonstrated lack of skill, judgement, or integrity that poses a risk to patient safety, clinical staff, or facility operations.
 - ii. Failure to meet professional standards required for safe clinical practice.
2. Progressive Disciplinary Dismissal (Standard Track)
 - a. Most dismissals follow the program's progressive discipline structure:
 - i. Verbal Warning, Written Warning, and Dismissal
3. Immediate Dismissal (Zero Tolerance Violations)
 - a. Academic Dishonesty (cheating, plagiarism, test misconduct, etc.)
 - b. Falsification of academic, clinical, or medical records.
 - c. Positive drug test or substance abuse.
 - d. Reporting to class or clinic under the influence of drugs or alcohol.
 - e. Theft or malicious destruction of property.
 - f. Possession or use of prohibited substances or weapons.
 - g. Unsafe clinical practices or actions placing patients at risk.
 - h. Any violation resulting in removal from a clinical site.
4. Clinical Affiliate Removal
 - a. Students removed from or asked not to return to a clinical site for violation of site and/or program policies will be dismissed from the program

5. Drug and Background compliance
 - a. Failure to meet or maintain clinical site eligibility requirements, including background check compliance, will result in:
 - i. Removal from clinical education and dismissal
6. Documentation and Authority
 - a. All dismissal decisions will be:
 - i. Documented in the student record.
 - ii. Communicated in writing.
 - iii. A scheduled meeting with the Clinical Coordinator, Program Director, and Student Affairs representative.
 - b. The Program Director, Clinical Coordinator, and designated faculty retain final authority regarding:
 - i. Determination of dismissal and Enforcement of program policies.
7. Due Process and Student Rights
 - a. Students may utilize the College's formal grievance procedures if they believe dismissal occurred in error.
 - b. Grievance procedures must be followed in accordance with the College Student Code and Grievance Policy.
8. Readmission Eligibility Following Dismissal
 - a. Depending on the nature, severity, and circumstances of the dismissal, a student may be eligible for readmission to the Radiologic Technology Program.
 - b. Students seeking readmission must follow all procedures outlined in the Readmission Policy, including applicable waiting periods, academic requirements, and re-entry criteria.

Student Policy 32

TITLE: Readmission to the Program

Original Approval Date: May 2019

Revision Date(s): June 2026

Purpose:

To establish clear and enforceable procedures and eligibility requirements for students requesting readmission to the Medical Imaging Sciences (MIS) Program following withdrawal or dismissal.

Policy:

1. Readmission Timeframe
 - a. Students who wish to return to the program in the same semester of the following academic cycle in which they were dismissed or withdrew must submit a formal written request for readmission at least three (3) months prior to the start of that semester.
 - b. Students who do not meet this deadline or choose not to request readmission within this timeframe must reapply through the standard admissions process.
 - c. Reapplication does not guarantee acceptance into the program and is subject to:
 - i. Program seat availability
 - ii. Admission requirements
 - iii. Selection criteria in place at the time of application
2. Eligibility for Readmission

Students may be considered for readmission only if they meet the following conditions:

 - a. The student meets all academic progression requirements as outlined in the Progression Policy
 - b. The student has no more than one (1) course failure (grade of W, WF, D, or F as defined by program policy)
 - c. The student has not exceeded the maximum number of course attempts
 - d. The student maintains a minimum cumulative GPA of 3.0 at the time of application for readmission
 - e. The student was not dismissed for violations outlined in Section 3.
3. Ineligibility for Readmission

Students are not eligible for readmission if they were dismissed for:

 - a. Academic misconduct or dishonesty
 - b. Insubordination or unprofessional conduct
 - c. Falsification of records
 - d. Violations of program, clinical, or college policies
 - e. Refusal of clinical placement or removal by a clinical affiliate
4. Course Failure and Attempt Limits
 - a. A maximum of two (2) attempts per MIS course is permitted.
 - b. Students with:
 - i. More than one (1) course failure, or

