

Computed Tomography Program Handbook



Radiologic Technology Department

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Winter/Spring

The Computed Tomography (CT) program at Mt. SAC is a two semester certificate program open to Technologist who possess a valid California Certified Radiologic Technologist (CRT) license and are certified and registered by the American Registry of Radiologic Technologists (ARRT) in one of the following supporting disciplines: Radiologic Technology, Nuclear Medicine (or NMTCB), or Radiation Therapy. The program provides a complete educational experience for registered Radiologic Technologists (RTs) who wish to expand their skills into the study of the theory and practice of CT.

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Program Mission

The mission of the Computed Tomography (CT) Program is to prepare competent and professional entry level CT Technologist. Students will be provided with a comprehensive curriculum in the study and clinical practice of CT that addresses evolving technical skills, communication, and critical thinking. It is our goal to provide the necessary clinical and academic experiences to enable students to successfully earn ARRT CT certification.

The CT Program's mission is consistent with the College's mission in that it supports students in achieving their full educational potential in an environment of academic excellence.

Program Goals

1. To provide educational experiences that prepare students to enter the healthcare community as CT Technologists
 - Program curriculum will be up to date with current California state certification educational requirements, ARRT educational requirements, and ASRT Computed Tomography curriculum
 - Clinical experience will be in compliance with California state law
 - Program faculty will be qualified and meet requirements to maintain ARRT credentialing
 - Program curriculum will maintain clinical affiliations enabling students to become competent entry-level CT Technologists
2. To prepare clinically competent entry-level CT Technologists
 - Students will develop workforce readiness skills
 - Students will apply accurate positioning skills and provide appropriate patient care
 - Students will select optimal technical factors
 - Students will utilize appropriate radiation protection and ALARA principles
 - Students will demonstrate academic and technical competence as an entry-level CT Technologists
3. To develop CT Technologists who utilize exceptional communication skills
 - Students will communicate effectively with patients, clinical staff, and peers
 - Students will demonstrate effective written and verbal communication skills in didactic and clinical settings
4. To develop CT Technologists who use critical thinking and problem-solving skills to perform job-related functions
 - Students will use critical thinking skills in both routine and non-routine clinical situations
 - Students will adapt standard procedures for non-routine patients
 - Students will analyze images to determine diagnostic quality and make modifications as needed

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5. To develop CT Technologists who perform CT procedures professionally
 - Students will exhibit professional work ethic, behavior, and attitude
 - Students will abide by the ASRT Code of Ethics
 - Students will use professional judgment when working with patients and others
6. To encourage students/graduates to invest in continued personal and professional growth
 - Students will identify the advantage of belonging to professional organizations
 - Students will understand the need for continued professional development and growth
 - Students will participate in professional development activities
7. To meet the employment demands of the medical community
 - Students will pass the ARRT certification exam in CT
 - Students will secure employment as a CT Technologist within one year of program completion

Program Overview

The Computed Tomography (CT) program at Mt. SAC is a two semester certificate program open to Technologist who possess a valid California Certified Radiologic Technologist (CRT) license, and are certified and registered by the American Registry of Radiologic Technologists (ARRT) in one of the following supporting disciplines: Radiologic Technology, Nuclear Medicine (or NMTCB), or Radiation Therapy.

The Computed Tomography (CT) program provides a complete educational experience for Certified Technologists who wish to pursue advanced certification in the field of CT. Students will gain knowledge and develop competence in patient care, communication skills, critical thinking, and technical skills that will prepare the student to become a competent entry level CT Technologist.

Program curriculum is designed to meet the CT educational and clinical training requirements set forth by the American Registry of Radiologic Technologist (ARRT). The educational standards established by the American Society of Radiologic technologists (ASRT) are incorporated into the curriculum. Educational activities include lecture, discussions, group activities, and hands-on clinical training.

The program includes:

- ARRT clinical experience requirements and content specifications
- ARRT 16 hour structured education requirement
- Course work in cross sectional anatomy, pathology, patient care and safety, CT procedures, equipment, image evaluation, instrumentation, technique, physics, quality assurance, and quality control.

Upon completion of the program, Radiologic Technologist certified and registered by ARRT in a supporting discipline will be eligible to apply for ARRT certification and registration in CT.

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Computed Tomography & Role of the CT Technologist

Computed Tomography (CT) is a sophisticated diagnostic imaging modality that captures cross-sectional images of the patient utilizing ionizing radiation and a computer. CT can be used to image many parts of the body, such as the head, neck, chest, abdomen, pelvis, spine, and extremities. CT plays a vital role in diagnosing trauma patients.

CT Technologists are highly-trained professionals who work with specialized x-ray equipment to produce diagnostic images of the body that will assist the radiologist in diagnosis, and treatment of disease and injury. Technologists also ensure the safety and well-being of the patient. CT Technologist must be knowledgeable of anatomy, able to make judgments about the formation of the image, and able to perform CT procedures in an efficient and competent manner. CT Technologists work closely with patients, fellow technologists, radiologists, and members of the healthcare team. Professional duties include providing quality patient care, operating sophisticated equipment, performing routine & emergency procedures, recording a patient's clinical history, preparing patients for procedures, evaluating images for technical quality, assisting with interventional procedures, observing radiation protection measures, processing/reconstruction of images, and participating in quality assurance measures.

Employment Outlook

The U.S. Bureau of Labor Statistics (USBLS) lists Computed Tomography (CT) Technologists under Radiologic Technologists (RT). According to the USBLS, employment of RTs is projected to grow 7 percent from 2019 to 2029, faster than the average for all occupations. As the population grows and ages, there will be an increase in medical conditions which will increase demand for diagnostic imaging. In addition, federal health legislation will expand the number of patients who have access to health insurance, increasing patient access to medical care.

An RT with an associate's degree in Radiologic Science can move into a career at a hospital, healthcare clinic, urgent-care center or managed-care facility and earn a comfortable living. Others can obtain additional certification and training (such as CT) to advance their careers or to move into another specialty.

The demand for well-qualified CT Technologists is on the rise as CT is continuing to become a frontline diagnostic tool, often the first choice of imaging because of its accuracy. Faster CT scanners, expansion of the types of CT procedures performed, and hospital accreditation standards have also increased demand for qualified CT Technologists. On the job training of Technologists does not meet the educational needs of today's CT technologist; therefore, RT's with advanced certification in CT will be very marketable to employers. Some institutions will reward technologist who have earned advanced CT certification with a salary increase. Since the CT program is so unique, graduates are likely to be readily employed upon successfully passing the ARRT CT examination.

The most recent occupation outlook data is available to the public. Current information is provided by Bureau of Labor Statistics, *U.S. Department of Labor, Occupational Outlook Handbook*, Radiologic and MRI Technologists, on the Internet at <https://www.bls.gov/ooh/healthcare/radiologic-technologists.htm>

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ARRT Structured Education & Clinical Experience Requirements

Candidates pursuing certification and registration in computed tomography (CT) must be registered with the ARRT in Radiography, Nuclear Medicine Technology (registration with NMTCB is also accepted), or Radiation Therapy. In addition, candidates must document completion of the [CT Clinical Experience Requirements](#). To start documenting procedures, log in to [My ARRT Info](#) and click "Pursue Post-Primary Certification and Registration."

Beginning January 1, 2018, candidates must also document completion of 16 hours of structured education. Learn more about [ARRT's education requirements](#).

Admission Process

The Computed Tomography (CT) Certificate Program has special admission requirements and limited enrollment. This program is open to Technologist currently ARRT certified and registered in Radiologic Technology, Nuclear Medicine, or Radiation Therapy. Applicants are responsible for ensuring that all admission requirements below are met, and all documents are submitted on time.

Application

1. Apply to Mt. San Antonio College and be accepted as a student.
2. Complete a Mt. SAC Computed Tomography Program Application. Submit the application with supporting documentation via email to mvillegas32@mtsac.edu. Applications are available on the Mt. SAC CT Program website. All applications are dated upon receipt.
 - a. The application window is between Sept 1st – Oct 1st. Only complete applications will be considered for admission.

Admission Requirements

In addition to meeting Mt. San Antonio College academic standards for admission, applicants must be in good standing and satisfy the following requirements **prior** to program admission:

1. Be 18 years of age.
2. Possess a valid Social Security Card. This is a licensed profession, and a valid Social Security Number is required to obtain national licensure.
3. Possess a valid and current California Diagnostic Radiologic Technology Certificate. Certification must be maintained throughout the program.
4. Be Certified and Registered by the ARRT in one of the following supporting disciplines: Radiologic Technology, Nuclear Medicine Technology Certification Board (or NMTCB), or Radiation Therapy. Certification must be maintained throughout the program.

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5. Possess current American Heart Association: Basic Life Support (BLS) for Healthcare Providers CPR certification.
6. Submit a CT Program application.
7. Complete a physical examination, including specific immunizations and drug testing. Drug testing procedures will be provided upon admission.
8. Complete a background check indicating a passing clearance. A valid Social Security number is required to complete this process. Information on background check procedures and clinical affiliate's review of results will be provided upon admission.
9. Complete site-specific clinical requirements if applicable.
10. Attend a mandatory program orientation.
11. Meet the following **Essential Functions for Success** in the Radiologic Technology Program:

Communication Skills

- Must possess effective English communication skills (speaking, reading, and writing)

Physical Demands

- Perform prolonged, extensive, or considerable standing/walking, lifting positioning, pushing, and/or transferring patients
- Possess the ability to perform fine motor movements with hands and fingers
- Possess the ability for extremely heavy effort (lift/carry 50 lbs. or more)
- Perform considerable reaching, stooping, bending, kneeling, and crouching
- Respond rapidly to situations involving the health and safety of patients
- Function adequately under stressful situations

Sensory Demands (May be corrected with adaptive devices)

- Color vision: ability to distinguish and identify colors
- Distance vision: ability to see clearly 20 feet or more
- Depth perception: ability to judge distance and space relationships
- Near vision: ability to see clearly 20 inches or less
- Hearing: able to recognize a full range of tones

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Work Environment

- May be exposed to infectious and contagious disease, without prior notification
- Regularly exposed to the risk of blood borne diseases
- Exposed to hazardous agents, body fluids and wastes
- Exposed to odorous chemicals and specimens
- Subject to hazards of flammable, explosive gases
- Subject to burns and cuts
- Contact with patients having different religious, culture, ethnicity, race, sexual orientation, psychological and physical disabilities, and under a wide variety of circumstances
- Handle emergency or crisis situations
- Subject to many interruptions
- Requires judgment/action which could result in death of a patient
- Exposed to products containing latex

Selection

Selection of students is lottery based. Applications are selected through a computerized, random process. Applicants who are not selected can reapply the following year.

The Department will make every effort to notify the applicant of admission no less than one month prior to program commencement.

Program Requirements

All CT students must

1. Receive a minimum grade of 78% (C) in each CT course
2. Maintain current CPR certification for the duration of the program
3. Must abide by policies and procedures described in the CT program handbook
 - a. Student placement in the clinical education component of the program is determined each semester. Misconduct in the clinical education site may result in loss of clinical placement and/or program dismissal.
4. Meet program competency requirements
5. Complete 17 units including required number of clinical hours. Curriculum information and courses are listed on pages 9-10. Students must follow program curriculum as defined at the time of acceptance to the program.

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6. Complete clinical education coursework (within two years) to satisfy ARRT certification requirements
 - a. For more information on ARRT CT certification and clinical experience requirements, visit their website at <https://www.arrt.org/arrt-reference-documents/structured-education-requirements>
 - b. All clinical experience documentation must be completed and may be requested from ARRT if the student is audited.

Curriculum

The Computed Tomography (CT) curriculum was developed utilizing the American Registry of Radiologic Technologist educational and clinical experience requirements, and the American Society of Radiologic Technologist CT curriculum.

The didactic component of the curriculum consists of three courses. Curriculum includes topics such as cross sectional anatomy, pathology, patient care, CT procedures, equipment, image evaluation, instrumentation, technique, physics, and quality assurance/quality control.

The clinical component of the curriculum involves hands on clinical training over 22 weeks. Clinical training will take place at a Mt. SAC affiliated clinical site. Program officials will determine the student's clinical placement. There is no guarantee the student will be placed close to home. Clinical training hours are **arranged with the clinical site** (days and times will vary depending on the site). Hours may be scheduled between the hours of 6:30am-10pm, Monday- Sunday. The student is expected to be responsible to the clinical site by being punctual, dependable and cooperative.

At the completion of the program, the student will have completed 486 clinical hours, and 144 didactic hours. The student will have proven competent in all clinical experience requirements as defined by the ARRT.

Transfer Credit

- Due to differences in program structure, transfer credit is not available for outside CT courses.

Course Descriptions

RAD 70

Detailed study of gross anatomical structures will be conducted systematically for location, relationship to other structures, function, and common pathologic conditions. Anatomical structures are located and identified in axial (transverse), sagittal, coronal and orthogonal (oblique) planes with a focus on the characteristic appearance of each anatomical structure and pathology as it appears on Computed Tomography images.

RAD 71

Procedures for Computed Tomography (CT) imaging of adults and pediatric patients. Procedures include, but are not limited to, indications for procedure, patient care and safety, positioning, contrast media usage, patient assessment, scout image, selectable scan parameters and archiving of the images. CT procedures will be

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taught for differentiation of specific structures, patient symptomology and pathology. CT images studied will be reviewed for quality, anatomy and pathology.

