

Radiologic Technology Student Handbook



Mt. San Antonio College
1100 North Grand Ave
Walnut, CA. 91789

Student Handbook

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RADIOLOGIC TECHNOLOGY PROGRAM ASSOCIATE in SCIENCE DEGREE

WELCOME

Welcome to Mt. San Antonio College and the Radiologic Technology Associate Degree Program! You are about to embark on a very exciting and challenging program designed to prepare you to be a Radiologic Technologist and assist you in passing the American Registry of Radiologic Technology (ARRT) examination. We are very proud of the program and the achievements of our program graduates.



The course of study in Radiologic Technology (RT) offered at Mt. SAC and its affiliated hospitals will prepare you to be a competent and professional entry-level radiographer able to meet the needs of the healthcare community. Program courses are designed to prepare you with skills in patient care, positioning, operating x-ray equipment, image quality assessment, technical factors, and professionally interacting with the general public, ancillary workers, and physicians. You will also learn the nature of radiation, the principles of electricity, the structure of x-ray machines, the operation of a clinical x-ray department, and much more.

The academic challenges that await you are extremely rigorous. You should be determined and dedicated to reaching your career goals. Ultimately, you are responsible for completing the program courses and passing the ARRT exam. Students who have successfully completed the 26 month RT Program at the College and its affiliated hospitals are eligible to apply for the registry examination through the ARRT, and the California Certification of Radiologic Technology.

This handbook has been written to provide you with helpful information such as program guidelines, procedures, and policies. The handbook is to be considered a supplement to Mt. SAC catalog documents. We expect that you will become familiar with all College and RT Program policies. These policies encompass the professional, clinical and academic behaviors that are to be explicitly followed. Becoming knowledgeable of the content in this handbook is your responsibility.

We assure you that with an active commitment on your part you will find your education enjoyable and rewarding. This healthcare career program is one which takes much effort, time and dedication on your part. Realizing this, we would like to wish you all success as you make a commitment to yourselves and this program for the next two years. Also, if there is anything the staff can do to help you succeed, please let us know.

Be proud of what you do, be proud of your school and enjoy this time of personal growth.

Welcome!

Student Handbook

ACCREDITATION

Mt. San Antonio College is accredited by the Western Association of Schools and Colleges and the State Department of Education. The Radiologic Technology Program is recognized by the California Department of Public Health and is accredited by:

The Joint Review Committee on Education in Radiologic Technology (JRCERT)
20 North Wacker Drive, Suite 2850
Chicago, IL 60606-3182
312-704-5300

Non-Compliance with JRCERT Standards Policy

The Mt. SAC radiography program adheres to standards established by the Joint Review Committee for Education in Radiologic Technology (JRCERT).

The JRCERT promotes excellence in education and enhances quality and safety of patient care through the accreditation of educational programs. Programs accredited by the JRCERT must demonstrate that they are in substantial compliance with the relevant JRCERT accreditation standards: Standards for an Accredited Educational Program in Radiography.

This policy is designed to make students aware of the JRCERT STANDARDS and provide them with information as to how to resolve allegations of non-compliance. The program also maintains a record of complaints and their resolution.

JRCERT Standards

A copy of the JRCERT STANDARDS and information on program compliance are available on the JRCERT's website at: <https://www.jrcert.org/programs-faculty/jrcert-standards/>

Reporting Allegations of Non-Compliance

Students have the right to submit allegations against a JRCERT-accredited program if there is reason to believe that the program has acted contrary to JRCERT accreditation standards or that conditions at the program appear to jeopardize the quality of instruction or the general welfare of its students.

Important Notes for Reporting Allegations Against a Program

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

Reporting Process

Before submitting allegations, the student must first attempt to resolve the complaint directly with the Program Director or the Technology and Health Division Dean by following the due process or grievance procedures provided by the program/college. See the Student Complaint and Grievance Procedures on pp. 22-23 of this Handbook and the Program Webpage.

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ACCREDITATION (continued)

Non-Compliance with JRCERT Standards Policy (continued)

Reporting Process (continued)

Any allegations of non-compliance with the JRCERT standards should be reported to:

Mt. San Antonio College
Radiologic Technology Program Director
or
Dean, Technology and Health Division
1100 N. Grand Ave,
Walnut, CA 91789
(909) 594-5611 Ext. 4750

If the student is unable to resolve the complaint with the Program Director or Division Dean, or believes that the concerns have not been properly addressed, the student may submit allegations of non-compliance to the JRCERT:

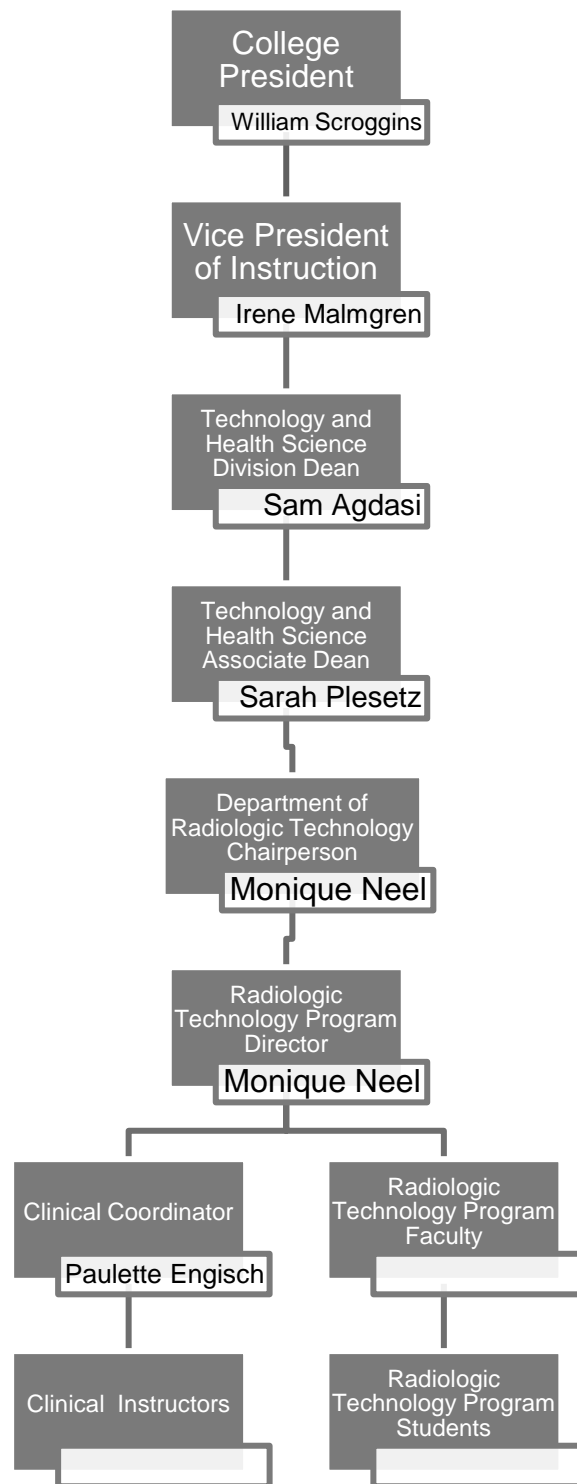
Chief Executive Officer
Joint Review Committee on Education in Radiologic Technology
20 North Wacker Drive, Suite 2850
Chicago, IL 60606-3182
Ph: (312) 704-5300
Fax: (312) 704-5304
e-mail: mail@jrcert.org