- ii. Failure of the same course for a second time will be ineligible for readmission for a period of 24 months, consistent with the Progression Policy.
- 5. Readmission Requirements

Students approved for readmission must meet all the following requirements:

 - a. Knowledge Verification
 - i. Successful completion of required knowledge verification examinations
 - ii. Minimum score of 85% required
 - iii. Each exam may be attempted one (1) time only
 - b. Clinical Competency Validation
 - i. Successful demonstration of required competencies as directed by the program
 - ii. Minimum score of 85% required
 - c. Program Compliance Requirements
 - i. Completion of all required documentation, including:
 - 1. Health clearance
 - 2. Background check and drug screening
 - 3. CPR certification
 - 4. Additional program requirements as applicable
- 6. Readmission Status
 - a. Approved students will re-enter the program with the next available cohort
 - b. Students will follow the current curriculum and may be required to repeat the last unsuccessful semester
 - c. Readmission is not guaranteed and is dependent upon:
 - i. Program capacity
 - ii. Seat availability
 - iii. Accreditation limitations
- 7. Application Process
 - a. Students requesting readmission must:
 - i. Submit a formal written request to program officials
 - ii. Submit the request at least three (3) months prior to the desired semester of re-entry
 - b. The request must include:
 - i. Student identification information
 - ii. Requested semester/courses
 - iii. Explanation of prior withdrawal or dismissal
 - iv. A detailed plan for successful completion
- 8. Review and Decision
 - a. Readmission requests will be reviewed by program officials or a designated committee
 - b. Final decisions are made in accordance with program policies
 - c. Decisions are final

Student Policy 33

TITLE: Readmitted Student Support and Requirements

Original Approval Date: May 2019

Revision Date(s): June 2026

Purpose:

To establish mandatory academic support and orientation requirements for students who are readmitted to the Radiologic Technology (RAD) Program to promote student success, reinforce academic preparedness, and ensure successful program completion.

Policy:

1. Mandatory Academic Support (PAC Program)
 - a. All readmitted students are required to participate in and complete the Personalized Academic Coaching (PAC) Program Agreement.
 - b. The PAC Program provides structured academic support, including:
 - i. College skills coaching
 - ii. Academic mentoring
 - iii. Writing and tutoring support
 - c. Students will be assigned an academic coach and must attend weekly scheduled sessions for the duration of the semester.
 - d. Failure to attend or cancellation of scheduled PAC sessions will result in immediate program dismissal.
2. Academic Coaching Expectations

During PAC sessions, students will engage in structured academic development activities, including:

 - a. Implementation of effective study strategies
 - b. Development of time management and organizational skills
 - c. Review and improvement of note-taking techniques
 - d. Discussion of test-taking strategies and academic performance
3. Radiology Tutor Requirement
 - a. Readmitted students are required to participate in radiology-specific tutoring for a minimum of:
 - i. One (1) hour per week for the duration of the semester
 - b. If a radiology tutor is unavailable, students will meet with the course instructor for academic support.
 - c. Additional tutoring requirements:
 - i. Students earning less than 80% on any unit exam or 75% on any quiz must complete an additional tutoring session that week (total 2 hours)
 - ii. Focus of additional sessions will be remediation and content mastery
4. Program Orientation and Policy Review
 - a. Readmitted students will:
 - i. Receive the current MIS Student Handbook
 - ii. Review all program policies and expectations
 - b. Students must sign a formal acknowledgment confirming:
 - i. Understanding of program requirements
 - ii. Agreement to comply with all policies and procedures

5. Required Orientation Meeting
 - a. Prior to returning to the program, students must complete an orientation meeting with program officials.
 - b. This meeting will:
 - i. Review student expectations
 - ii. Clarify program requirements
 - iii. Address any questions prior to re-entry
6. Failure to comply with any requirement outlined in this policy, including attendance at PAC sessions, tutoring requirements, or orientation obligations, will result in disciplinary action, including program dismissal.