RAD 72

Physical principles and instrumentation involved in Computed Tomography (CT). Physics topics covered include x-radiation in forming the CT image, CT beam attenuation, linear attenuation coefficients, tissue characteristics and Hounsfield numbers application. CT system and operations, the CT process, image quality, and radiation protection practices for the CT patient will be covered.

RAD 7A

Computed Tomography clinical experience in the radiology department of affiliated clinical sites under the supervision of a registered Radiologic Technologist, supervisor or physician. Emphasis on Computed Tomography procedures of the head, neck, spine, musculoskeletal, chest, abdomen, pelvis, and special procedures. Image display, post processing and quality assurance is included. Intended for students enrolled in Computed Tomography Certificate Program. Health physical, background check, drug test, and CPR certification is required. Prior to enrolling in this course, student must possess a valid California Certified Radiologic Technologist (CRT) license and be certified and registered by the American Registry of Radiologic Technologists (ARRT) in one of the following supporting disciplines: Radiologic Technology, Nuclear Medicine (or NMTCB), or Radiation Therapy.

RAD 7B

Continued Computed Tomography clinical experience in the radiology department of affiliated clinical sites under the supervision of a registered Radiologic Technologist, supervisor or physician. Emphasis on Computed Tomography procedures of the head, neck, spine, musculoskeletal, chest, abdomen, pelvis, and special procedures. Image display, post processing and quality assurance is included. Intended for students enrolled in Computed Tomography Certificate Program. Health physical, background check, drug test, and CPR certification is required. Prior to enrolling in this course, student must possess a valid California Certified Radiologic Technologist (CRT) license and be certified and registered by the American Registry of Radiologic Technologists (ARRT) in one of the following supporting disciplines: Radiologic Technology, Nuclear Medicine (or NMTCB), or Radiation Therapy.

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Course Schedule

Required: A grade of 78% (C) or better in all RAD courses is required for all students.

Winter Semester (6 weeks)			
Course	Description	Credit	Schedule subject to change
RAD 7A	Computed Tomography Clinical Experience 7A	2	18 Weekly Arranged Hours
RAD 70	Computed Tomography Sectional Anatomy and Pathology	2	M, T, & TH 6:00pm-7:50pm
Spring Semester (16 weeks)			
Course	Description	Credit	Schedule
RAD 71	Computed Tomography Procedures and Patient Care	3	T & Th 4:25pm – 5:50pm
RAD 72	Computed Tomography Physics and Instrumentation	3	T & Th 6:00pm-7:25pm
RAD 7B	Computed Tomography Clinical Experience 7B	7	24 Weekly Arranged Hours
Total semester credit hours in program		17	

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Clinical Affiliates

Currently, the department has clinical affiliations with the healthcare facilities listed in *Appendix I*.

To add a clinical site, the applicant must request approval from the site's radiology administrator to complete clinical hours at the site. Once approved, the applicant is responsible for meeting with the Program Director to provide contact information, and initiate an affiliation agreement:

The program cannot guarantee a new clinical site can be added for all prospective students. Admission to the program is contingent upon a finalized affiliation agreement.

Program Director: Monique Neel, mneel@mtsac.edu, (909) 274-4680

Clinical Experience Exemption

Exemption for RAD 7A and RAD 7B clinical courses is an option. This option is available to applicants who have CT clinical experience, and only wish to enroll in the didactic portion of the program. The applicant must provide documentation of completing the ARRT Clinical Experience Requirements. A copy of the ARRT "progress" page must be submitted to the Program Director for review. If approved, the applicant will be exempt from the clinical course(s). If the clinical experience is not approved, the applicant must enroll in the clinical course(s).

Costs

MtSAC has an enrollment fee of forty-six dollars \$46 per unit (subject to change) plus material fees, health service fees, college service fees, parking fees, etc. Nonresident students are also required to pay nonresident tuition fees. Please visit the college's [Fees website](#) or the college catalog for current fee information. The expense of enrollment, annual physical examinations, parking, uniforms, textbooks and related expenses, (i.e. transportation to school and to and from the clinical facilities) are at the student's expense. Scholarships and loan funds are available. Please contact [Mt. SAC's Financial Aid Office](#) for further information.

Program students have program specific fees in addition to college fees. The following is a list of expenses and approximate costs:

Student Expenses

Background Check	Approx. \$42
Drug Screening	Approx. \$20
Uniforms	Approx. \$20 to \$40 each
Physical examination	Approx. \$115 for first year; \$50 following semesters
Textbooks	Approx. \$400 for first semester; \$160 following semesters
Licensing Fees	Approx. \$500
CPR course	\$65 (renewal \$45)
Transportation	Must have own transportation
Meals	Not provided by the hospitals or the college

** College fees and student expenses are subject to change each year*

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Attendance & Enrollment

Attendance

Students are expected to attend all class meetings. Professors are responsible for communicating course attendance policies to students. Becoming knowledgeable of those policies is the student's responsibility.

Registering for Courses

As a student at Mt. SAC, students must register for classes via the online student portal. Instruction on registering for classes is available on the college's [admission/add webpage](#). Registering for required courses is the responsibility of the student. Students may contact the Student Services Center for assistance.

Dropping Courses

Students are responsible for dropping or withdrawing from courses they no longer attend. Students should check their schedule/receipt, available on the Mt. SAC Portal for information regarding key dates. Dates vary and are often course specific. Instruction on dropping courses, timelines, and resulting academic grades is available on the college's [admissions/drop webpage](#). Failure to drop a class may result in a failing grade and/or a financial obligation to the college.

Professors may drop students for excessive absences as defined by the professor.

Auditing Courses

Students may not audit courses at Mt. San Antonio College. All students must be officially enrolled in a course to attend the course.

Jury Duty Policy

As a civic duty, students may be required to serve for jury duty while enrolled in the program. Students are responsible for notifying faculty immediately when summoned. Faculty may be able to aid postponement of jury duty until completion of the program by providing a letter confirming current enrollment in the program. Students are responsible for requesting the initial postponement of the summons, not faculty. Failure to comply with this policy may result in the program's inability to accommodate the student with academic and clinical accommodations.

Voluntary Withdrawal Policy

Students may find it necessary to withdraw from the program for a variety of reasons. Regardless of the reason, every admission is considered one entry into the program. If a student leaves the program in good standing, the student is eligible to re-enter the program a second time.

Readmission Policy

Students who fail a course and/or withdraw from the program, will be eligible for **one** program readmission. Readmission must take place within one year of leaving the program. If a student fails a course and/or withdraws the program a second time, the student is no longer eligible for program readmission (2 admissions maximum). The program may allow an exception to this policy based on defined extenuating circumstances. Students should contact the Department Chair to petition for readmission based on the extenuating circumstances.

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Readmission consideration is only available to students who leave the program in **good standing**. Recognizing the primacy of patient safety and ethical conduct of health care professionals, the program reserves the right to dismiss students from the program without the opportunity for readmission. Students who leave the program not in a good standing position, are not eligible for program readmission. For example, students who leave the program due to gross negligence, violation of the Standards of Conduct, Honor Code, or other college/program/course/ governing body policy are not eligible for readmission, as the student did not leave the program in good standing.

To be considered for readmission, student must complete the following requirements:

1. Send a request for readmission to the department chair using the readmission application no less than *five (5) months* prior to their intended readmission date.
 - If a student left the program for medical reasons, a medical examination and signed medical release from a physician must accompany the request for readmission.
2. Once the department chair approves the readmission of the student, the student must complete the following program requirements:
 - Physical examination (including TB test [PPD or chest x-ray], proof of required vaccinations, drug testing, etc...)
 - Background check
 - Submit copy of current American Heart Association: Basic Life Support (BLS) for Healthcare Providers CPR certification.

All of the above requirements must be met prior to program readmission.

College Assistance

Student Support Services

MtSAC offers a number of support programs for students in all different types of situations. For example, students can learn about financial aid opportunities, various counseling services, career services, CalWORKS, and disabled student services.

Students and the public can access the services through the [Student Support Services Website](#) or by the visiting the appropriate student service building on campus.

Financial Aid

Mt. SAC offers a variety of financial aid programs funded by the federal and state governments and private sources, including the Mt. SAC Foundation. Information is available on the college's [Financial Aid](#) webpage.

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Academic Support and Achievement

The Academic Support and Achievement Center places the success of students and the support of faculty at the heart of our mission by providing quality supplemental learning opportunities, instructional resources and a highly qualified and trained staff to enhance the learning process and increase academic success. Information is available on the college's [Academic Support and Achievement Center webpage](#).

English as a Second Language (ESL)

To succeed in the program, students must possess effective communications skills. Thus, applicants who are non-native speakers should seek assistance from MtSAC's ESL program. The program is designed to help improve student language, study skills, job skills, and general English communication skills. Information is available on the college's [ESL](#) page.

Students with Disabilities

Students with disabilities may need counseling, instruction, and special accommodations while enrolled in the program. Information on services is available on the college's [Accessibility Resource Center](#) webpage.

Family Educational Rights And Privacy Act (FERPA)

The Family Educational rights and Privacy Act affords students certain rights with respect to their educational records. See the college's [Student's Rights and Policies](#) webpage to review these rights.

College Policies Safeguarding the Health and Safety of Students

Institutional policies and procedures assure students are protected. Policies address areas such as emergency preparedness, harassment, communicable diseases, campus safety, standards of conduct, and substance abuse. Policies and procedures meet federal and/or state requirements as applicable.

Students may access College Board Policies (BPs) and Administrative Procedures (APs) on the college's [Board Policies \(BPs\) and Administrative Procedures \(Aps\)](#) webpage. The APs and BPs provide detailed information on all institutional policies.

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Student Injury Policy

Per Ed. Code 78249:

The community college district under whose supervision work-experience education, or occupational training classes held in the community, as defined under the section 3200 of the California Labor Code of persons receiving training unless the persons during the training are being paid a cash wage or salary by a private employer, or unless the person or firm under whom those persons are receiving work experience or occupational training elects to provide workers' compensation insurance.

Pursuant to the Workers' Compensation Mt SAC participates in a medical provider network for industrial injuries. Students shall seek treatment at designated work injury clinics for all industrial related injuries occurring during clinical education.

The Faculty Member will [follow Mt SAC's Worker's Compensation Policies and Procedures](#) for all clinical student injuries/incidents. With assistance from the Clinical Instructor and the Student, the Faculty Member must complete and submit the relevant forms within 24 hours of the reported injury/incident.

Relevant forms are available for download on the [Risk Management website](#).

Forms shall be emailed to **risk@mtsac.edu**

Quick Reference Guide for Clinical Off-Site Student Injuries

Step 1: The student must report the injury to the Clinical Instructor, and Faculty Member, *immediately*.

- If the injury **is of critical nature**, during or after business hours, CALL 911. The student may be treated at any Emergency Medical Facility.
 - If the injury is **not of critical nature**, the student shall seek medical treatment with one of the providers listed below. This applies to injuries occurring during or after business hours. After hour injuries will require the student to seek medical treatment the following day.
 - Any follow-up care must be at a COMP or Concentra facility.
-
- **Central Occupational Medicine Provider (COMP)**
 - 18575 E. Gale Ave. Ste#155 City of Industry, CA 91748
 - Monday through Saturday 9:00 a.m.-6:00 p.m.
 - **Concentra**
 - 801 Corporate Center Dr. Suite 130, Pomona, CA 91768
 - Monday – Friday 7:30 am to 6 pm
 - **Kaiser Permanente**
 - 12801 Crossroads Parkway S. City of Industry, CA. 91746
 - Monday – Friday 8:30 am to 5 pm

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Step 2: With assistance from the Clinical Instructor and Student, the Faculty Member must complete the following forms:

1. *“Manager’s Report of Employee Injury/Incident Form.”* This form must be completed and submitted to Risk Management within 24 hours.
 - a) The following forms are to be provided to the student if able:
 - *“Industrial Injury Medical Treatment Authorization Form”*
 - *“Worker’s Compensation Claim Form (DWC 1)”*
2. *“Declination of Medical Treatment Form”* only if the student indicates he/she is declining medical treatment on the *“Manager’s Report of Employee Injury/Incident Form.”* This form must be submitted, with the *“Manager’s Report of Employee Injury/Incident Form,”* to risk management.

The Faculty Member is responsible for ensuring the relevant forms are submitted to Mt. SAC’s Technology and Health Division Office, and the Risk Management department within 24 hours of the reported injury/incident. Also, the faculty member will provide additional forms to the student if necessary.

Quick Reference Guide for On-Campus Student Injuries

1. If the injury **is of critical nature**, CALL 911.
2. If the injury **is not of critical nature**, direct the student to Student Health Services for care and instruction. Student Health Services will complete the necessary forms.

Post-Injury Physical Examination

A student injured while enrolled in the program, may be required to obtain a physical examination by a physician prior to returning to the clinical training site. This requirement applies to injuries occurring during, or outside of Mt. SAC courses. The goal of the physical examination is to determine whether the student is fit to perform his or her clinical duties without risk to himself or others. Once the physician has cleared the student, the student must obtain clearance documentation from the physician. The student is required to submit the documentation to the faculty member prior to returning to clinical training.

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Student Conduct

MtSAC Standards of Conduct and Discipline Procedures

There are times when students engage in behavior that could constitute a violation of the MtSAC Standards of Conduct Policy. We believe students should be aware of their rights and responsibilities. Therefore, program students are responsible for familiarizing themselves with the MtSAC Standards of Conduct and Discipline Procedures. This information is available in *Appendix II* and the college's [Student Life](#) webpage. Below is a brief description of their purpose.