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

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

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

RADIOLOGIC TECHNOLOGY PROGRAM ORGANIZATIONAL CHART



Student Handbook

MISSION & GOALS

Mission:

The mission of the radiologic technology program is to prepare competent and professional entry-level radiographers able to meet the needs of the healthcare community.

Goals and Student Learning Outcomes (SLOs)

1. *Student/Graduate will be clinically competent.*

Student Learning Outcomes:

1. Student/Graduate will apply accurate positioning skills.
2. Student/Graduate will select optimal technical factors.
3. Student/Graduate will utilize appropriate radiation protection.
4. Student/Graduate will be well prepared to function as a competent entry-level radiologic technologist.

2. *Student/ Graduate will communicate effectively.*

Student Learning Outcomes:

1. Student/Graduate will demonstrate effective written communication skills.
2. Student/Graduate will demonstrate effective oral communication skills.

3. *Student/Graduate will develop critical thinking skills.*

Student Learning Outcomes:

1. Student/Graduate will adapt standard procedures as needed.
2. Student/Graduate will critique images to determine diagnostic quality.
3. Student/Graduate will determine corrective measures for non-diagnostic images.

4. *Student/Graduate will model professionalism.*

Student Learning Outcomes:

1. Student/Graduate will demonstrate professional work ethics.
2. Student/Graduate will participate in professional development activities.
3. Student/Graduate will provide patient-centered, clinically effective care for all patients regardless of age, gender, disability, special needs, ethnicity or culture.

5. *Graduate will meet the employment demands of the medical community.*

Student Learning Outcomes:

1. Graduate will pass the ARRT examination.
2. Graduate will secure employment in the radiology profession.

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PROGRAM EFFECTIVENESS DATA

- Percentage of students who complete the program within 150% of stated program length = 81%, 2018
- Percentage of graduates passing ARRT Certification Exam at first attempt within 6 months of graduation = 85%, 2014-2018 (5 year average)
- Percentage of graduates employed within 12 months of graduation = 98%, 2013-2017 (5 year average)

The JRCERT posts program effectiveness data (annual program completion rate, five-year average credentialing examination pass rate, & five-year average job placement rate) at www.jrcert.org.

OPPORTUNITIES

Employment of Radiologic Technologists is projected to grow 13% from 2016 to 2026, faster than the average for all occupations ([BLS, 2018](#)). As the population grows and ages, there will be an increasing demand for diagnostic imaging. With age comes increased incidence of illness and injury, which often requires diagnostic imaging for diagnosis. In addition to diagnosis, diagnostic imaging is used to monitor the progress of disease treatment. With the increasing success of medical technologies in treating disease, diagnostic imaging will increasingly be needed to monitor progress of treatment.

Although hospitals will remain the principal employer of radiologic technologists, a number of new jobs will be found in offices of physicians and diagnostic imaging centers. As technology advances many imaging modalities are becoming less expensive and more feasible to have in a physician's office.

With additional training, opportunities exist in various modalities, such as magnetic resonance imaging (MRI), computerized tomography (CT), sonography, radiation therapy, and angiography, as well as medical sales, management, and education.

PROGRAM COSTS

There is an enrollment fee of forty-six dollars (\$46) per unit* plus material fees, health service fees, college service fees, and parking fees. Nonresident students are also required to pay nonresident tuition fees. Please consult the current college catalog for further 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 to be arranged by the student. Scholarships and loan funds are available; please contact [Mt. SAC's Financial Aid Office](#) for further information.

Student Expenses*

Enrollment Fees	\$46 per unit
Activities Fee	\$11 per semester
Representation Fee	\$0.50 fall/spring semester
Health Fee	\$20 per semester
Parking Fee	\$50 per semester

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PROGRAM COSTS (continued)

Student Expenses*

Background Check	Approx. \$42
Drug Screening	Approx. \$20
Film Markers	Approx. \$12 each
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

** Tuition and fees are subject to change each year*

Mt. SAC APPLICATION PROCESS, RT PROGRAM APPLICATION PROCESS, & RT PROGRAM ADMISSION PROCESS

See *Appendix I*

ATTENDANCE & ENROLLMENT

As a student at Mt. SAC, students must register for classes online via the web at my.mtsac.edu. Registering for required courses is the responsibility of the student. If you need help registering online, please visit the Student Services Center (9B) or refer to the college catalog.

Attendance

Students are expected to attend all class meetings. It is the student's responsibility to know the attendance and absence policies of their professors.

Professors may take attendance at all class meetings. It is the responsibility of each professor to inform his/her classes of the attendance and absence policies at the beginning of each semester.

It is the student's responsibility to officially drop a class whenever he or she determines that he or she can no longer attend the class. Failure to officially drop a class may result in a failing grade and/or a financial obligation to the college.

Professors may drop students from their class rolls through the last day of the tenth week of instruction of a regular semester for excessive absence as defined by the professor or at an earlier date for intersession or short-term classes.

Students on college-authorized field trips will not be penalized for absences incurred in other classes during the field trips (AP 4300).

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ATTENDANCE & ENROLLMENT (continued)

Auditing Courses

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

Dropping Courses and Withdrawing from the College

It is the students' responsibility to drop or withdraw from courses they no longer attend. Students should check their schedule/receipt, available on the "My Mt SAC" portal for information regarding key dates. Dates vary and are often course specific. Failure to drop may result in a failing grade and/or fees owed.

Full 16-week courses

For 16 week courses, students who drop a class, withdraw from the college, or are dropped from a class by the professor by the Sunday at the end of the second week of classes will not receive any mark or notation on their permanent academic record.

Students who drop a class, withdraw from the college, or are dropped by the professor beginning Monday of the third week of a 16 week class will receive a mark of "W" (Withdrawal) on their permanent record.

Professors may not drop students from a class and students may not drop themselves from any class or withdraw from the college after 60% of the class has elapsed. All students who are registered for a class after 60% of the class has elapsed shall receive an academic grade (A,B,C,D,F,P,NP) or an Incomplete mark for the class.