Student Policy 34

TITLE: Artificial Intelligence (AI) Use for Coursework

Original Approval Date: May 2026

Revision Date(s):

Purpose:

This policy establishes expectations for the ethical, responsible, and transparent use of Artificial Intelligence (AI) tools in all didactic and clinical coursework. It ensures academic integrity, protects patient information, and maintains compliance with institutional standards and professional expectations.

Definitions:

Artificial Intelligence (AI): Any digital tool that generates text, images, or other content (e.g., ChatGPT, Copilot, Grammarly AI).

Authorized Use: AI use explicitly permitted in assignment instructions or course documentation.

Unauthorized Use: Any AI use not explicitly permitted or that replaces original student work.

Policy:

Students are permitted to use AI tools only when authorized by the instructor and must do so in a manner that preserves academic integrity, demonstrates independent learning, and complies with all program, institutional, and legal requirements.

Use of AI does not replace the student's responsibility for original work, clinical reasoning, or competency development.

1. When approved by the instructor, students may use AI for:
 - a. Idea generation or brainstorming.
 - b. Clarifying concepts or reviewing content.
 - c. Editing grammar or formatting. (without altering meaning)
 - d. Practice questions or study assistance.
2. The following actions are strictly prohibited:
 - a. Submitting AI-generated work as original student work.
 - b. Using AI to complete exams, quizzes, check-offs, or competencies.
 - c. Using AI during clinical rotations or patient care activities.
 - d. Entering protected health information (PHI), patient data, or clinical site information into any AI system.
 - e. Using AI in any assignment where it is explicitly restricted.
3. Students must disclose all AI use in submitted work.
 - a. "AI was used with [describe task]. All final content reflects my own understanding."
 - b. Failure to disclose AI use constitutes academic dishonesty.
4. Unauthorized or undisclosed AI use will be treated as a violation of the program's Academic Integrity Policy and may result in:
 - a. Grade reduction or assignment failure.
 - b. Course failure.
 - c. Clinical probation or removal.
 - d. Program dismissal.

5. AI use is strictly prohibited in clinical settings due to:
 - a. Patient privacy laws (HIPAA compliance).
 - b. Safety and professional liability concerns.
 - c. Requirement for independent clinical competency.
 - d. Violation of this section may result in immediate clinical removal.

Student Policy 35

TITLE: Statement on Policies

Original Approval Date: May 2023

Revision Date(s): June 2026

Purpose:

To establish clear expectations regarding the application, interpretation, and revision of program policies.

Policy:

All policies contained within the Medical Imaging Sciences (MIS) Student Handbook are subject to revision at the discretion of program officials.

1. Revised policies become **effective immediately upon the date of revision**.
2. Notification of policy revisions will be provided to students through:
 - a. Electronic communication
 - b. Classroom or program announcements
 - c. Updates to the official MIS Student Handbook
3. The most current version of all policies is maintained in the **official program handbook**, which is available electronically.
4. In the event of a discrepancy between handbook policies and course-specific documentation, **information contained in the course instructional package will take precedence**.
5. Students are responsible for reviewing and adhering to all current program policies, including any revisions issued during enrollment.

IV. 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
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
Spring I				
SPC 205 Public Speaking	3	0	3	3
RAD 136- Procedures & Positioning II	2	3	3	5
RAD 115- Imaging II	3	0	3	3
RAD 175- Applied RAD III	0	15	5	15
14	26			
Summer II				
RAD 230- Procedures & Positioning III	3	0	3	3
RAD 201- Radiation Biology	2	0	2	2
RAD 256- Advanced Rad	0	18	6	18
11	23			
Fall II				
PSY 201- General Psych	3	0	3	3
RAD 210- Imaging III	3	0	3	3
RAD 205- Rad Pathology	2	0	2	2
RAD 268- Adv Rad II	0	24	8	24
			16	32
Spring II				
Humanities	3	0	3	3
RAD 103- Intro to CT	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		