Standards of Conduct

The Mt. San Antonio College Standards of Conduct are designed to ensure the safety of all individuals at the College and to promote a positive educational environment that is conducive to learning. All students are required to abide by the Standards of Conduct Policy and failure to do so may result in disciplinary action such as a verbal or written reprimand, required sanctions, suspension and/or expulsion.

Student Discipline Procedures (AP 5520)

The purpose of the Student Discipline Procedures is to provide a fair, prompt, and equitable means to address violations of the Standards of Conduct Policy, and not for purposes of retaliation. This procedure affords students due process rights guaranteed by state and federal constitutional protections. It is not intended as a substitute for criminal or civil proceedings that may be initiated separately.

Code for Clinical Conduct

The following are examples of conduct for which a student may receive "No Pass" for the clinical course and shall constitute good cause for discipline, including but not limited to the removal, suspension or expulsion of a student.

1. Violating program codes and policies (e.g., Clinical Attendance Policy, Direct & Indirect Supervision Policy, Clinical & Lab Attire Policy, Academic Honesty Policy, Standards of Conduct Policy, Honor Code, ARRT Standards of Ethics)
2. Failure to respect confidential nature of hospital records and information regarding patients.
3. Deliberate altering, removing, or destroying hospital property.
4. Willful falsification of patient/student records.
5. A non-explanatory refusal to follow instruction from supervisors or other proper authority.
6. Physical attack on any person during clinical hours or on facility grounds.
7. Discourteous and/or disorderly behavior.
8. Malicious gossip or verbal attack toward hospital personnel or students.
9. Critiquing technologists, hospital staff, or physicians.
10. Attempt, or commit theft of any item not belonging to the student (including patient's property);
11. Possession of dangerous drugs or alcohol. Reporting on duty or attempting to work while under the effect of drugs or alcohol.

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12. Gross negligence or conduct contrary to accepted rules/standards of practice/ethics that compromises patient, and other's, safety and welfare (physically and/or emotional). Extreme departure, which under similar circumstances, would have been exercised by a student of the same level.
13. Practice in an unsafe manner or outside the scope of professional training (e.g., performing venipuncture, catheterization, procedures without an order, etc).
14. Performing RT procedures outside of program courses/hours, with or without approval from the site, and with or without pay.
15. Soliciting or unauthorized selling on hospital premises.
16. Abandonment of assignment. Leaving an assigned clinical area prior to the end of the designated schedule without the permission of the clinical instructor.
17. Smoking or eating in unauthorized areas.
18. Unwilling to recognize own limitations & refusing assistance from technologists when appropriate.
19. Working ineffectively with technologists and hospital staff in a team environment.
20. Serious violations of the policies, procedures, and standards of care of the clinical setting to which the student is assigned.
21. Use of electronic devices (e.g., cell phone, smart watch, ipad) during class or clinical time, unless permitted by the professor or supervising technologist. ***Note: Use of electronic devices is not allowed in clinical areas at any time. Devices may be used during designated breaks and lunch time only.***

ARRT Standards of Ethics

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

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

The Standards of Ethics of The American Registry of Radiologic Technologists (ARRT) applies to **persons applying for certification and registration by ARRT in order to become Certificate Holders ("Candidates")**. The Standards of Ethics are intended to be consistent with the Mission Statement of ARRT, and to promote the goals set forth in the Mission Statement. Thus, program students are responsible for familiarizing themselves with the ARRT Standards of Ethics. Faculty have a duty to report standard violations to the ARRT whether or not the patient suffered any injury.

Information on the ARRT Standards of Ethics, including the code of ethics, rules of ethics, and administrative procedures is available in ***Appendix III*** and the [ARRT website](#)

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Honor Code

The program's Honor Code promotes an atmosphere of ethical and responsible behavior, and reinforces the importance of honesty and integrity. This includes student performance on all assignments and examinations, as well as student conduct in the classroom and clinical setting. Violations of the Honor Code may also constitute violations of the Mt. SAC Standards of Conduct, the program's Code for Clinical Conduct, and the ARRT Standards of Ethics.

The ARRT, in alignment with its Standards of Ethics, supports programmatic implementation of Honor Codes in order to meet ARRT certification standards. All candidates for ARRT certification and registration are required to disclose whether they have ever had any license, registration, or certification subjected to discipline by a regulatory authority or certification board (other than ARRT), as well as any honor code violations that may have occurred while they attended school. All candidates must sign a written consent under the Family Educational Rights and Privacy Act (FERPA). This consent allows ARRT to communicate freely and openly with Program Directors and to obtain student educational records concerning violations of an Honor Code.

Purpose

The objective of the Honor Code is to foster a sense of trust, responsibility, and professionalism among students. The code's fundamental goals are to promote ethical behavior, to ensure the integrity of the academic enterprise, and to develop in students a sense of responsibility to maintain the honor of the healthcare professions.

Student Responsibilities

Students will not:

1. Violate ARRT Standards of Ethics
2. Cheat, plagiarize, or engage in academic dishonesty with or without the aid of electronic devices;
3. Give or receive unpermitted aid during assessments or assignments;
4. Impede other students to fair and equal access to educational opportunities;
5. Falsify records or eligibility requirements (e.g., clinical competencies);
6. Forge or alter any document (e.g., qualifications, patient care);
7. Abuse, neglect, or abandon a patient;
8. Engage in sexual contact without consent or harass any member of the community, including patients;
9. Conduct in an obscene or offensive manner;
10. Practice in an unsafe manner or outside the scope of professional training (e.g., performing venipuncture, catheterization, procedures without an order, etc);
11. Performing RT procedures outside of program courses/hours, with or without approval from the site, and with or without pay.
12. Violate patient confidentiality (HIPAA);
13. Attempt, or commit theft of any item including patient's property;
14. Accept services in the clinical setting without a physician's order. Accepting free services constitutes stealing from the clinical setting.
15. Attend class or the clinical setting while under the influence of alcohol, drugs, or other substances.
16. Fail to participate in enforcement of this code. Enforcement is a student's responsibility and failure to take appropriate action is in itself a violation of the Code.

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No code can explicitly enumerate all conceivable instances of prohibited conduct. In situations where the boundaries of proper conduct are unclear, the student has the responsibility to seek clarification from the appropriate faculty member(s), Department Chair, or clinical staff member.

Faculty Responsibilities

Faculty members have the responsibility to participate in the clarification, promotion, and enforcement of the Honor Code. Faculty play an integral role in maintenance of the Honor Code.

Procedures in the Event of Honor Code Violations

- Failure to abide by the program's Honor Code constitutes good cause for discipline, including but not limited to the removal, suspension or expulsion of a student. See the program's Probation and Dismissal Policy.
- Violations of the Honor Code may also constitute violation of Mt. SAC's Standards of Conduct. Mistakes can be made and, as with any other threat to a student's right to maintain enrollment, a means of due process is available. See MtSAC's [Student Discipline Procedures \(AP 5520\)](#).

Student Complaint & Grievance Process

Student Complaints and Grievances

Students are protected against capricious, arbitrary, unreasonable, unlawful, false, malicious or professionally inappropriate evaluations or behavior by a faculty member, a staff member, an administrator or an official of the College or another student. Student complaints may be classified as grievances and fall into one of three categories: Academic, Non-Academic, and Discrimination. The forms and procedures for grievances are located on the College's student life webpage under [Student Complaints and Grievances](#).

Non-Grievance Student Complaints

Student complaints, apart from those that require invoking the grievance procedure, shall submit the complaint directly to the Department Chair (DC).

- The student must provide the information regarding the complaint as thoroughly as possible. The complaint must be submitted within 10 business days of the alleged conflict or action to the DC.
- The DC will review the information provided, meet with the student within 10 business days, and initiate an investigation if needed. Every effort will be made to resolve the complaint; however, the resolution of all complaints may not be possible at the department level. Serious complaints may need to be forwarded to the appropriate personnel or department.
- If, after the complaint has been reviewed and investigated by the DC, the student is not satisfied with the outcome of the complaint, the student may contact the office of Student Life at (909) 274-4525 to pursue filing of a formal grievance.

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Probation & Dismissal Policy

Students enrolled in the Radiologic Technology (RT) Program must meet course requirements and objectives. Students are also responsible for adhering to the codes, policies, and regulations established by the Board of Trustees (see college catalog), the California Department of Public Health, the Technology and Health Division, the RT Program, and RT Courses. Students should review the college policies included in the college catalog/website, program policies located in the RT Student Handbook, and course specific policies located in course syllabi. Students not complying with the aforementioned policies and procedures are subject to probation and/or dismissal.

Indication for Probation

1. Failure to meet specific course objectives, critical elements, and/or course policies identified in the course syllabus.
2. Inability to apply Patient Care and Safety practices including the practices listed on the clinical evaluation.
3. Inability to apply Technical Skills including the technical skills listed on the clinical evaluation.
4. Inability to meet Professional Conduct Standards including the conduct listed on the clinical evaluation.
5. Failure to submit clinical requirements within specified time frames (e.g. physical forms)
6. Violation of clinical policies, procedures, and standards of care.
7. Violation of program codes and policies (e.g., Clinical Attendance Policy, Direct & Indirect Supervision Policy, Clinical & Lab Attire Policy, Academic Honesty Policy, Standards of Conduct Policy, Honor Code, ARRT Standards of Ethics, Code of Clinical Conduct).
8. Damaging phantoms or equipment in the clinical setting or on-campus lab.

Students placed on probation will receive a written document from the professor notifying the student of probationary status and reason(s) for probation. The document will include a remediation plan and notice of dismissal should the student not successfully complete the remediation plan. The professor will then discuss the remediation plan with the student in conference. The discussion will be documented. The professor will forward all documentation to the Department Chair.

Indications for Dismissal

1. **Serious and repeat violation of Indications for Probation (Review Indications for Probation Carefully).** Program and/or clinical staff determine “Serious violation”.
2. Inability to complete a remediation plan successfully.
3. Failure to maintain a “C” or better in a program course.
4. Gross negligence or conduct contrary to accepted rules/standards of practice/ethics that compromises patient and other’s safety and welfare (physically and/or emotional). Extreme departure, which under similar circumstances, would have been exercised by a student of the same level.
5. Practice in an unsafe manner or outside the scope of professional training (e.g., performing venipuncture, catheterization, procedures without an order, etc).
6. Performing RT procedures outside of program courses/hours, with or without approval from the site, and with or without pay.
7. Disregard for rules and requirements of the college or clinical setting.
8. Behavior that would necessitate repeat (more than one) probations for the same reason.

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9. Students who necessitate a third probation, for any reason, while enrolled in the program. No more than two probations total is allowed.
10. More than one dismissal from a clinical site for legitimate and documented actions, misconduct, or unacceptable skill level.
11. Accepting a free service/procedure/product of any kind while in the clinical setting, including those requiring a prescription or order from a physician.
12. Unlawful possession, use, sale, offer to sell, or furnishing, or being under the influence of, any controlled substance.
13. Misconduct or any behavior deemed inappropriate in the clinical setting or classroom (e.g. lack of professionalism, harassment, stealing, disruptive talking, using cell phone during class, making special arrangements and/or schedule changes without prior approval from college faculty, etc).

Students dismissed from the program will receive a written document from the professor notifying the student of his/her dismissal and reason(s) for dismissal. The professor will then discuss the dismissal with the student in conference. The discussion will be documented. The professor will forward all documentation to the Department Chair.

Due Process Policy

Students have an avenue of recourse should they “fail” to meet the course, program, or college policies and procedures. Mistakes can be made and, as with any other threat to a student’s right to maintain enrollment, a means of due process is available.

Due Process

In the event a student violates a **program or course policy**, and the nature of the violation requires disciplinary action, the following process will take place:

1. When a faculty member observes behavior that appears to be a course or program policy violation, the faculty is responsible for the following:
 - a. Consult with the Department Chair. The faculty member shall communicate to the Department Chair all information related to the potential policy violation such as details of the observation, and evidence, supporting documentation, and witness information if applicable.
 - b. Notify the student in person, and in a formal email of the following:
 - i. A description of the potential violation and applicable policies
 - ii. A notice that he/she will not be able to continue class/clinical at least for the day of the violation, and the following class/clinical day while the process is underway.
 - iii. A notice that he/she has 48 hours to respond to the potential violation via email.
 - c. The faculty member shall copy the Department Chair to the email. In the event a face-to-face meeting cannot take place or be arranged, the email to the student will serve as the notification.
2. The student is responsible for
 - a. Responding to the faculty member regarding the potential violation via email within 48 hours. The student shall copy the Department Chair to the email.
3. The faculty member, in consultation with the Department Chair, will decide on a final determination based on the potential violation and student’s response.

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- a. The faculty member shall notify the student via email of the final determination. The faculty member shall copy the Department Chair to the email.
4. If the student disagrees on the final determination, the student will be referred to the division dean, or Office of Student Life for further assistance.
5. If the case is referred to the [Office of Student Life](#), Student Life Staff will assist the student in understanding the college's student complaint and grievance process, and due process rights. Discipline procedures are under the jurisdiction of the Student Life Office. For questions, please contact the Office of Student Life.

Remediation Policy

Remediation plans may be required of students placed on probation, or students struggling to succeed in a course. The purpose of remediation is to help students improve a learning skill, or rectify a problem area. Faculty determine the need for remediation, and details of the remediation plan.