A "W" Withdrawal mark shall not be assigned to any student enrolled after the last day to drop a class except in the case of an approved petition due to extenuating circumstances. A "W" Withdrawal remains a permanent part of a student's academic record.

Intersessions and other short term classes

For short term classes, students who drop a class, withdraw from college or are dropped from a class by the professor prior to the conclusion of the first 20% of the class will not receive any mark or notation on their permanent record.

Students who drop a class, withdraw from the college, or are dropped by the professor after 20% of the class has elapsed will receive a mark of "W" (Withdrawal) on their permanent record.

Professors may not drop students from a class and students may not drop themselves from any class or withdraw from the college after 60% of the class has elapsed. All students who are registered for a class after 60% of the class has elapsed shall receive an academic grade (A,B,C,D,F,P,NP) or an Incomplete mark for the class.

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ATTENDANCE & ENROLLMENT (continued)

A "W" Withdrawal mark shall not be assigned to any student enrolled after the last day to drop a class except in the case of an approved petition due to extenuating circumstances. A "W" Withdrawal remains a permanent part of a student's academic record.

Jury Duty Policy

As a civic duty, students may be required to serve for jury duty sometime during the RT program. Students are responsible for notifying faculty immediately when summoned. The faculty may be able to aid postponement of jury duty until completion of the program by providing a letter confirming current enrollment in the 26 month program. It is the student's responsibility to request for 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 necessary for students to serve.

CURRICULUM/ A.S. DEGREE REQUIREMENT

Mt. SAC offers a curriculum in Radiologic Technology designed to meet the JRCERT accreditation requirements and the Didactic/Clinical Competency Requirements for certification set forth by the ARRT. The ARRT requirements are available for review on the [ARRT website](#).

The program is affiliated with local clinical facilities. See *Appendix II* for a complete list of clinical affiliates. In the event that a clinical education facility terminates the affiliation agreement, the student will be reassigned by the faculty to another clinical education facility without delay or disruption of the educational process.

Mt. SAC offers a curriculum in Medical Radiologic Technology. The curriculum is 26 months in length. Classes are held on campus in a state-of-the-art laboratory classroom and various affiliated clinical settings.

To remain in the program, students must maintain a "C" or better grade and/or "P" (passing) in all courses.

In addition to the required Radiologic Technology Program courses the student must complete the general education courses required for completion of the Associate in Science (AS) Degree. AS Degree requirements are listed in the current Mt. SAC catalog.

Upon satisfactory completion of the AS Degree in Radiologic Technology, the graduate is eligible to apply for the registry examination through the ARRT and the State of California. Also, graduates may transfer to a state college or university offering a baccalaureate program in Radiologic Technology.

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CURRICULUM SEQUENCE & SCHEDULE (26 months total)

Year/Semester	Course	Units	Hours	Professor
Pre-requisite courses required prior to program admission				
	ANAT10A Introductory Human Anatomy	4	Variable	Variable
	ANAT10B Introductory Human Physiology	4	Variable	Variable
	MEDI90 Medical Terminology	3	Variable	Variable
	PHYS1 Physics	4	Variable	Variable
1/Summer				
	RAD91 Patient Care in Radiologic Sciences	3	M/W 7:00am-12:45pm	Toy-Ortega
	RAD50 Introduction to Radiologic Science and Healthcare	3	T/Th 7:00am-11:15am	Engisch
1/Fall				
	RAD61A Theory of Radiologic Technology	4	T/Th 9:55am-12:00pm	Engisch
	RAD61B Radiographic Procedures I	3	M/W 10:30am-11:55	Neel
	RAD61C Radiographic Procedures I Laboratory	1.5	M or W 7:50am-10:25am or 12:00pm-2:35pm	Neel
	RAD1A Clinical Experience 1A	4.5	T/Th 1:00pm-5:00pm & F 8:00am-4:30pm	Engisch, McLaughlin, Neel
1/Winter				
	RAD1B Clinical Experience 1B	2.5	M-F 7:30am-12:30pm	Engisch, McLaughlin, Neel
1/Spring				
	RAD62A Theory of Radiologic Technology	4	T/Th 1:00pm-3:05pm	Engisch
	RAD62B Radiographic Procedures II	3	M/W 10:30am-11:55am	Neel
	RAD62C Radiographic Procedures II Laboratory	1.5	M or W 7:50am-10:25am or 12:00pm-2:35pm	Neel
	RAD2A Clinical Experience 2A	4.5	T/Th 8:00am-12:00pm & F 8:00am-4:30pm	Engisch, McLaughlin, Neel
2/Summer				
	RAD2B Clinical Experience 2B	2.5	M/W/F 8:00am-4:30pm	Engisch, McLaughlin, Neel
2/Fall				
	RAD63 Theory of Radiologic Technology	1	T (8weeks) 1:00pm-3:05pm	McLaughlin
	RAD30 Radiographic Pathology	1.5	T (8weeks) 1:00pm-4:10pm	McLaughlin
	RAD3A Clinical Experience 3A	7	M/W 8:00am-4:30pm T/Th 8:00am-12:00pm	Engisch, McLaughlin, Neel
2/Winter				
	RAD3B Clinical Experience 3B	2.5	M-F 12:30pm-5:30pm	Engisch, McLaughlin, Neel
	RAD32 Digital Imaging in Radiology	2	T/Th 8:30am-11:20am	McLaughlin
2/Spring				
	RAD31 Fluoroscopy and Radiobiology	4	F 7:00am-11:15am	Engisch
	RAD64 Theory of Radiologic Technology	4	T/Th 9:55am-12:00pm	McLaughlin
	RAD3C Clinical Experience 3C	7	M/W 8:00am-4:30pm T/Th 1:00pm-5:00pm	Engisch, McLaughlin, Neel
2/Summer				
	RAD4 Clinical Experience 4	4	M-F 8:00am-4:30pm	Engisch, McLaughlin, Neel
Total	w/ pre-reqs 25 courses	85		
	w/o pre-reqs 21 courses	70		

Subject to Change

See *Appendix III* for a complete list of all Radiologic Technology course descriptions

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COLLEGE ASSISTANCE

Student Support Services

The college provides Student Support Services and Programs to students in support of student learning. 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. A [Student Services Phone Directory & Locations](#) is available online.

Student Support Services at Mt. SAC helps students learn about financial aid opportunities, and various counseling, assessment, and assistance programs, including disabled student services. The [Student Support Services Website](#) includes more than 20 departments specifically aimed at helping students succeed in college.

Financial Aid

Students who need financial aid may contact the [Financial Aid Office](#) at (909) 274-4450.