V. Physical Requirements For Clinical Education

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

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

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

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

VI. Appendix A

1. HGTC Radiologic Technology Voluntary Declared Pregnancy Form
2. HGTC Radiologic Technology Pregnancy Undeclaration (Withdrawal) Form
3. Acknowledgement of Student Handbook
4. Acknowledgement of Student Handbook Revision

**Horry Georgetown Technical College
Radiologic Technology Program
Voluntary Pregnancy Declaration Form**

Student Name: _____

Student ID: _____

I, _____, voluntarily inform the Radiologic Technology Program of my pregnancy. I understand that:

- This declaration is completely voluntary and may be withdrawn at any time
- I will receive information regarding radiation safety practices to minimize fetal exposure
- A fetal dosimeter will be issued and must be worn as instructed
- I must comply with all radiation protection guidelines and program policies
- Clinical participation may be modified based on safety recommendations

I understand that failure to follow radiation safety guidelines may result in disciplinary action.

Estimated Due Date: _____ (Optional)

By signing below, I confirm that:

- I have been informed of my rights regarding pregnancy declaration
- I understand the risks associated with radiation exposure during pregnancy
- I have had the opportunity to ask questions
- I agree to comply with all program requirements

Student Signature: _____

Date: _____

**Horry Georgetown Technical College
Radiologic Technology Program
Pregnancy Undeclaration (Withdrawal) Form**

Student Name: _____

Student ID: _____

I, _____, voluntarily withdraw my previous declaration of pregnancy.

I understand that:

- This action removes any pregnancy-related clinical accommodations
- I will be treated as a non-declared student under standard radiation safety guidelines
- The program will no longer apply fetal radiation exposure limits
- This decision is final unless a new declaration is submitted in writing

By signing below, I confirm that:

- I am voluntarily withdrawing my pregnancy declaration
- I understand the implications of this decision
- I have had the opportunity to ask questions prior to signing

Student Signature: _____

Date: _____

**Horry Georgetown Technical College
Radiologic Technology Program
Acknowledgement of Student Handbook**

I have read the contents of the Clinical Manual and agree to adhere to the policies and procedures of the Radiologic Technology Program. I acknowledge that I am responsible for knowing the contents of the Clinical Manual.

I understand that the policies and procedures are subject to revision, and I will be notified of any changes by the Program Director and will be required to sign the Acknowledgement of Clinical Manual Revision Form.

Student Name (Print): _____

Student Signature: _____

Date: _____

**Horry Georgetown Technical College
Radiologic Technology Program
Acknowledgement of Student Handbook Revision**

I have read the revised Clinical Manual and agree to adhere to the policies and procedures of the Radiologic Technology Program. I acknowledge that I am responsible for knowing the contents of the Clinical Manual.

Policies Revised and Reviewed: _____

Student Name (Print): _____

Student Signature: _____

Date: _____

VII. Appendix B

Reference links

HGTC's policies library:

https://www.hgtc.edu/about_hgtc/administrativedepartments/humanresources/policiespractices_procedures.html

The College Catalog:

<https://www.hgtc.edu/academics/collegecatalog.html>

Student Code and Grievance Policy located at:

<https://www.hgtc.edu/documents/policys/Chapter9/9.3.7-policy.pdf>

Student Code Vice President for Student Affairs located at:

<https://www.hgtc.edu/documents/policys/Chapter9/9.3.7.1-procedure.pdf>

Student Grievances Vice President for Student Affairs located at:

<https://www.hgtc.edu/documents/policys/Chapter9/9.3.7.2-procedure.pdf>

AART standards are located at:

<https://assets-us-01.kc-usercontent.com/406ac8c6-58e8-00b3-e3c1-0c312965deb2/6bf7867c-b0fa-4773-ae18-2ebd78023931/arrt-standards-of-ethics.pdf>

The Joint Review Committee on Education in Radiologic Technology (JRCERT) has a process for reporting accreditations non-compliance allegations. The form is located at:

<https://www.jrcert.org/wp-content/uploads/2022/12/Allegations-Reporting-Form.pdf>