Students who fail to complete a remediation plan successfully, or fail to demonstrate acceptable improvement will not earn a passing grade for the course and/ or denial of readmission to the program. Refer to course syllabi for remediation policy details. Remediation is not a component in every course.

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Pregnancy Policy

Disclosure of a pregnancy by a radiography student or faculty member is a **voluntary** process. The student or faculty member is not under any regulatory or licensing obligation to declare the pregnancy. For the purpose of this document, the term worker includes program students and faculty working in controlled areas.

- **The voluntary declaration of pregnancy, if made, must be in writing**, dated, include the estimated date of conception, and be submitted to the Radiation Safety Officer (RSO). This document will become a permanent part of the worker's record.
- Just as a woman has the right to declare her pregnancy, **she also has the right to revoke the declaration. The written withdrawal of declaration** shall be submitted to the RSO.
- **Pregnant workers have the option for continuance in the program without modification of clinical duties.**

The program strongly recommends that workers voluntarily declare pregnancy so an additional radiation monitoring device can be issued and worn at waist level. Fetal radiation monitoring devices are simply added precautions and do not in any way convey assignment in the clinical facility is especially hazardous during pregnancy. The RSO will maintain documentation of radiation doses for the pregnant worker and embryo/fetus. The radiation dose to the embryo/fetus during the entire pregnancy will not be allowed to exceed 0.5rem (5mSv).

***Pregnant workers shall not expect the issuance of a fetal radiation monitoring device unless the pregnancy has been declared by the worker.**

Pregnant students enrolled in Radiography Program clinical courses (RAD 1A, 1B, 2A, 2B, 3A, 3B, 3C, 4) are encouraged to consult their personal physician regarding pregnancy and any potential risk to the embryo/fetus.

Declared pregnant workers will receive and discuss the following with the RSO:

- [Nuclear Regulatory Commission's "Occupational Dose Limits, Sec.20.1208, Dose to the Embryo/Fetus."](#)
- [The United States Nuclear Regulatory Commission Guide 8.13 Instruction Concerning Prenatal Radiation Exposure](#)
- [The United States Nuclear Regulatory Commission Guide 8.29 Instruction Concerning Risks from Occupational Radiation Exposure](#)

A student who voluntarily withdraws from the program due to pregnancy must provide a written withdrawal letter. A student may be readmitted during the appropriate semester provided (1) the student was in "good standing" at the time of withdrawal, and (2) the student submits a readmission application no less than three (3) months prior to their intended readmission date.

During the completion of the coursework, the declared pregnant student shall meet all regular attendance requirements.

It is agreed and understood that student shall indemnify and hold harmless Mt. San Antonio College, its Governing Board, employees and agents from and against any and all liability, loss, cost, expense (including reasonable attorneys' fees) or claim for injury or damages to student and/or student's embryo/fetus arising out of clinical assignment to a radiation area in connection to courses in the Radiography Program; excluding however liability, loss, cost, expense or claim attributed to the negligent acts or omissions of Mt. San Antonio College, its Governing Board, employees and agents in connection to the clinical assignment.

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Dosimetry Program & Radiation Exposure Policy

Dosimetry Program

Mt. San Antonio College's Radiologic Technology Program uses, to the extent practicable, procedures and engineering controls based upon sound radiation protection principles to achieve occupational radiation doses that are as low as reasonably achievable (ALARA).

The Radiologic Technology Department is responsible for complying with 10 CFR 20 to ensure protection of students and faculty working in controlled areas and ensuring the public is protected. The program will monitor students and faculty to ensure dose limits found in 10 CFR 20 are not exceeded. For the purpose of this document, the term worker includes program students and faculty working in controlled areas.

Occupational Workers (Students & Faculty)

- Radiation dose monitoring will be accomplished by providing a Thermoluminescent Dosimeter (TLD) to all workers. The dosimeters are processed by Radiation Detection Company and are exchanged on a monthly basis. Radiation dose reports are reviewed, signed, and dated by the Clinical Coordinator (CC) within 10 days (17 CCR, 30420) of receiving dose reports. Reports are then posted in the classroom for workers to review, sign, and date verifying they have reviewed their dose report each month. The signed dose reports are stored indefinitely by the CC.
- Control badges are used to monitor non-occupational dose inadvertently exposed during transit. Any amount of exposure to control badge is subtracted from the student/faculty badge reading.
- Combined occupational total effective dose (TEDE). Program workers are provided with one clinical badge throughout the program; thus, calculating combined TEDE is not necessary unless a worker is employed in a capacity that requires maintenance of an additional dosimeter. In that case, the worker is required to notify the RSO and provide the necessary information as indicated in the Radiation Exposure Policy/ Occupational Worker Responsibilities/Rules (see below). This notification will allow the CC to obtain and maintain concurrent occupational doses, and ensure combined doses do not exceed dose limits.
- During clinical orientation and in course RAD50, which occur **prior to** attending lab courses and clinical training, students are instructed on the following:
 - different types of patient and personnel protective devices including personnel monitoring devices
 - proper use, care, and placement of the radiation badge
 - monthly badge exchange procedure
 - use of control badges
 - how to read a dosimetry report
 - requirement that a radiation badge **MUST** be worn to attend lab and clinical training
 - consequences of attending lab and clinical training without wearing a badge, and of deceptive exposure of the badge
 - requirement to comply with the **Radiation Exposure Policy**, and the **Radiation Safety Rules for Clinical Experience and Lab Experience**. The policies provide students with a basic knowledge of

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radiation protection practices, protect the student's health and safety from excessive radiation dose, and provide students with the instruction necessary to comply with the dosimetry program.

Pregnant Occupational Worker (Students & Faculty) & Fetal Dose

- Declaration of Pregnancy. Procedures for declaring a pregnancy are included in the **Pregnancy Policy**. Documentation related to a worker's declaration of a pregnancy is stored in the pregnant worker's file. A pregnant worker who declares a pregnancy is issued a fetal badge. The RSO maintains documentation of the dose to the pregnant worker and embryo/fetus.

Reports to Individuals

- The RSO provides radiation dose reports to program students, graduates, and staff in accordance with CCR Title 17, 30255(b)(6).
 - Students, graduates, and staff may request dose reports at any time by submitting a written request to the Radiation Safety Officer or Program Director.
 - Reports will be furnished within 30 days from the time the request is made.
 - Annual dose reports will be automatically provided to monitored individuals if:
 - The individual's occupational dose exceeds 100mrem total effective dose equivalent or 100mrem to any individual organ or tissue; or
 - The individual requests his or her annual dose

Radiation Exposure Policy

This policy was designed to accurately monitor worker's occupational radiation exposure, and to protect their health and safety from excessive radiation dose. The [Nuclear Regulatory Commission's \(NRC\) Part 20, Standards for Protection Against Radiation](#) was used as the basis for this policy.

Radiation Safety Officer (RSO) Responsibilities

The RSO must:

- Monitor occupational radiation exposure to all workers in compliance with state and federal regulations. Monitoring is accomplished by supplying and requiring the use of Thermoluminescent Dosimeter (TLD) Badges by all workers.
- Ensure the Clinical Coordinator (CC) reviews, signs, and dates all personnel monitoring dosimetry reports within 10 days (17 CCR § 30420) of receipt to ensure the occupational dose limits specified in Subpart C of Title 10, Code of Federal Regulations, Part 20 (10 CFR Part 20) and program established investigational dose limits are not exceeded.
- Make Radiation Exposure Reports available to workers within 30 days of receiving the report. The CC posts the reports in the classroom and workers must review, sign, and date the Radiation

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Exposure Report to verify they have acknowledged and reviewed their radiation dose within 30 days of the CC receiving the report. Signed dosimetry reports are retained by the CC indefinitely.

- Investigate, perform an analysis, and take corrective action to prevent future occurrences of radiation exposure to a student or faculty member exceeding NRC occupational dose limits and program established investigational dose limits.
- Notify the CDPH-RHB of radiation incidents as specified in CCR Title 17, 30295.

Occupational Workers (Students & Faculty) Responsibilities/Rules

Workers must:

- Wear the TLD Badge, a radiation monitoring device, provided by the program ANY time the worker is participating in x-ray laboratory or clinical training, including but not limited to simulation procedures or quality assurance.
- Wear the monitoring device on the collar, outside the apron at all times.
- Wear a second program issued radiation monitor at waist-level if the worker has declared a pregnancy.
- Make every attempt to minimize occupational exposure through consistent application of the Radiation Safety Rules for Clinical and Lab Experience. The rules are included in the Student Handbook, Clinical Handbooks, and are posted in the laboratory.
- Review, sign, and date the Radiation Exposure Report monthly to verify acknowledgment and review of monthly radiation dose.
- Report promptly to the RSO, via email/writing, when a situation arises that may affect the dose reading of the radiation monitoring device.
- Notify the RSO or CC if employed in capacity that requires maintenance of an additional dosimeter. This notification will allow the CC to obtain and maintain concurrent occupational doses, and ensure combined doses do not exceed dose limits.
- Promptly report to the RSO, or program faculty, any condition which may lead to or cause a violation of radiation exposure regulations, license conditions, or unnecessary exposure to radiation. This includes warnings made in the event of any unusual occurrence or malfunction that may involve exposure to radiation or radioactive materials. These situations are considered an exposure emergency.

NRC Radiation Dose Limits

The following occupational dose limits for adults must not be exceeded:

- The total effective dose equivalent (TEDE) being equal to **5 rems (0.05 Sv) annually , or,**
- The sum of the deep-dose equivalent and the committed dose equivalent to any individual organ or tissue other than the lens of the eye being equal to **50 rems (0.5 Sv) annually.**
- A lens (of eye) dose equivalent (LDE) of **15 rems (0.15 Sv) annually.**

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- A shallow dose equivalent (SDE) to the skin of the whole body or to the skin of any extremity of **50 rems (0.5 Sv) annually**.
- The dose to a pregnant worker must not exceed **0.5 rem (5 mSv) for the entire pregnancy or 50 mrem (.5 Sv) per month**.
- Fetal dose equivalent for the entire pregnancy must not exceed **0.5 rem (5 mSv) or 50 mrem (.5 Sv) per month**.

Exceeding NRC Radiation Dose Limits

In the event a worker receives a dose in excess of the NRC occupational dose limits, the Radiation Safety Officer (RSO) will meet with the worker to prepare an **Incident Investigation Report** and submit the report to the NRC within 30 days after learning of the occurrence. The report will be forwarded to the NRC in accordance with the requirements of 10 CFR Part 20.2203. At a minimum, the report will include:

- Worker's name, social security number, and date of birth;
- An estimate of the worker's dose;
- The levels of radiation involved;
- The cause of the elevated exposures and/or dose rate; and
- Corrective steps taken or planned to ensure against recurrence, including the schedule for achieving conformance with applicable limits, ALARA constraints, generally applicable environmental standards, and associated license conditions.

A copy of the NRC Incident Investigation Report and the dose report will be provided to the student by the RSO within the 30 days after learning of the occurrence. The RSO will keep a copy of the report with the worker's dose report indefinitely and the CC will continue to monitor the affected worker's dose while enrolled or employed by the program.

Investigational Dose Levels

The program also monitors doses considerably less the annual NRC dose limits. The reason for establishing and monitoring investigational levels is to trigger an investigation. Through the investigation process, the RSO and CC will determine the cause of the dose and recommend practices or implement corrective action to maintain worker's exposure as low as reasonably achievable.

	Level 1	Level 2
Whole Body (Monthly)	250mrem	400mrem
Pregnancy (monthly)	25mrem	40mrem

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Exceeding Investigational Dose Levels

- If a worker exceeds the Level 1 exposure limit in a month, the RSO and the worker will meet to discuss and determine the possible cause of the exposure. The worker will be counseled on reducing their exposure in the clinical facility and/or lab. This meeting will be documented in writing and the documentation will be kept with the worker's dose report indefinitely. Also, the RSO will contact the Clinical Instructor or Lab Professor to make them aware of the student's high exposure.

Exceeding Investigational Dose Levels

- If a worker exceeds the Level 2 exposure limit in a month, the RSO will meet with the worker again to discuss and determine the cause of the high exposure. The worker will be counseled on reducing their exposure in the clinical facility and/or lab. This meeting will be documented in writing and the documentation will be kept with the worker's dose report indefinitely. Also, the RSO will contact the Clinical Instructor or Lab professor to make them aware of the student's high exposure.

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Clinical Education Policies & Requirements

Clinical Placement Process

The Clinical Coordinator (CC) determines placement based on the number of clinical affiliates, the maximum clinical capacity of each site, and student's clinical requests. Aside from those factors, placement of students is random and non-discriminatory.

Physical Examinations

A physical examination, including specific immunizations and drug testing, is required prior to entering the clinical education phase. Physical examinations are required by the program's clinical affiliates. Procedures will be provided upon admission.

CPR – Basic Life Support Provider Card

Students are required to possess current American Heart Association: Basic Life Support (BLS) for Healthcare Providers CPR Certification (valid 2 years). Certification is required prior to entering the clinical education phase.

Background Check and Drug Testing Requirements

The use of background checks and drug testing on individuals working in clinical settings is one of the mechanisms agencies use to help protect their clients/patients. Thus, students are required to complete a background check and drug testing prior to entering the clinical education phase. This requirement is supported by the Joint Commission Standard (HR.1.20). The standard states organizations can require non-employees (students) working in the same capacity as staff providing care, treatment, and services to hold the same qualifications as staff. The program's background check and drug testing requirements are commensurate with the qualifications required if students were employed by the clinical sites.