Learning Assistance

Students who need learning assistance may contact the [Learning Assistance Center](#) at (909) 274-4300 or (909) 274-5666. Additional courses that may assist students in developing more effective study skills include COUN 2, STDY 80 and STDY 85A.

English as a Second Language (ESL)

Students must be able to clearly speak and understand English prior to being accepted into the Radiologic Technology Program. For assistance, please contact the [ESL Office](#) at (909) 274-4736.

Students with Disabilities

Persons with disabilities who require special accommodations are requested to call Mt. SAC's [Disabled Student Programs & Services](#) at (909) 274-4290 for assistance.

College Policies Safeguarding the Health and Safety of Students

Appropriate institutional policies and procedures assure that students are protected. These policies address areas such as emergency preparedness, harassment, communicable diseases, and substance abuse. Policies and procedures meet federal and/or state requirements as applicable.

Enrolled students may access College Board Policies (BPs) and Administrative Procedures (APs) on the [College Board Policies \(BPs\) and Administrative Procedures \(APs\) on the College Website](#).

College policies addressing the health and safety of students include, but are not limited to the following:

- AP 3500- Campus Safety
- AP 3503- Emergency Procedures
- AP 3430- Prohibition of Harassment

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COLLEGE ASSISTANCE (continued)

College Policies Safeguarding the Health and Safety of Students (continued)

- AP 5210- Communicable Diseases
- AP 3550- Drug-Free Environment and Drug Prevention
- AP 3560- Alcoholic Beverages
- AP 3540- Sexual Assaults on Campus
- BP 5500- Standards of Conduct

Additional BPs and APs that safeguard the health and safety of students are available on the College Website

Student Injury Policy

Because of the unique nature of clinical instruction, students are protected under the state Worker's Compensation Plan. The plan is provided free of charge to the student in the event of an injury occurring in the clinical education setting.

Pursuant to the Workers' Compensation Appeals Board and Labor Code Guidelines, Keenan and Associates, our third party administrators for industrial injuries, have directed that Mt. SAC maintain control for the first thirty (30) days from the date of the injury. In other words, for the first thirty (30) days, injured students shall seek treatment at designated work injury clinics for all industrial related injuries occurring during clinical education.

The Clinical Instructor and the student must complete and submit the necessary paperwork within 24 hours of the reported injury. Thoroughly completing the necessary paperwork and following the step by step directions in the "Quick Reference Guide for Student Injuries" below is of utmost importance.

Quick Reference Guide for Student Injuries

Step 1: The student must report the injury to the Clinical Instructor *immediately*

Step 2: The Clinical Instructor must fill out the following forms:

1. "Manager's Report of Employee Injury Form" (yellow paper)
2. "Sharps Injury Report Form" (only if applicable)
3. "Worker's Compensation Claim Form"
4. "Industrial Injury Medical Treatment Authorization Form" (yellow ½ sheet)

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COLLEGE ASSISTANCE (continued)

Quick Reference Guide For Student Injuries (continued)

Step 3: The student must seek treatment at one of the following work injury clinics and take the “Industrial Injury Medical Treatment Authorization Form” (yellow 1/2 sheet):

- **U.S. HealthWorks**

801 Corporate Center Dr. Suite 130
Pomona, CA 91768
(909) 623-1954
Monday through Friday
7:30 a.m. – 6:00 p.m.

*Directions (from Mt. SAC):
Temple Ave.—East to
South Campus Dr.—Left to
Corporate Center Dr.—Left
Left into Industrial Park
(Next to KB Homes)*

- **U.S. HealthWorks 24 Hour Facility**

17487 E. Hurley St.
City of Industry, CA 91744
626-961-1152
Open 7 days • 24 Hours

*Directions (from Mt. SAC):
Grand Ave.—South to
Valley Blvd.—Right to
Hurley St.—Right*

Step 4: The student must submit the paperwork completed by the Clinical Instructor (step 2 above) to [Mt. SAC's Technology and Health Division Office](#) within 24 hours of the injury.

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 setting for training. This requirement applies to injuries that occur 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 and documented the clearance using the *Post-Injury Physical Examination Form*, the student may return to clinical training.

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TRANSFER OF CREDIT EARNED FROM OTHER INSTITUTIONS AND/OR PROGRAMS

Prior to admission to the Radiology Technology Program, students may apply to transfer credit for coursework taken at another college which is similar in content. Submission of course descriptions and required texts are required for evaluation by program faculty. The College Catalog and the College [Transfer Services](#) Webpage provides access to criteria used when determining the transfer of credit earned from other institutions and/or programs. Please see a Mt. SAC Counselor (or an Advisory) in the [Student Services Center](#) for a list of general education requirements, transfer course equivalencies, and variance information.

Evaluation of Other College Coursework

Mt. San Antonio College reserves the right to evaluate work completed at other regionally accredited colleges and universities. Transfers with acceptable grades will be granted advanced standing insofar as the work corresponds with the curriculum of this institution or the lower-division work offered in accredited colleges or universities. Each applicant should file with [Admissions and Records](#) an official transcript of their records from all colleges and universities previously attended.

It is the student's responsibility to request the evaluation of official transcripts from other colleges. Students will need to request an evaluation upon submission of their graduation petition. This may be accomplished by submitting a completed "Evaluation Request" form at Admissions and Records. See college catalog for additional information.

Acceptance of Domestic Coursework from Accredited Colleges and Universities in the United States

The College will accept "degree appropriate" or "baccalaureate" level courses from accredited colleges and universities in the United States. These course units will, at a minimum, be granted "elective credit" status.

To determine General Education and/or Associate Degree equivalency and for granting of unit credit, the course must be easily identifiable as the same course taught at Mt. San Antonio College by a commonly used course prefix, title, and description. To be verified, sufficient information, including prerequisite information, must be available from the accredited college/university to substantiate granting course equivalency and course credit. The College reserves the right to deny acceptance of any course for the purpose of General Education, Associate Degree graduation requirements, or subject requirements. If denied, the student may petition for an in-depth evaluation but will be required to provide official course information from the institution of record or from the college/university catalog.

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TRANSFER OF CREDIT EARNED FROM OTHER INSTITUTIONS AND/OR PROGRAMS **(continued)**

To determine “subject” requirements for an established vocational program, the course must be evaluated by a representative from the respective academic department in which the major resides. If the course is determined acceptable as a substitution for a required course in the program, the department representative will complete a “variance” form verifying this acceptance and complete the paperwork at [Admissions and Records](#).

Credit for Clinical Course Work: If a student wishes to obtain credit for clinical coursework, the student must present verification of clinical coursework indicating types of exams performed, type of facility, and length of time in hours. Clinical coursework must be within the last five (2) years prior to application. If training appears comparable and hours verified sufficient, credit may be granted on a semester basis.