Background Check Policy

A background check is required prior to entering the clinical education phase. A valid Social Security number is required to complete this process. Information on background check procedures will be provided upon admission.

The background check must be completed through a program-approved company. Students are responsible for the cost. Additional background checks may be requested by clinical affiliates prior to clinical placement at the specific site. The cost associated with additional background checks is typically covered by the clinical affiliate.

Note: Background check results will be accessible and reviewed by the Clinical Coordinator, Program Director, and Clinical Affiliate staff members. Upon review, if a student's results are deemed unacceptable (failing) by a clinical affiliate, the student cannot continue in the program due to the inability of the student to participate in clinical education. The program is not obligated to pursue placement for the student at an alternate clinical site.

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Catalog Statement

A background check, indicating a passing clearance, is required prior to entering the clinical education phase. A valid Social Security number is required to complete this process. Information on background check procedures and clinical affiliate's review of results will be provided upon admission.

ARRT Ethics Review Pre-Application

Any applicant with a criminal or disciplinary history should complete the [Ethics Review Pre-Application](#) offered by the American Registry of Radiologic Technologists (ARRT) before applying to the program or anytime as needed. Visit the ARRT website for information on cost. The Ethics Review Pre-Application is the process for an early ethics review of offenses that would otherwise need to be reported on your Application for Certification after completion of the program. More information on this process may be found at: www.arrt.org, click on the Educators and Students tab, then click on the Ethics Review Pre-Application link. **The program strongly recommends students self-report criminal or disciplinary history prior to program admission or anytime as needed, and complete the ARRT's pre-application. This process can help avoid delays or denial of clinical placement, and denial of licensure.**

A student excluded for a failing background check may request reconsideration for program entry the following year based on program readmission policies. Students with a second failing background check are not eligible for program readmission.

Drug Testing Policy

A drug test is required prior to entering the clinical education phase. Drug screening is a component of the physical exam. Drug testing procedures will be provided upon admission. Testing is available at the [MtSAC Student Health Center](#).

The following apply to all students:

- The drug screening test must include at least a screening for amphetamines, barbiturates, benzodiazepines, cocaine, marijuana, opiates and phencyclidine and be issued by a lab approved by The Joint Commission or the College of American Pathologists (CAP).
- A student with a positive drug screen cannot participate in clinical training.
- A student excluded for a positive drug screen may request reconsideration for program entry the following year based on program readmission policies. Students with a second positive drug screen are not eligible for program readmission.
- Students with a positive drug screening due to prescription medications will be required to submit a physician's note to support the positive drug screen results. The student will be responsible for presenting the positive drug screening results with the physician's note to the assigned clinical facility. The clinical facility will determine if the student is allowed to participate in clinical training based on the facility's policies.
 - Students denied training by the clinical site cannot continue in the program.

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- The RT program is not obligated to secure an alternate clinical site for students declined by a site due to a positive drug screen.
- Students may be subject to additional drug screen tests while enrolled in the program. The additional drug screen tests are required for participation in clinical training at various clinical sites.
- Students believed to be under the influence of any intoxicant while attending program courses will be subject to drug testing at that time.
- All required drug testing is at the student's expense.
- Failure to comply with any aspect of the drug testing policy will result in program dismissal.

Social Security Number

Students are required to possess a valid Social Security Card. This is a licensed profession, and a Social Security Number is required to obtain state certification and national licensure. In addition, a Social Security Number is required to complete the background check process.

Magnetic Resonance Imaging (MRI) Safety Training & Screening Policy

The MRI Safety Training & Screening Policy has been established considering students have potential access to the magnetic resonance environment. This policy assures students are screened for magnetic wave or radiofrequency hazards. Prior to the clinical education phase, students must complete the following:

- MRI Safety Training
- MRI Safety Training Quiz with 100% accuracy
- MRI Student Questionnaire Form (*see Appendix IV*: Completion of the questionnaire will ensure no contraindications exist that would place the student at risk while in the magnetic environment.

The training material and screening form is provided upon admission. If the screening process reveals an area of concern, the student will be appropriately advised.

During clinical training, students should familiarize themselves with the facilities Magnetic ZONE policies (safe and unsafe areas).

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Clinical Attire Policy

Program students are required to adhere to the clinical attire policy and present an overall professional appearance while attending the clinical setting, and the on-campus laboratory. Students not complying with the policy will be disciplined in accordance with the Probation & Dismissal Policy. Non-compliance will also be reflected on the student's clinical evaluation.

The following apply to all students:

- **Scrub type tops and pants only:** No other variations (skirt, shorts) are allowed. Scrubs must be maroon (burgundy, wine), of proper size, and be kept clean and wrinkle free.
- **Lab coat:** A white or burgundy, short or long sleeve lab coat may be worn over the scrubs if desired.
- **Long sleeve shirts:** May be worn under scrub top. Shirt must be a solid color (black, grey, and white only), with no type of print. Shirt must be tucked in and not visible below the scrub top.
- **Shoes:** Must be white or black athletic/tennis shoes or uniform shoes that repel liquids, body fluids, etc.... No open-toe shoes, sandals, and shoes with holes allowed.
- **Socks:** Must be worn.
- **Name badge:** Provided by college free of charge. If the facility provides the student with a hospital name badge, the student will not be required to wear both name badges. The student will need to return the hospital badge to the facility once their clinical rotation is over.
- **Tattoos:** Must not be visible.
- **Body piercings:** Must not be visible.
- **Ear plugs/expanders/nose piercings:** Must be removed or covered.
- **Fingernails:** Must be kept short, clean, and without nail polish. Due to the increased risk of infection and the possibility of hurting patients, long or artificial nails are not allowed.
- **Personal hygiene:** Must maintain personal cleanliness to include mouth and body odor.
- **Fragrances, perfumes, aftershaves, & colognes:** Excessive use is not allowed.
- **Makeup & hairstyles:** Excessive make-up or radical hairstyles are not allowed. Hair should be clean and tied back if longer than shoulder length.
- **Facial hair:** Mustaches, sideburns, and beards of any kind need to be kept neat and closely trimmed to the face.
- **Jewelry:** No excessive jewelry is allowed. (1 ring/ 1 bracelet/1 watch is allowed). Earrings must be small, not dangling.

If the clinical facility's dress code is more restrictive than the Program's Clinical Attire Policy, the facility code will supersede. Attire is subject to instructor approval.

Radiation Safety Rules for Clinical Experience

The student should make every attempt to minimize occupational exposure through consistent application of the Radiation Safety Rules for Clinical Experience. Violation of the Radiation Safety Rules for Clinical Experience are subject to probation and/or permanent program dismissal.

Computed Tomography Program Handbook

Radiation Safety Rules – Clinical Experience	
ALARA	<ul style="list-style-type: none"> As Low As Reasonably Achievable — making every reasonable effort to maintain exposures to ionizing radiation as far below the dose limits as practical — applies to patient and occupational dose Principles of ALARA must be practiced at all times
Student Supervision	<ul style="list-style-type: none"> All medical imaging procedures must be performed under the direct supervision of a qualified radiographer until a student achieves competency, and any time a student is performing a repeat procedure. The radiographer must review the student's procedure and/or image prior to re-exposure on repeat procedures. Medical imaging procedures may performed under the indirect supervision of a qualified radiographer after a student achieves competency.
Radiation Monitor	<ul style="list-style-type: none"> Thermoluminescent dosimeter (TLD) must be worn on the collar, outside the apron at all times. Declared pregnant students are issued a second radiation monitor to be worn at waist-level. TLDs are for occupational (training) use only — not for personal use. Student must review, initial, and date monthly dosimetry reports.
Where to stand during an x-ray exposure	<ul style="list-style-type: none"> Stand behind the control console and protective lead wall/glass at all times. Exceptions include some fluoroscopic examinations, mobile radiography, and surgical procedures — student must wear protective apparel and be available to assist the patient and/or physician during the procedure. Minimize the time of exposure, use protective shielding devices and apparel, and maximize distance from x-ray source and patient as is practicable. Mobile radiography — stand at least six (6) feet away from the patient and x-ray tube.
Holding patients/ image receptors during an x-ray exposure	<ul style="list-style-type: none"> <u>Do not hold</u> image receptors during any radiographic procedures. <u>Do not hold or support</u> a patient during any radiographic procedure when an immobilization method is the appropriate standard of care.
CR Direction	<ul style="list-style-type: none"> Point away from personnel at all times
Human Exposure	<ul style="list-style-type: none"> Exposing humans to x-ray for experimental purposes is not allowed. This includes practicing procedures on students. Humans may only be exposed to x-rays when ordered/prescribed by a licensed physician, physician assistant, or nurse practitioner.
Beam Limitation Devices	<ul style="list-style-type: none"> Collimators, cones, and/or aperture diaphragms must be used to limit the size of the useful beam to the area of clinical interest only X-ray field size should be smaller than the image receptor, providing a visible peripheral margin on the image receptor that is unexposed.
Exposure Techniques	<ul style="list-style-type: none"> Technique chart use assures that images of optimum diagnostic quality are obtained with the initial x-ray exposure. Highest kilovolts peak (kVp) and lowest milliamperere seconds (mAs) should be utilized at all times which provide images of optimum diagnostic quality.
Shielding	<ul style="list-style-type: none"> Use when it will not interfere with the purpose of the examination. Use when it aligns with clinical facility policy.
Pregnant Patients	<ul style="list-style-type: none"> Ask women of child bearing age of the possibility of pregnancy prior to any radiographic examination.
Non-essential Persons	<ul style="list-style-type: none"> Clear the room of non-essential persons prior to generating x-ray.

Computed Tomography Program Handbook

Direct & Indirect Supervision Policy

The program requires that all CT program students are properly supervised while performing medical imaging procedures in the clinical setting. The following direct and indirect supervision requirements assure patient safety and proper educational practices.

Direct Supervision

Medical imaging procedures must be performed under the direct supervision of a qualified radiographer until a student achieves competency, and any time a student is performing a repeat procedure.

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

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

➤ *A minimum of 2 weeks direct supervision is recommended when students are assigned to a new clinical facility.*

Indirect Supervision

Medical imaging procedures may be performed under indirect supervision of a qualified radiographer after a student achieves competency.

The program defines indirect supervision as supervision provided by a qualified radiographer who

- is immediately available to assist students regardless of the level of student achievement.
- "Immediately available" is interpreted as the physical presence of a qualified radiographer adjacent to the room or location where the student is performing the procedure.

Students violating this policy will be subject to probation and dismissal from the program. Complying with the policy is the student's responsibility.

Computed Tomography Program Handbook

Clinical Attendance Policy

The following attendance requirements apply to all clinical courses: RAD 7A & RAD7B. The requirements apply to scheduled and make-up hours.

- Students shall attend scheduled clinical hours. Hours vary by course. See course specific hours in the course clinical handbook/syllabus.
- **Modifying clinical schedule:** Approval from the program's clinical coordinator and the clinical facility's clinical instructor (CI) is required in writing prior to a schedule change. Students subverting this process by making arrangements with clinical staff, and without prior approval from the college faculty, will be subject to probation and dismissal from the program.
 - Clinical hours may be modified with mutual approval of all parties by **a maximum of 1 hour** from the published schedule.
- Students shall not attend clinical outside of college business hours (6:30 a.m- 10:00 p.m., Monday through Sunday).
- Students shall not attend clinical when classes are not in session (e.g., holidays, breaks). Students shall refer to the course schedule, and the academic calendar for this information.
- Students shall not participate in more than 10 hours per day of clinical training, and the total didactic and clinical involvement shall not exceed 40 hours per week. Hours exceeding the 40-hour weekly limit due to making up of clinical hours must be voluntary on the student's part.
- Absences
 - An absence/incident is defined as an occurrence of non-attendance. (e.g., If a student is absent one day = one absence. If a student is absent three days in a row for an illness = one incident). One extended illness will not place the student on probation.
 - A tardy occurs when a student is more than six (6) minutes late. Tardies of more than six (6) minutes must be made up with time equal to the time lost.
 - If a student is late or absent, the student must call his/her CI before the tardy/absence occurs. The student should make every effort to speak directly with the CI (messages left with others may not be conveyed as expected).
 - All absences/tardies must be made up at the clinical facility where the absence occurred, and within the current semester or inter-session. Make-up hours cannot be carried over to the next semester.
 - Within 3 days of the absence, the student is responsible for completing an Absence/Make-up Form and submitting the form to the Clinical Coordinator or faculty member.
- If the attendance policy is exceeded before the last day to drop with a "W," a grade of "W" will be assigned. If the policy is exceeded after the last day to drop with a "W," a grade of No Pass (NP) will be assigned.
- Students shall log clinical hours on the time sheet provided in the clinical handbook. The student is responsible for obtaining the CI's signature on the timesheet. The signature verifies the semester hours completed. Time sheets are filed in the department for 5 years in compliance with state regulations.

RAD 7A	RAD 7B
2 absences/incidents or tardies will necessitate probation status	3 absences/incidents or tardies will necessitate probation status
3 absences/incidents or tardies will necessitate no credit (NC) for the course due to the inability of the student to complete the course objectives. The student will not be able to continue in the clinical portion of the program.	4 absences/incidents or tardies will necessitate no credit (NC) for the course due to the inability of the student to complete the course objectives. The student will not be able to continue in the clinical portion of the program.

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Additional Information

Vacation Periods

Students will have break periods between semesters and intersessions. No other vacation periods are scheduled.