Acceptance of International Coursework from Accredited Colleges and Universities outside the United States

See [Mt. SAC catalog](#) for current policy.

Credit for Extra Institutional Learning

See [Mt. SAC catalog](#) for current policy.

Credit for Current RT License Holders

Mt. SAC may grant units of credit toward an associate’s degree to current license holders in Radiologic Technology. The total number of units granted will be equal to the current total unit requirement for the equivalent program certificate. License holders must meet the college’s residency requirements and complete an application to the college before the request for extra-institutional learning credit may be made. The application date will determine the catalog year.

The Department Chair from the appropriate program will validate the license and its currency. [Admissions and Records](#) will certify that the requirements have been met, grant the appropriate number of units, and apply extra-institutional learning credit toward the degree. ([AP 4285](#))

- Degree Requirements: Petitioner must satisfy all other Associate in Science Degree requirements. Of the 60 units required for the Associate Degree, at least twenty-four (24) units must be earned in courses that contribute to the grade point average.

Credit for Military Training

Mt. San Antonio College will grant four units of Baccalaureate level elective credits for military experience without regard to the field of service. Additional credit may be allowed for specific programs of training and credits earned through the United States Armed Forces Institute. ([AP 4285](#))

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TRANSFER OF COURSEWORK/ ARTICULATION AGREEMENTS

The College Website, Transfer Services Webpage discloses a list of institutions with which the college has established an [articulation agreement](#).

The Resources Tab of the Transfer Services webpage includes:

- Downloadable material on [AA & AS Graduation Requirements and General Education](#)
- Link to [Loma Linda University School of Allied Health Professions](#)
- Link to Southern Illinois University [BS Health Care Management](#) and [Online BS Radiologic Sciences Management and Education](#)
- Link to [ASSIST.org](#) (the main website for articulation between California community colleges and CSUs and UCs/ see CSU Northridge & CSU Dominguez Hills)
- Link to Transfer Major Sheet for Radiologic Technology to CSU Northridge & CSU Dominguez Hills

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 [Student's Rights and Policies on the Mt. SAC website](#) to review these rights.

STUDENT CONDUCT

Program students are responsible for familiarizing themselves and complying with all student conduct policies.

College Standards of Conduct

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

- Causing, attempting to cause, or threatening to cause physical injury to another person.
- 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.
- 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.
- Committing or attempting to commit robbery or extortion.
- Causing or attempting to cause damage to College property or to private property on campus.

Student Handbook

STUDENT CONDUCT (continued)

College Standards of Conduct (continued)

- Stealing or attempting to steal College property or private property on campus, or knowingly receiving stolen College property or private property on campus.
- Willful or persistent smoking in any area where smoking has been prohibited by law or by regulation of the College.
- Committing sexual harassment as defined by law or by College policies and procedures.
- Engaging in harassing or discriminatory behavior based on disability, gender, gender identify, gender expression, marital status, nationality, race or ethnicity, religion, sexual orientation, or any other status protected by law.
- Engaging in intimidating conduct or bullying against another student through words or actions.
- 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.
- Disruptive behavior, willful disobedience, habitual profanity or vulgarity, or the open and persistent defiance of the authority of, or persistent abuse of, College personnel.
- Cheating, plagiarism (including plagiarism in a student publication), or engaging in other academic dishonesty.
- Dishonesty; forgery; alteration or misuse of College documents, records or identification; or knowingly furnishing false information to the College.
- Unauthorized entry upon or use of College facilities.
- Lewd, indecent or obscene conduct on College-owned or controlled property, or at College sponsored or supervised functions.
- 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.
- Persistent, serious misconduct where other means of correction have failed to bring about proper conduct.
- 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.
- Harassment of students and/or College employees that creates an intimidating, hostile, or offensive environment.
- 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.

Student Handbook

STUDENT CONDUCT (continued)

Academic Honesty Policy

All members of the academic community have a responsibility to ensure that scholastic honesty is maintained. Faculty have the responsibility of planning and supervising all academic work in order to encourage honest and individual effort, and of taking appropriate action if instances of academic dishonesty are discovered. Honesty is primarily the responsibility of each student. The College considers cheating to be a voluntary act for which there may be reason, but for which there is no acceptable excuse.

Cheating (Academic Dishonesty)

The term "Cheating" includes but is not limited to:

- Plagiarism
- Receiving or knowingly supplying unauthorized information
- Using unauthorized material or sources
- Changing an answer after work has been graded and presenting it as improperly graded
- Illegally accessing confidential information through a computer
- Taking an examination for another student or having another person take an examination for you
- Presenting another person's work as your own
- Forging or altering registration or grade documents
- Submitting collectively developed work as your own, unless specifically allowed by the professor

A professor who determines that a student has cheated may give the student a failing grade for the assignment and should report the alleged academic dishonesty to the Student Life Office, which will maintain a record of the report and appropriate action under the provisions of the Administrative Procedures on Student Discipline (AP 5520).

Students are advised that allegations of dishonesty are serious, and can lead to disciplinary sanctions including suspension and expulsion. (BP 4290, AP 4290)

The program has a zero tolerance for students observed cheating. Students observed cheating will be dismissed from the program immediately.

Plagiarism

"Plagiarism is a direct violation of intellectual and academic honesty. Although it exists in many forms, all plagiarism refers to the same act: representing somebody else's words or ideas as one's own. The most extreme forms of plagiarism are the use of material authored by another person or obtained from a commercial source, or the use of passages copied word for word without acknowledgment.

Paraphrasing an author's idea or quoting even limited portions of his or her text without proper citation is also an act of plagiarism. Even putting someone else's ideas into one's own words without acknowledgment may be plagiarism. In none of its forms can plagiarism be tolerated in an academic community. It may constitute grounds for a failing grade, probation, suspension, or expulsion."

Student Handbook

STUDENT CONDUCT (continued)

Plagiarism (continued)

“One distinctive mark of an educated person is the ability to use language correctly and effectively to express ideas. Faculty assign written work for the purpose of helping students achieve that mark. Each instructor will outline specific criteria, but all expect students to present work that represents the student’s understanding of the subject in the student’s own words. It is seldom expected that student papers will be based entirely or even primarily on original ideas or original research.”

“Therefore, to incorporate the concepts of others may be appropriate with proper acknowledgment of sources, and to quote others directly by means of quotation marks and acknowledgments is proper. However, if a paper consists entirely of quotations and citations, the paper should be rewritten to show the student’s own understanding and expressive ability. The purpose of the written assignment (i.e., development of communication and analytic skills) should be kept in mind as each paper is prepared. It should not be evaded through plagiarism.”

**Adopted, with permission of California State University, Los Angeles, from their policy printed in the 1987-88 General Catalog.*

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. Gross negligence or incompetence.
2. Failure to respect confidential nature of hospital records and information regarding patients.
3. Deliberate altering, removing, or destroying of 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. Exceeding attendance policy as stated in the Student Handbook.
8. Theft.
9. Possession of dangerous drugs or alcohol. Reporting on duty or attempting to work while under the effect of drugs or alcohol.
10. Conduct compromising the life/safety/emotional well being of others.
11. Discourteous and/or disorderly behavior.
12. Malicious gossip or verbal attack on any hospital personnel or other students.
13. Soliciting or unauthorized selling on hospital premises.
14. Leaving the work area or department without permission from the person in charge.
15. Smoking or eating in unauthorized areas.
16. Unwilling to recognize own limitations & refusing assistance from technologists when appropriate.
17. Critiquing technologists, hospital staff, or physicians.
18. Working ineffectively with technologists and hospital staff in a team environment.
19. Use of electronic devices during class or clinical time, unless permitted by the professor or supervising technologist.

Student Handbook

STUDENT CONDUCT (continued)

[ARRT Standards of Ethics](#)

See *Appendix VI*

Honor Code

Students will abide by the program's Honor Code which is designed to promote an atmosphere of ethical and responsible behavior and to reinforce the importance of honesty and integrity. This includes student performance on all assignments and examinations, as well as student conduct in the classroom and in the 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 your 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 and between students and faculty. 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. Be in violation of the ARRT Standards of Ethics
2. Cheat, plagiarize, or engage in any other academic dishonesty with or without the aid of electronic devices;
3. Give or receive unpermitted aid during a quiz, examination, or assignment;
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 him/herself in a seriously obscene or offensive manner;
10. Practice in an unsafe manner or outside the scope of professional training;
11. Violate patient confidentiality (HIPAA);
12. Attempt, or commit theft of any item not belonging to the student (including patient's property);

Student Handbook

STUDENT CONDUCT (continued)

The Honor Code (continued)

13. Accept services in the clinical setting without a physician's order. Accepting free services constitutes stealing from the clinical setting.
14. Attend class or the clinical setting while under the influence of alcohol, drugs, or other substances.

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), or dean(s).

Each student has the responsibility to participate in the enforcement of this Code. Failure to take appropriate action is in itself a violation of the Code.

The student must agree to participate in the enforcement of this Honor Code, and prior to matriculation, must sign a statement agreeing to uphold its principles while enrolled in the Mt. SAC RT Program.

Faculty Responsibilities

Each faculty member has the responsibility to participate in the clarification, promotion, and enforcement of the Honor Code. The faculty plays an integral role in the maintenance of the Honor Code.

Program Procedures in the Event of Honor Code Violations

- A student failing 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.
- Students do have an avenue of recourse in the event of Honor Code Violations. 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 the Due Process Policy on p. 28.

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 academic and non-academic grievances are located on the student life webpage under [Student Complaints and Grievances](#).

Student Handbook

STUDENT COMPLAINT & GRIEVANCE PROCESS (continued)

Non-Grievance Student Complaints

A student who has a complaint, apart from those that require invoking the grievance procedure, shall submit the complaint using the program's student complaint forms. The forms are available on the program's website under the [Student Complaint Forms](#) Tab or the forms can be obtained from the Department Chair office. If the complaint is regarding a faculty member, the student shall complete and submit the form titled "[Student Complaint Form- Faculty](#)." If the complaint is not faculty related (e.g. cleanliness of classroom or complaint about office staff), the student shall complete and submit the form titled "[Student Complaint Form- Non-Faculty](#)."

- Non-Grievance Student Complaint Process
 - The student will be asked to provide the information regarding the complaint as thoroughly as possible. The complaint needs to be submitted within 10 business days of the alleged conflict or action to the RT Department Chair (DC). Complain forms completed online will be sent directly to the DC. Paper complaint forms need to be submitted to the DC via email or the form can be dropped off at the DC office.
 - 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 your 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.

Student Handbook

PROBATION & DISMISSAL POLICY

Students enrolled in the Radiologic Technology program are responsible for adhering to the policies and regulations established by the Board of Trustees (see college catalog), the California Department of Public Health, the Technology and Health Division, RT courses, and the RT Program. Students should review the program and college policies included in the College Catalog and the RT Student Handbook. Students not complying with the aforementioned policies and procedures are subject to probation and/ or dismissal.

Probation

A written probation notice is given to the student by their professor when it is necessary to inform the student that his/her academic progress, technical skill level, or behavior does not meet the course/program objectives or policies. A student may be placed on probation at any point during any semester/intersession. Indications for probation include, but are not limited to, the following:

1. Failure to meet specific course objectives, critical elements, and/or course policies identified in the course syllabus
2. Failure to adhere to clinical attendance policy.
3. Failure to adhere to the clinical contract. See *Appendix IV*.
4. Failure to submit clinical requirements within specified time frames (e.g. physical forms)
5. Failure to communicate effectively with physicians, staff, and patients in the clinical setting.
6. Demonstration of a lack of personal and professional integrity and ethics by failing to accept responsibility for his or her own actions.
7. Violation of the patient care and safety standards identified on the clinical evaluation.
8. Inability to competently apply technical skills in the clinical setting.
9. Violation of department protocol in the clinical setting.
10. Misconduct or any behavior deemed inappropriate in the clinical setting or classroom (e.g. harassment, stealing, disruptive talking, using cell phone during class, making special arrangements and/or schedule changes without prior approval from college faculty, etc).
11. Damaging phantoms or equipment, including fogging the film bin.
12. Conducting repeat radiographs without direct supervision from a qualified practitioner. Conducting *any* radiograph without the appropriate level of supervision (direct or indirect).
13. Use of electronic devices during class or clinical time, unless permitted by the professor or supervising technologist.
14. Violation of program policies

Students placed on probation will meet with their professor in conference and a plan for remediation will be developed. If the student fails to successfully complete the remediation plan, the student may be dismissed from the program.

Indications for Dismissal

1. Failure to successfully complete a course specific remediation plan.
2. Failure to maintain a "C" or better in all required radiography classes.
3. Inability to communicate effectively with physicians, staff, and patients in the clinical setting.
4. Negligence or conduct contrary to accepted rules/standards of practice/ethics that might result in harm to a patient.
5. Chronic attendance policy violations.
6. Serious violations of the policies, procedures, and standards of care of the clinical setting to which the student is assigned.