Outside Work

Outside work is not recommended due to the long hours required by the program. Work schedules must not adversely affect the student's ability to meet posted class schedules and comply with attendance policies.

Students may only perform duties as student radiographers during regularly assigned clinical course hours. **Students may never be used in lieu of staff radiographers or outside of regularly scheduled class times.**

Students shall be informed that working in a Diagnostic Imaging Services Department and utilizing ionizing radiation on humans without State Certification is a violation of the [California Radiation Control Regulations, Title 17](#), and punishable as a misdemeanor. Students may hold positions in the imaging department such as transporters or clerical workers without jeopardizing their student status.

Transportation

Each student is responsible for transportation to school and clinical facilities.

Resources

[American Society of Radiologic Technology](#)

15000 Central Ave. SE
Albuquerque, NM 87123

[California Society of Radiologic Technology](#)

PO Box 14502
Torrance, CA 90503

[American Registry of Radiologic Technology](#)

1255 Northland Drive, St. Paul, MN 55120-1165

[Joint Review Committee on Education in Radiologic Technology](#)

20 N. Wacker Drive, Suite 2850
Chicago, IL 60606-3182

For more information about the CT Certificate Program, contact

Program Director: Monique Neel, mneel@mtsac.edu, (909) 274-4680



Computed Tomography Student Contract

My signature below acknowledges the following:

- I understand full compliance with college, program, and clinical policies is mandatory.
- I have received copies of all policies, and attended a review session explaining all policies.
- I have had the opportunity to ask questions, and seek clarification on all policies and the consequences of non-compliance.
- I understand the consequences of non-compliance include probation, and dismissal from the program.
- I have been notified that program courses may have additional course specific policies, and compliance with the course policies is mandatory.
- I understand course specific policies are included in each course syllabus.

Print Name _____

Signature _____

Date _____ Class of _____

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Appendix I Department Clinical Affiliations

Chino Valley Medical Center 5451 Walnut Ave Chino, CA 91710	Methodist Hospital of Southern California 300 W Huntington Dr Arcadia, CA 91007
City of Hope National Medical Center 1500 E Duarte Rd Duarte, CA 91010	Montclair Hospital Medical Center 5000 San Bernardino Rd Montclair, CA 91763
Foothill Presbyterian Hospital 250 S Grand Ave Glendora, CA 91740	Monterey Park Hospital 900 S Atlantic Blvd Monterey Park, CA 91754
Garfield Medical Center 525 N Garfield Ave Monterey Park, CA 91745	Presbyterian Intercommunity- Downey 11500 Brookshire Ave Downey, CA 90241
Grove Diagnostic Imaging 8283 Grove Ave STE 101 Rancho Cucamonga, CA 91730	Presbyterian Intercommunity- Whittier 12401 E Washington Blvd Whittier, CA 90602
Hill Imaging Center, Inc. 130 West Route 66, #110 Glendora, CA 91740	Queen of the Valley Hospital 1115 S Sunset Ave West Covina, CA 91790
Huntington Hill Imaging Center 625 South Fair Oaks, #180 Pasadena, CA 91105	San Antonio Regional Hospital 999 San Bernardino Rd Upland, CA 91786
Huntington Hill Imaging Center 1509 W Cameron Ave, D100 West Covina, CA 91710	San Dimas Community Hospital 1350 W Covina Blvd San Dimas, CA 91773
Inter-Community Medical Center 210 W San Bernardino Rd Covina, CA 91723	San Gabriel Valley Medical Center 438 W Las Tunas Dr San Gabriel, CA 91776
Kaiser Baldwin Park 1011 Baldwin Park Blvd Baldwin Park, CA 91706	St Jude Medical Center Fullerton 101 E Valencia Mesa Dr Fullerton, CA 92835-3809
Keck Hospital of USC 1500 San Pablo St Los Angeles, CA 90033	VA Loma Linda Healthcare System 11201 Benton Street Loma Linda, CA 92357

** This list includes healthcare facilities currently affiliated with Mt. SAC. Some of the facilities will not be accepting CT students for clinical training.*



Standards of Conduct

Extracted from Board Policy Section 5500

References: Education Code Section 66300; Accreditation Standard II.A.7.b

The College President/CEO shall establish procedures for the imposition of discipline on students in accordance with the requirements for due process of the federal and State law and regulations.

The procedures shall clearly define the conduct that is subject to discipline, and shall identify potential disciplinary actions, including but not limited to the removal, suspension, or expulsion of a student.

The Board shall consider any recommendation from the College President/CEO for expulsion. The Board shall consider an expulsion recommendation in closed session unless the student requests that the matter be considered in a public meeting. Final action by the Board on the expulsion shall be taken at a public meeting.

The procedures shall be made widely available to students through the College catalog and other means.

The following conduct shall constitute good cause for discipline, including but not limited to the removal, suspension or expulsion of a student.

1. Causing, attempting to cause, or threatening to cause physical injury to another person.
2. Possession, sale or otherwise furnishing any firearm, knife, explosive or other dangerous object, including but not limited to any facsimile firearm, knife or explosive, unless, in the case of possession of any object of this type, the student has obtained written permission to possess the item from a College employee, which is concurred in by the College President/CEO.
3. Unlawful possession, use, sale, offer to sell, or furnishing, or being under the influence of, any controlled substance listed in Chapter 2 (commencing with Section 11053) of Division 10 of the California Health and Safety Code, an alcoholic beverage, or an intoxicant of any kind; or unlawful possession of, or offering, arranging or negotiating the sale of any drug paraphernalia, as defined in California Health and Safety Code Section 11014.5.
4. Committing or attempting to commit robbery or extortion.
5. Causing or attempting to cause damage to College property or to private property on campus.
6. Stealing or attempting to steal College property or private property on campus, or knowingly receiving stolen College property or private property on campus.
7. Willful or persistent smoking in any area where smoking has been prohibited by law or by regulation of the College.
8. Committing sexual harassment as defined by law or by College policies and procedures.
9. Engaging in harassing or discriminatory behavior based on disability, gender, gender identity, gender expression, marital status, nationality, race or ethnicity, religion, sexual orientation, or any other status protected by law.
10. Engaging in intimidating conduct or bullying against another student through words or actions.

11. Willful misconduct which results in injury or death to a student or to College personnel or which results in cutting, defacing, or other injury to any real or personal property owned by the College or on campus.
12. Disruptive behavior, willful disobedience, habitual profanity or vulgarity, or the open and persistent defiance of the authority of, or persistent abuse of, College personnel.
13. Cheating, plagiarism (including plagiarism in a student publication), or engaging in other academic dishonesty.
14. Dishonesty; forgery; alteration or misuse of College documents, records or identification; or knowingly furnishing false information to the College.
15. Unauthorized entry upon or use of College facilities.
16. Lewd, indecent or obscene conduct on College-owned or controlled property, or at College-sponsored or supervised functions.
17. Engaging in expression which is obscene; libelous or slanderous; or which so incites students as to create a clear and present danger of the commission of unlawful acts on College premises, or the violation of lawful College administrative procedures, or the substantial disruption of the orderly operation of the College.
18. Persistent, serious misconduct where other means of correction have failed to bring about proper conduct.
19. Unauthorized preparation, giving, selling, transfer, distribution, or publication, for any commercial purpose, of any contemporaneous recording of an academic presentation in a classroom or equivalent site of instruction, including but not limited to handwritten or typewritten class notes, except as permitted by any College policy or Administrative Procedure.
20. Harassment of students and/or College employees that creates an intimidating, hostile, or offensive environment.
21. Violation of College rules and regulations including those concerning affiliate clubs and organizations, the use of College facilities, the posting and distribution of written materials, and College safety procedures.

Approved: June 23, 2004
Revised: February 27, 2013
Reviewed: December 16, 2014
Reviewed: June 9, 2015
Reviewed: May 10, 2016

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AP 5520 Student Discipline Procedures

References: Education Code Sections 55024, 66017, 66300, 67380, 72122, and 76030-76038, 76120, 76234, et seq.; Penal Code Section 273.5, 626.4, 646.9 20, U.S.C. § 1232g; 34 CFR Part 99.89; BP 3500, BP 5500, AP 3515

The purpose of this procedure is to provide a fair, prompt, and equitable means to address violations of the Standards of Conduct, and not for purposes of retaliation. This procedure affords students due process rights guaranteed them by state and federal constitutional protections. It is not intended to substitute for criminal or civil proceedings that may be initiated by other agencies.

These Administrative Procedures are specifically not intended to infringe in any way on the rights of students to engage in free expression as protected by the state and federal constitutions or Education Code, and will not be used to punish expression that is protected.

JURISDICTION

Board Policy 5500 sets forth the Standards of Conduct for students and lists the causes for which student discipline procedures shall be initiated within this Administrative Procedure.

The Standards of Conduct shall apply to conduct that occurs on College premises, at College sponsored activities, and at College off-campus activities. Conduct that adversely affects the College community and/or the pursuit of its objectives shall be addressed through student discipline procedures. No student shall be removed from class, suspended, or expelled for parking offenses. Any College employee shall serve as a reporting party and may file a Student Misconduct Report for an alleged violation of the Standards of Conduct.

During off-campus activities, the College employee designated as a chaperone for College-sanctioned courses or activities held off-campus shall be responsible for administering the Standards of Conduct at off-campus sites, including Study Abroad locations. The chaperone shall file a Student Misconduct Report for alleged student misconduct in accordance with the discipline procedures herein.

DEFINITIONS

1. **Administrative Withdrawal:** A student is administratively withdrawn when one is suspended or expelled during the term in which the student is actively enrolled. A mark of "W", denoting withdrawal, will be placed on the student's academic record for all currently enrolled courses, regardless of the student's progress, unless grades have already been posted.
2. **Business Day:** Days during which the College is open and conducts normal business operations, excluding College holidays, Saturdays, and Sundays.
3. **Character Development Workshop:** A four-hour workshop on six pillars of character which students must complete if contained in the student discipline contract as optional or required. If optional, the student's file shall be sealed upon completion of the workshop.
4. **College:** The Mt. San Antonio Community College District.
5. **College Premises:** All land, buildings, facilities, and other property owned, used, or controlled by the College, including adjacent streets and sidewalks.
6. **Dating Violence:** Violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim; based on the length, type, and frequency of the interaction between the persons involved in the relationship.
7. **Discipline Conference:** Meeting between the accused student and the Student Life official to discuss the alleged violation(s) of the Standards of Conduct.

8. **Discipline Contract:** A signed agreement between the student and the College to abide by the Standards of Conduct. Provides additional stipulations the student must complete.
9. **Discipline Hold:** A hold on the student's record which prevents the student from making certain business transactions, including registering for classes, and prevents the student from utilizing certain College services until one's mandatory Discipline Conference is complete.
10. **Discipline Sanctions:** Actions imposed upon any student found to have violated the Standards of Conduct.
11. **Domestic Violence:** Includes felony or misdemeanor crimes of violence, including threats or attempts, committed by a current or former spouse of the victim, person with whom the victim shares a child in common, person who is cohabitating with or has cohabitated with the victim as a spouse, person similarly situated to a spouse of the victim under the domestic or family violence laws, and/or any other adult person against a victim who is protected from that person's acts under California law.
12. **Due Process:** The right to know the accusations and the opportunity to have a fair and timely review, Discipline Conference, Discipline Hearing, and/or Appeal.
13. **Expulsion:** Exclusion of the student by the Board of Trustees from the College.
14. **Good Cause:** The existence of substantial evidence of an offense, as defined in Board Policy 5500, to impose a suspension or expulsion.
15. **Hate Violence:** Any act of physical intimidation or physical harassment, physical force or physical violence, or the threat of physical force or physical violence, that is directed against any person or group of persons, or the property of any person or group of persons because of the ethnicity, race, national origin, religion, sex, sexual orientation, gender identity, gender expression, disability, or political or religious beliefs of that person or group.
16. **Hearing:** Formal meeting to hear the evidence and student's testimony to determine outcome of case.
17. **Instructor:** Any academic employee of the College in whose class a student subject to discipline is enrolled, or counselor who is providing or has provided services to the student, or other academic employee who has responsibility for the student's educational program.
18. **Loss of Privileges:** Exclusion from activities, removal from campus organizations, or denial of specified privileges for a designated period of time. An organization may also lose campus privileges including, but not limited to, the forfeiture of official recognition by College.
19. **Misconduct Report:** Written notice by a College employee that includes a brief statement of facts regarding an alleged violation of the Standards of Conduct.
20. **Preponderance of Evidence:** The standard of evidence used in hearings which leads the Student Conduct Board to find that the existence of the facts is more probable than not.
21. **Public Safety Incident Report:** A report written by the College's Public Safety Department regarding the details surrounding an event.
22. **Removal from Class:** Exclusion of the student by an Instructor for the day of the removal and the next class meeting.
23. **Reporting Party:** The College employee who submits a report regarding an alleged violation of the Standards of Conduct.