Student Handbook

PROBATION & DISMISSAL POLICY (continued)

Indications for Dismissal (continued)

7. Abandonment of assignment. Leaving an assigned clinical area prior to the end of the designated schedule without the permission of the clinical instructor.
8. Repeat violations of the program's supervision policy (repeating radiographs without direct supervision from a qualified practitioner, and/or conducting *any* radiograph without the appropriate level of supervision [direct or indirect]).
9. Behavior that would necessitate repeat (more than one) probations for the same behavior / reason while enrolled in the program
10. Students who necessitate a fourth probation while enrolled in the program. Students are allowed a maximum of 3 probations (for different behaviors) while enrolled in the program.
11. Violation of the program policies (e.g. Academic Honesty, Honor Code, Code for Clinical Conduct)
12. Accepting free services of any kind while in the clinical setting.
13. Accepting any service/procedure/product in the clinical setting requiring a physician's prescription without first obtaining a prescription from a physician.
14. Students who have been dismissed more than once from any clinical site for legitimate and documented misconduct while enrolled in the program.
15. Repeated misconduct or any behavior deemed inappropriate in the clinical setting or classroom (e.g. harassment, stealing, disruptive talking, making special arrangements and/or schedule changes without prior approval from college faculty, etc).
16. Repeated damage of phantoms or equipment, including fogging the film bin.
17. Repeated use of electronic devices during class or clinical time, unless permitted by the professor or supervising technologist
18. Repeatedly demonstrating lack of personal and professional integrity and ethics by failing to accept responsibility for his or her actions.
19. Violation of course specific policies

Students who exhibit behaviors indicative of gross negligence will be subject to **permanent dismissal** from the program. Gross negligence is defined as an extreme departure from the standards of care, which under similar circumstances, would have been exercised by a student of the same level. Violation of the College and Program policies published in the college catalog or the student handbook may also be subject to **permanent dismissal**. In addition, if it is determined that a student is cheating, he or she will be subject to **permanent dismissal**.

VOLUNTARY WITHDRAWAL POLICY

Students may find it necessary to withdrawal from the radiography program for a variety of reasons. Regardless of the reason for withdrawal, every admission is considered to be an entry into the program. If a student leaves the program in good standing, the student is allowed to re-enter the program a second time. **A student who leaves the program for a violation of the Honor Code, or other college, program, or governing body's policies will not be readmitted since he/she has not left the program in good standing.** Students enrolled in the Radiologic Technology program are allowed a maximum of two (2) entrances.

Student Handbook

READMISSION POLICY

Students who have entered the program and who failed or withdrew from a core course/program will have the opportunity to repeat one course/re-enter the program one time.

If a student fails or withdraws from a course/program a second time, s/he will not be allowed to continue in/re-enter the program.

The program may allow an exception to this policy based on defined extenuating circumstances. Students should contact the program director directly for a petition to re-enter/repeat based on these circumstances.

Recognizing the primacy of patient safety and the ethical conduct of health care professionals, the program reserves the right to dismiss students from the program without the opportunity for readmission. Students may be dismissed for:

- Unprofessional conduct (including excessive absences and tardiness).
- Unethical conduct, including cheating, plagiarism and/or other misrepresentation.
- Behavior that compromises patient safety and welfare (physical and/or emotional jeopardy).
- Disregard for rules and requirements of the college or the practice setting.
- Violation of Mt. SAC's Student Discipline Policy

Students who leave the program in good standing will be considered for program readmission subject to space availability. Students may not be placed at their previous clinical site and *must* attend their newly assigned clinical site.

The following is a description of the process and requirements to be considered for readmission:

1. Students requesting readmission must send a request for readmission to the program director using the readmission application no less than *three (3) 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 program director 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 CPR certification

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

Student Handbook

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 that a student violates any course, program, or college policy, and the nature of this violation requires disciplinary action, the following process will be followed:

1. When a faculty member observes behavior that appears to be a policy violation, he/she shall consult the Program Director or Department Chair, inform the student of the potential violation (documented in Report of Misconduct), and notify the student that he/she will not be able to continue class/clinical for the day of the violation or the following class/clinical day while an investigation is underway ([Per Ed. Code 76032](#)).
2. The Program Director or Department Chair will notify the student by email that s/he has received a Report of Misconduct. The notice will include a copy of the report and these Regulations for Radiologic Technology students.
3. The Program Director or Department Chair will gather all information related to the potential policy violation, including statements from the student, the accuser, and any witnesses, as well as assemble any other applicable data.
4. A hearing panel will be assembled comprised of any three (3) faculty members to include the Program Director or Department Chair (may not be the accuser). The hearing panel will review the evidence gathered.
5. The hearing panel will call the student in and give him/her the opportunity to answer the charges, respond to the accusation and present supporting evidence.
6. The hearing panel will inform the student in writing (hard copy and email) of the final determination, copying the division deans.
7. If the case is referred to the [Office of Student Life](#), the Director of Student Life will assist the student in understanding his/her due process rights and the grievance procedures. Discipline procedures are under the jurisdiction of the Student Life office. For questions, please contact the Office of Student Life at ext. 4525

Student Handbook

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 may be issued and worn at waist level. Fetal radiation monitoring devices are simply added precautions and do not in any way convey any 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 intent to re-enter the program is conveyed during the semester prior to the student's anticipated return.

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.

Student Handbook

REMEDIATION POLICY

Remediation plans, although not a component in every course, may be implemented to assist students who are struggling to succeed in a course, in the program, and to help students improve skills necessary for success.

Students placed on probation may need to complete a remediation plan that addresses the course objectives, program objectives, and/or policies for which the student must demonstrate acceptable improvement if deemed appropriate by a faculty member.

Specific details regarding a student's individual remediation plan are determined by the program faculty. Failure by the student to successfully complete a prescribed remediation plan will result in failure to earn a passing grade for the course and/ or denial of readmission to the program. Refer to course syllabus for specific remediation policy details.

Student Handbook

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. The 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** (p. 17) and the **Radiation Safety Rules for Clinical Experience** (Appendix I) and **Lab Experience** (Appendix II). The policies are designed to provide students with a basic knowledge of 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.

Student Handbook

DOSIMETRY PROGRAM & RADIATION EXPOSURE POLICY (continued)

Pregnant Occupational Worker (Students & Faculty) & Fetal Dose

- Declaration of Pregnancy. Procedures for declaring a pregnancy are included in the **Pregnancy Policy** (p. 28). 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 100 mrem 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 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.

Student Handbook

DOSIMETRY PROGRAM & RADIATION EXPOSURE POLICY (continued)

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.**
- 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

Student Handbook

DOSIMETRY PROGRAM & RADIATION EXPOSURE POLICY (continued)

Exceeding NRC Radiation Dose Limits (continued)

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 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

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.
- 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.