24. **Reprimand:** A written or verbal admonition to the student to cease and desist from conduct determined to violate the Standards of Conduct. Written reprimands may become part of a student's permanent record at the College. A record of the fact that a verbal reprimand has been given may become part of a student's record at the College for a period of up to one year.
25. **Restitution:** Compensation for loss or damage to College property. Restitution may take the form of appropriate service, monetary reimbursement, or materials replacement.
26. **Sanction:** A punishment imposed on a student for a violation of the Standards of Conduct.
27. **Sexual Assault:** An assault that includes, but is not limited to, rape, forced sodomy, forced oral copulation, rape by foreign object, sexual battery, or the threat of any of these.
28. **Specialized Counseling or Therapy:** Sessions from a licensed California mental health professional may be mandatory as part of the requirements to fulfill a discipline decision imposed on the student.
29. **Stalking:** Engaging in a course of conduct directed at a specific person that would cause a reasonable person to fear for his/her safety or the safety of others; or suffer substantial emotional distress.
30. **Standards of Conduct:** The College's set of rules applicable to student conduct on campus.
31. **Student:** Any person who has been assigned a College student identification number.
32. **Student Conduct Board:** The authorized body to hold evidentiary hearings on recommendations for suspensions longer than ten days and for expulsion.
33. **Student Conduct Manager:** The Dean, Student Services or Director, Student Life designated to convene, conduct, and oversee the Student Conduct Board Hearing and officially represent the discipline recommendation of the Student Conduct Board.
34. **Student Life Official:** Judicial Affairs Officer or Director, Student Life designated to oversee the processing of discipline reports, review of discipline cases, and all Discipline Conferences.
35. **Student Services Conduct Administrator:** The Vice President, Student Services or designee who determines the final discipline decision. Accepts, rejects, or modifies the discipline recommendation of the Student Conduct Board or recommends expulsion to the College President.
36. **Suspension:** Exclusion of the student from College premises to protect lives, protect College property, and to ensure the maintenance of order. The student who knowingly re- enters the College premises after an immediate suspension except to come for their hearing, is subject to a trespassing arrest. A suspension includes notice to the student's instructors and an administrative withdrawal of all classes is issued.
 - a. Immediate – Instant exclusion from College premises. The student must promptly leave or be escorted off-campus and be referred to a Student Conduct Board Hearing.
 - b. Short-term – Exclusion of the student for good cause from one or more classes for a period of up to ten consecutive days of instruction.
 - c. Long-term – Exclusion of the student for good cause from one or more classes for the remainder of the school term, or from all classes and activities of the College for one or more terms.
37. **Time Limits:** Any times specified in these procedures may be shortened or lengthened if there is mutual concurrence by all parties.
38. **Withdrawal of Consent to Remain on Campus:** Withdrawal of consent by the Director, Student Life or Dean, Student Services for any person to remain on campus where there is reasonable cause to believe that such person has willfully disrupted the orderly operation of the campus.

DISCIPLINE PROCEDURES

The College ensures due process rights for all students reported for alleged violation of the Standards of Conduct. An alleged violation of the Standards of Conduct shall be submitted to the Student Life official through a Misconduct Report or a Public Safety Incident Report. The Student Life official is responsible for receiving, adjudicating, and storing reports.

Removal from Class: Any instructor may order a student removed from his/her class for the day an incident occurs as well as the next class meeting. The instructor shall immediately submit a student Misconduct Report to the Student Life official. The Student Life official may arrange a conference between the student-instructor regarding the removal. The Student Life official may attend the student-instructor conference upon request by either party.

If a minor is removed from a class, the Student Life official shall ask the parent or guardian to attend a conference with the instructor. The Student Life official may attend the student-parent-instructor conference upon request by any party. The student shall not return to the class during the period of the removal without the concurrence of the instructor. Nothing herein will prevent the Student Life official from recommending further discipline procedures based on the facts which led to the removal.

Study Abroad: The instructor responsible for administering the Standards of Conduct at a study abroad location is authorized to remove the student from all classes and activities of the study abroad program location. The student retains their rights to a discipline hearing upon their return to campus. The terms of this removal shall include the requirement that the student immediately return to the address listed on their student records, and at their expense. This suspension shall only be imposed in consultation with, and upon the approval of, the Vice President, Instruction. The Vice President, Instruction shall consult with the Dean, Student Services prior to imposition of discipline in the context of study abroad programs.

Report of Misconduct: Reporting parties who allege that a violation of the Standards of Conduct has occurred shall inform the student of their misconduct and submit a Student Misconduct Report to the Student Life official no later than ten business days after the occurrence, or within ten business days of the discovery of facts. If a reporting party calls Public Safety to assist with an alleged violation of the Standard of Conduct, a Public Safety Incident Report will be submitted to the Student Life official in addition to, or in lieu of a Student Misconduct Report. Documentation including any witness statements that support the allegation, must be included with any report. Incidents that can be considered to be hate violence will be reported to Public Safety per BP 3515.

In cases where a report of misconduct includes an issuance of an immediate suspension, the time limits contained in these procedures shall not apply. A Student Conduct Board Hearing shall occur within ten business days provided that a reasonable opportunity exists within this timeframe, but the provision of the hearing will not exceed thirty days. An immediate suspension may be issued by Public Safety, Student Life, or Adult Basic Education.

Discipline Conference: Upon receipt of the Student Misconduct Report and/or a Public Safety Incident Report a Student Life official shall provide the student, or a minor's parent/guardian, with an official notice of the alleged violation(s) warranting discipline. Official notice may be provided by certified mail, email, or personal delivery.

The discipline conference must be scheduled with a Student Life official within ten business days after the notice is provided. The responsibility to schedule the mandatory discipline conference within ten business days rests with the student or minor's parent/guardian.

The official notice shall include:

- Specific section(s) of the Standards of Conduct that the student is accused of violating;
- Short statement of the facts which support the accusation;
- One's right and responsibility to attend a Discipline Conference to discuss the alleged violation(s) with a Student Life official; and
- The nature of the discipline that is being considered.

If necessary, the Student Life official will conduct an additional investigation of the alleged misconduct to gather more facts in preparation of the Discipline Conference.

At the Discipline Conference the student, or minor student with parent/guardian, must again be informed of: the specific section(s) of the Standards of Conduct they are accused of violating, the facts which support the accusation, and given an opportunity to respond to the accusation verbally, or in writing. During the Discipline Conference, the Student Life official shall determine the disciplinary sanction(s) warranted and inform the student. Following the Discipline Conference, the Student Life official will provide a written notice to the reporting party of the actions taken or pending. If a Discipline Conference with the Student Life official fails to occur within ten business days, a Disciplinary hold shall be placed on the student's record to prevent the student from having access to College records and services, including registering for classes. A Discipline Conference could result in referral to a Student Conduct Board Hearing.

The following discipline sanctions may be imposed:

- Character Development Workshop
- Discipline Contract
- Immediate Suspension
- Loss of Privileges
- Reprimand
- Restitution

HEARING PROCEDURES

Prior Expulsion Assessment Hearing: Any person applying for admission to the College who has been previously expelled from another community college district in the preceding five (5) years or is undergoing an expulsion process at another community college district, shall be afforded a Student Conduct Board Hearing. The hearing shall determine if the applicant continues to pose a danger to the physical safety of others and whether the applicant will be admitted, admitted provisionally, or denied admission to the College as per AP 5010. The person shall have the right to appeal to the Vice President, Student Services or President/CEO.

Sexual Violence Cases: In all sexual violence cases, discipline procedures will be conducted by persons who receive annual training on issues related to domestic violence, dating violence, sexual assault, stalking, and hearing processes that protect victim safety, applies affirmative consent, and promotes accountability. Both the accuser and accused are entitled to the same opportunity to have others present during the discipline procedures, including the opportunity to be accompanied to any related conference by an advocate of their choice.

Student Conduct Board Appointment: The Student Conduct Board shall be composed of one administrator, one faculty member, one student, and the Student Conduct Manager. At the beginning of each academic year, the Vice President, Student Services, the Academic Senate President, and the Associated Students President shall each submit a list of at least five persons who will serve on the Student Conduct Board throughout the year. The Student Conduct Manager shall appoint the hearing board from the names provided and will serve as the Student Conduct Board Chair. No administrator, faculty member, or student who has any personal involvement in the case to be decided, who is a necessary witness, or who could not otherwise act in a neutral manner, shall serve on the Student Conduct Board Hearing.

Notice of Student Conduct Board Hearing: The Student Life official shall provide the accused student, or a minor's parent/guardian, official notice of the date, time, and location of the hearing by certified mail, email, or personal delivery. The notice shall include:

1. The composition of the Student Conduct Board.
2. The specific sections(s) of the Standards of Conduct the student is accused of violating.
3. A statement of the alleged facts and evidence supporting the accusation in sufficient detail, including any witnesses or exhibits, so that the student may prepare one's testimony.
4. The nature of the discipline that is being considered.
5. A copy of Board Policy 5500 and Administrative Procedure 5520.
6. Requirements that the student must provide the Student Conduct Manager with a witness list and any exhibits one will bring to the hearing, at least three (3) business days prior to the scheduled hearing date.

The student may represent one's self, and may also have the right to be represented by a person of one's choice including an attorney if, in the judgment of the Student Conduct Board Chair, complex legal issues are involved. If the student wishes to be represented by an attorney, a request must be presented not less than three business days prior to the date of the hearing. If the student is permitted to be represented by an attorney, the Student Conduct Manager may also request legal assistance for the Student Conduct Board. Any legal advisor provided to the Student Conduct Board may serve in an advisory capacity to provide legal counsel but shall not be a member of the Board nor have a vote in the case. The members of the Student Conduct Board shall be provided with a copy of the accusation against the student and any written response provided by the student before the hearing begins.

Student Conduct Board Hearing: The hearing shall commence no sooner than ten (10) business days and not later than thirty (30) business days after the accused student has been provided an official notice of a Student Conduct Board Hearing. In the case of an immediate suspension a hearing must be held within ten (10) business days. The Student Conduct Board Hearing shall be conducted in substantial compliance with the following proceedings:

1. The hearing shall be closed and confidential unless all parties and the Student Conduct Board agree to a public hearing. Witnesses shall be present in the room only when testifying, unless all parties and the Student Conduct Board agree to the contrary.
2. The Student Life Official shall present the case against the accused student, and shall have the burden of providing by the preponderance of the evidence standard, that the facts alleged are true, and shall make a recommendation for the level of discipline to be imposed.
3. The Student Life Official and the accused student shall have the right to directly participate in the hearing, to introduce evidence, to call witnesses under oath, and to cross-examine witnesses. All witnesses are also subject to examination by the Student Conduct Board. All witnesses must testify under oath as administered by the Student Conduct Manager.
4. Formal rules of evidence shall not apply. Any relevant records, exhibits and written statements may be accepted as evidence at the discretion of the Student Conduct Manager in consultation with the Student Conduct Board.
5. The Student Conduct Manager, after consultation with the members of the Student Conduct Board, shall have the final decision on all procedural and evidentiary questions.
6. The hearing shall be recorded only by the Student Conduct Board. Any witness who refuses to be recorded shall not be permitted to testify. The recording shall remain the property of the College. The Student Conduct Manager shall furnish a copy of the recording to the accused student at their request including all documents and evidence presented at the Student Conduct Board Hearing. The accused shall have three business days after the hearing decision is finalized, to make the request.
7. The student shall have the right to be assisted by a translator or qualified interpreter to ensure their full participation in the proceedings. Any notification of bringing an interpreter shall be made in writing to the Student Conduct Manager no later than three business days before the hearing.
8. Student Conduct Board and College employees who participate in a Student Conduct Board Hearing, shall abide by all state and federal laws governing the privacy and confidentiality of student educational records.
9. The Student Conduct Board shall deliberate in closed session. These deliberations shall not be recorded and the proceedings shall be confidential in closed session. The Student Conduct Board shall determine whether the facts as alleged have been established by the preponderance of the evidence standard, specify its findings of fact in writing, determine by majority vote whether the accused student has violated the Standards of Conduct as charged, and determine a recommendation for disciplinary action by majority vote.

Student Conduct Board Recommendations: The Student Conduct Manager serving as Chair to the Student Conduct Board, shall issue a written report of their findings and recommended hearing sanctions to the Student Services Conduct Administrator, within ten business days after the conclusion of the hearing.

Discipline Decision: The Student Services Conduct Administrator reviews the written report of the findings and recommended hearing sanctions. Within ten business days of receiving the recommendation, the Student Services Conduct Administrator shall accept, reject, or modify the discipline decision.

Upon determination of the discipline decision, the Student Services Conduct Administrator shall notify the student, or a minor's parent/guardian, of the final discipline decision. The written discipline decision shall include hearing sanctions and be provided by certified mail, email, or personal delivery.

In cases where sexual violence is alleged, both the accuser and accused will receive simultaneous written notice of the discipline decision of the Student Conduct Board Hearing, the appeal procedures, and any change to the hearing result before the results are final. Both parties shall be notified within three (3) business days when the results become final. The College will protect the victim's identity by redaction to the extent permissible by law.

If the written discipline decision includes a modification that is greater than the Student Conduct Board recommendation, the student may file an appeal with the Vice President, Student Services or the College President within ten (10) business days from the date the notice of imposed hearing sanctions. If the Student Services Conduct Administrator makes a recommendation for expulsion, the recommendation will be forwarded to the College President/CEO.

The following hearing sanctions may be imposed:

- Suspension, Short term
- Suspension, Long-term
- Specialized Counseling or Therapy
- Character Development Workshops
- Mandatory Discipline Conference upon return
- Discipline Contract

APPEAL PROCEDURES

If the final discipline decision is greater than the recommendation of the Student Conduct Board, the student may file an appeal. The appeal shall include a written statement as to why the student believes the decision was erroneous. The filing of an appeal by the student shall not delay the implementation of the discipline decision and hearing sanctions unless so ordered by the Vice President, Student Services or College President/CEO. Within ten business days the Vice President, Student Services or College President/CEO shall review the record of the hearing. The Vice President, Student Services or the College President/CEO may accept, reject or modify the findings of the appeal request and prepare an appeal decision.

Notice of Appeal Decision: If the Vice President, Student Services or the College President/CEO accepts, rejects, or modifies the discipline decision, a new written decision which contains specific factual findings and conclusions shall be prepared. The appeal decision will be final.

EXPULSION PROCEDURES

Recommendation: When expulsion is recommended, as demonstrated by the findings of fact, the Student Services Conduct Administrator shall forward a recommendation to the College President/CEO with all supporting documentation. Within ten business days the College President/CEO shall review the record of the hearing and prepare a new discipline decision which contains specific factual findings and conclusions. The College President's/CEO shall make the final decision as to whether the case shall be forwarded to the Board of Trustees.

Hearing: The Board of Trustees shall consider any recommendation from the College President/CEO for expulsion at a meeting scheduled not sooner than fifteen business days after the date of the notice, and not later than the next two regularly scheduled Board of Trustees meetings after receipt of the recommended decision. The student shall be notified in writing, by certified mail, email, and/or by personal service delivery. The notification shall include the date, time, and place of the Board's meeting. If the student is a minor, the notification must be sent to the student and their parent or guardian.

The Board of Trustees shall consider an expulsion recommendation in closed session, unless the student has requested that the matter be considered in a public meeting. The student may, within 48 hours after receipt of the notice, request that the hearing be held as a public meeting. If a student has requested that the Board of Trustees consider an expulsion recommendation in a public meeting, the Board of Trustees will hold any discussion that might be in conflict with the right to privacy of any student other than the student requesting the public meeting in closed session.

Decision: The Board of Trustees may accept, modify or reject the findings, decisions and recommendations of the College President/CEO. If the Board of Trustees modifies or rejects the decision, the Board of Trustees shall review the record of the hearing, and shall prepare a new written decision which contains specific factual findings and conclusions. The decision of the Board of Trustees shall be final.

The final action of the Board of Trustees on the expulsion shall be taken at a public meeting, and the result of the action shall be a public record of the College. However, in order to comply with the federal Family Education Rights and Privacy Act, the name of the student shall not be disclosed.

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THE AMERICAN REGISTRY
OF RADIOLOGIC
TECHNOLOGISTS®

Appendix III

ARRT STANDARDS OF ETHICS

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PREAMBLE

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

STATEMENT OF PURPOSE

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

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

A. CODE OF ETHICS

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

1. The radiologic technologist acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.
2. The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.
3. The radiologic technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, familial status, disability, sexual orientation, gender identity, veteran status, age, or any other legally protected basis.
4. The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.
5. The radiologic technologist assesses situations; exercises care, discretion, and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
7. The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self, and other members of the healthcare team.
8. The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
9. The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
10. The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.
11. The radiologic technologist refrains from the use of illegal drugs and/or any legally controlled substances which result in impairment of professional judgment and/or ability to practice radiologic technology with reasonable skill and safety to patients.

B. RULES OF ETHICS

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

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

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

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

Fraud or Deceptive Practices

Fraud Involving Certification and Registration

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

Fraudulent Communication Regarding Credentials

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

Fraudulent Billing Practices

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

Subversion

Examination / CQR Subversion

4. Subverting or attempting to subvert ARRT's examination process, and/or the structured self-assessments that are

part of the Continuing Qualifications Requirements (CQR) process. Conduct that subverts or attempts to subvert ARRT's examination and/or CQR assessment process includes, but is not limited to:

- (i) disclosing examination and/or CQR assessment information using language that is substantially similar to that used in questions and/or answers from ARRT examinations and/or CQR assessments when such information is gained as a direct result of having been an examinee or a participant in a CQR assessment or having communicated with an examinee or a CQR participant; this includes, but is not limited to, disclosures to students in educational programs, graduates of educational programs, educators, anyone else involved in the preparation of Candidates to sit for the examinations, or CQR participants; and/or
- (ii) soliciting and/or receiving examination and/or CQR assessment information that uses language that is substantially similar to that used in questions and/or answers on ARRT examinations or CQR assessments from an examinee, or a CQR participant, whether requested or not; and/or
- (iii) copying, publishing, reconstructing (whether by memory or otherwise), reproducing or transmitting any portion of examination and/or CQR assessment materials by any means, verbal or written, electronic or mechanical, without the prior express written permission of ARRT or using professional, paid or repeat examination takers and/or CQR assessment participants, or any other individual for the purpose of reconstructing any portion of examination and/or CQR assessment materials; and/or
- (iv) using or purporting to use any portion of examination and/or CQR assessment materials that were obtained improperly or without authorization for the purpose of instructing or preparing any Candidate for examination or participant for CQR assessment; and/or
- (v) selling or offering to sell, buying or offering to buy, or distributing or offering to distribute any portion of examination and/or CQR assessment materials without authorization; and/or
- (vi) removing or attempting to remove examination and/or CQR assessment materials from an examination or assessment room; and/or
- (vii) having unauthorized possession of any portion of or information concerning a future, current, or previously administered examination or CQR assessment of ARRT; and/or
- (viii) disclosing what purports to be, or what you claim to be, or under all circumstances is likely to be understood by the recipient as, any portion of or "inside" information concerning any portion of a future, current, or previously administered examination or CQR assessment of ARRT; and/or
- (ix) communicating with another individual during administration of the examination or CQR assessment for the purpose of giving or receiving help in answering examination or CQR assessment questions, copying another Candidate's, or CQR participant's answers, permitting another Candidate or a CQR participant to copy one's answers, or possessing unauthorized materials including, but not limited to, notes; and/or
- (x) impersonating a Candidate, or a CQR participant, or permitting an impersonator to take or attempt to take the examination or CQR assessment on one's own behalf; and/or

- (xi) using any other means that potentially alters the results of the examination or CQR assessment such that the results may not accurately represent the professional knowledge base of a Candidate, or a CQR participant.

Education Subversion

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

Failure to Cooperate with ARRT Investigation

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

Unprofessional Conduct

Failure to Conform to Minimal Acceptable Standards

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

Sexual Misconduct

8. Engaging in conduct with a patient that is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior that is seductive or sexually

demeaning to a patient; or engaging in sexual exploitation of a patient or former patient. This also applies to any unwanted sexual behavior, verbal or otherwise.

Unethical Conduct

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

Scope of Practice

Technical Incompetence

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

Improper Supervision in Practice

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

Improper Delegation or Acceptance of a Function

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

Fitness to Practice

Actual or Potential Inability to Practice

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

Inability to Practice by Judicial Determination

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

Improper Management of Patient Records

False or Deceptive Entries

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

Failure to Protect Confidential Patient Information

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

Knowingly Providing False Information

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

Violation of State or Federal Law or Regulatory Rule

Narcotics or Controlled Substances Law

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

Regulatory Authority or Certification Board Rule

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

Criminal Proceedings

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

Duty to Report

Failure to Report Violation

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

Failure to Report Error

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

C. ADMINISTRATIVE PROCEDURES

These Administrative Procedures provide for the structure and operation of the Ethics Committee; they detail

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

1. Ethics Committee

(a) Membership and Responsibilities of the Ethics Committee

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

(b) The Chair of the Ethics Committee

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

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

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

such summary dismissal to the Ethics Committee.

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

2. Hearings

Whenever ARRT proposes to take action in respect to the denial of an application for certification and registration (for reasons other than failure to meet the criteria as stated in Article II, Sections 2.03 and 2.04 of the *Rules and Regulations* of ARRT, in which case there is no right to a hearing) or of an application for renewal or reinstatement of certification and registration, or in connection with the revocation or suspension of certification and registration, or the censure of a Certificate Holder or Candidate for an alleged violation of the Rules of Ethics, it shall give written notice thereof to such person, specifying the reasons for such proposed action. A Certificate Holder or Candidate to whom such notice is given shall have 30 days from the date the notice of such proposed action is mailed to make a written request for a hearing. The written request for a hearing must be accompanied by a nonrefundable hearing fee in the amount of \$100. In rare cases, the hearing fee may be waived, in whole or in part, at the sole discretion of the Ethics Committee.

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

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

Failure to appear at the hearing in person or via teleconference, or to supply a written submission in response to the charges shall be deemed a default on the merits and shall be deemed consent to whatever action or disciplinary

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

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

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

3. Appeals

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

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

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

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

4. Adverse Decisions

(a) Private Reprimands

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

(b) Public Reprimands

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

(c) Conditional

Conditional status may be given for continued certification and registration in those cases where there are minimal conditions of the court that need to be met before the court case is closed (e.g., court ordered supervised probation).

(d) Suspensions

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

(e) Summary Suspensions

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

(f) Ineligible

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

(g) Revocation

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

(h) Alternative Dispositions

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

(i) Voluntary Surrender of Credentials

At any time during the ethics review process, the Certificate Holder may request to voluntarily surrender ARRT credentials and accept permanent revocation of ARRT certification and registration. To request a voluntary surrender, the Certificate Holder must complete the Voluntary Credential Surrender and Sanction Agreement form ("Agreement") that is available on the ARRT website at www.arrt.org. The Agreement must be signed by the Certificate Holder, notarized, and submitted to ARRT. The Executive Director of ARRT shall have the authority to receive the request and may be assisted by staff members and/or legal counsel of ARRT. The Executive Director is not empowered to enter into a binding agreement, but rather may recommend a proposed action to the Ethics Committee. The Ethics Committee will then decide whether to accept or deny the request for surrender of credentials. If denied by ARRT, the ethics review will continue according to the *Standards of Ethics*. If accepted by ARRT, the ethics review process will be discontinued, the Certificate Holder agrees to waive all rights set forth in these Administrative Procedures, and a sanction for permanent revocation will be entered against the Certificate Holder.

(j) Civil or Criminal Penalties

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

5. Publication of Adverse Decisions

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

6. Procedure to Request Removal of a Sanction

A sanction imposed by ARRT, including a sanction specified in a Settlement Agreement, specifically provides a sanction time frame and it shall be presumed that a sanction may only be reconsidered after the time frame has elapsed. At any point after a sanction first becomes eligible for reconsideration, the individual may submit a written request ("Request") to ARRT asking the Ethics Committee to remove the sanction. The Request must be accompanied by a nonrefundable fee in the amount of \$250. A Request that is not accompanied by the fee will be returned to the individual and will not be considered. In rare cases, the fee may be waived, in whole or in part, at the sole discretion of the Ethics Committee. The individual is not entitled to make a personal appearance before the Ethics Committee in connection with a Request to remove a sanction or to modify a Settlement Agreement.

Although there is no required format, Requests for both sanction removal and Settlement Agreement modification must include compelling reasons justifying the removal of the sanction or modification of the Settlement Agreement. It is recommended that the individual demonstrate at least the following: (1) an understanding of the reasons for the sanction; (2) an understanding of why the action leading to the sanction was felt to warrant the sanction imposed; and (3) detailed information demonstrating that the Certificate Holder's or Candidate's behavior has improved and similar activities will not be repeated. Letters of recommendation from individuals, who are knowledgeable about the person's sanction imposed; and current character and behavior, including efforts at rehabilitation, are advised. If a letter of recommendation is not on original letterhead or is not duly notarized, the Ethics Committee shall have the discretion to ignore that letter of recommendation.

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

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

7. Amendments to the Standards of Ethics

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

Student Handbook

Appendix IV

Mt. San Antonio College-Radiology Program Student MRI Questionnaire Form

The MR magnet is extremely strong and could be dangerous to individuals entering the MR area with certain mechanical or electronic devices. Students must remove all metallic belonging prior to entering the MRI area including the following: keys, wallet, jewelry, hair accessories, hearing aids, cell phones, and body piercing jewelry. Also, students must understand the MR magnet is ALWAYS ON, even if a patient is not currently being scanned.

Please provide a "yes" or "no" answer for every item listed below. Honest and accurate responses will assist in protecting student safety.

Yes	No	
		Cardiac pacemaker, lead wires, or Implanted Cardioverter Defibrillator
		Artificial Heart Valve, filter, stent, or coils
		Aneurysm clips
		Electrical Implant: TENS Unit, bone growth stimulator, Biostimulator
		IV Access Port: PICC line, Port-a-cath, Swan-Gantz, Thermodilution, Broviac
		Implanted post-surgical hardware: plates, rods, screws, pins
		Spinal Fixation Device: spinal cord stimulator, spinal fusion
		External Drug Pump: insulin or other medication
		External Drug Pump: insulin or other medication
		Internal Drug Pump: pain medicine or chemotherapy drugs
		Medication Patch: nitroglycerine, estrogen, contraceptive, nicotine
		Surgical clips or mesh, staples
		Cochlear implant or middle ear implant
		Hearing Aids
		Artificial limb or joints
		Tissue expander: breast
		Radiation seeds (used for cancer treatment)
		Hair: implants, clips, pins, or wig
		Mouth: false teeth, dentures, braces, retainer, metal dental work
		Eyelid Spring or artificial eye
		Metal shaving from injury to any body part (eye, bullet, BB, shrapnel)
		Tattoos, body piercing or permanent make up
		Penile implant
		IUD, diaphragm

My signature verifies I have answered these questions honestly, and to the best of my knowledge. I understand the importance of this questionnaire and understand the MR magnet is always on even when a patient is not currently being scanned.

Print Name

Date

Signature