Student Handbook

CLINICAL EDUCATION REQUIREMENTS

Clinical Placement Process

All students are allowed to request three different clinical affiliates during RAD 50 (the program's first course) and are placed in clinical affiliates based on those requests. With 30+ students per class and 17 clinical affiliates, it is rarely possible to fulfill every student's request for clinical placement in each semester. The program grants at least ONE specific request for clinical placement for every student during the program. Aside from placements based on requests, placement of students at clinical affiliates is random and non-discriminatory. Each clinical site is approved to have a maximum number of students based on accreditation criteria.

Physical Examinations

A physical examination must be submitted to the Health Careers Resource Center by the beginning of the first fall semester and yearly thereafter. Physical examination forms are provided upon acceptance and are also available in the Health Careers Resource Center, Building 67B, Room 250.

CPR - Basic Life Support Provider Card

Students must have a current CPR. CPR card required for the program:

- American Heart Association: BLS Provider, valid 2 years

Background Check Policy

The use of background checks on individuals working in clinical settings is one of the mechanisms that agencies use to help protect their clients/patients. This policy is a requirement of the program's clinical affiliates and the Joint Commission Standard (HR.1.20). The standard states students and volunteers who work in the same capacity as staff who provide care, treatment, and services, would be expected to have criminal background checks verified when required by law, regulation, and/or organization policy.

Therefore, all students will be required to complete a background check prior to participating in the clinical education portion of the program. The background check must be completed through a program approved company. Students will be given information on how to complete the background check process upon acceptance into the program. The student is responsible for the cost of the background check. Additional background checks may be requested by clinical affiliates prior to clinical placement in that specific clinical site. The cost associated with additional background checks will be covered by the clinical affiliate.

Background check results will be accessible and reviewed by the Clinical Coordinator, Program Director, and the program's clinical affiliate prior to clinical training. Upon review, if a student's background check summary is deemed unacceptable by a clinical affiliate, the student may not be able to continue in the program due to the inability of the student to participate in the program's clinical component. The program is not obligated to pursue placement for the student at an alternate clinical affiliate. If a substitute facility is secured, the affiliate will be informed of the student's prior denial from the initial clinical affiliate.

Student Handbook

CLINICAL EDUCATION REQUIREMENTS (continued)

Background Check Policy (continued)

Students do have an avenue of recourse should they “fail” the background check. 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 the Due Process on p. 28.

Students who leave the program in good standing will be readmitted subject to space availability. Students must complete another background check (in addition to other program requirements) to be considered for re-entry. Full details for all program readmission requirements are included in the program’s Readmission Policy.

All students must ensure that the background check is provided to the clinical affiliate a minimum of two (2) weeks prior to the beginning of the semester/intersession.

Catalog Statement

All students will be required to pass a criminal background check prior to entering the clinical education phase (a valid Social Security number is required to complete this process).

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) for \$100 (price subject to change) before applying to the program or anytime as needed. 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 that 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 in clinical placement, and denial of licensure.**

Social Security Number

All students are required to have a valid social security number to obtain state certification and to complete the background check process.

Drug Testing Policy

In accordance with the Mt. San Antonio College’s Health Professions Drug Testing Policy, the Radiologic Technology Program has implemented additional guidelines to assist students in complying with this policy. The Health Professions Drug Testing Policy is as follows:

As a part of their physical examination required by healthcare and emergency medical services agencies, students preparing for entry into the health professions programs are required to submit the results of a drug screen test to their program as a condition of participation in the program and annually thereafter. Physical examination results, including drug screening, should be submitted to the program based on procedures and timelines set forth by the program and prior to any direct clinical interaction. Drug testing is offered at the [Student Health Center](#) at Mt. SAC. Students will be given instruction on procedures upon acceptance and are responsible for the cost of the drug test.

Student Handbook

CLINICAL EDUCATION REQUIREMENTS (continued)

Drug Testing Policy (continued)

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 will be disallowed from clinical participation and any course requiring clinical participation.

A student excluded for a positive drug screen may request reconsideration for program entry the following year based on program readmission policies. A second positive drug screen would result in the student being disallowed for readmission to the Radiologic Technology Program.

Additional guidelines for Radiologic Technology Program students are as follows:

- 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 (in accordance with the Radiology Program's Code for Clinical Conduct and the College Standards of Conduct) will be subject to drug testing at that time.
- All drug testing will be conducted at the student's expense.
- Failure to comply with any aspect of the drug testing policy will result in program expulsion.
- 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 will be allowed to participate in clinical training based on the facility's policies.
 - Students who are denied training by the clinical site cannot continue in the program.
 - The RT program is not obligated to secure a clinical training site for students who are declined by a site due to a positive drug screen.

MRI Safety Training & Screening Policy

The MRI Safety Training & Screening Policy has been established for program students as all students have potential access to the magnetic resonance environment. This assures that students are appropriately screened for magnetic wave or radiofrequency hazards. All program students must complete the following:

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

Students will receive the training materials, quiz, questionnaire, and due date during student orientation. All requirements must be submitted to the Clinical Coordinator prior to entering the clinical education setting. If there is a concern based on the screening tool, the student will be appropriately advised by faculty.

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

Student Handbook

CLINICAL EDUCATION REQUIREMENTS (continued)

Clinical & Lab Attire Policy

Radiologic Technology Program students are required to adhere to the clinical attire policy and present an overall professional appearance while at the clinical education center and the on-campus laboratory. Non-compliance with the clinical attire policy will be documented on the student's clinical evaluation and the student will be placed on probation.

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, short or long sleeve lab coat may be worn over the attire if desired.
- **Long sleeve shirts:** May be worn under scrub tops. Shirt must be a solid color (black, grey, and white only), with no type of print, and must be tucked in and not visible below the scrub top.
- **Shoes:** Must be white or black athletic/tennis shoes or uniform shoes that can repel liquids, body fluids, etc.... No open-toe shoe, sandals, and shoes with holes may be worn at any time.
- **Socks:** Must be worn with shoes at all times.
- **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 their hospital badge to the facility once their clinical rotation is over.
- **Tattoos:** Must not be visible at any time.
- **Body piercings:** Must not be visible at any time.
- **Earrings:** Must be small, not dangling.
- **Ear plugs/expanders:** Must be covered with a band-aid.
- **Fingernails:** Acrylic fingernails, long fingernails, and chipped fingernail polish are not allowed.
- **Personal hygiene:** Must maintain personal cleanliness to include mouth and body odor.
- **Fragrances, perfumes, aftershaves, & colognes:** Excessive use is not permitted.
- **Make up & hairstyles:** No excessive make-up or radical hairstyles are allowed.
- **Jewelry:** No excessive jewelry is allowed. (1 ring/ 1 bracelet/1 watch is permitted)
- **Cell phones:** Use of a cell phone is not allowed in clinical areas at any time. Cell phones may be used during designated breaks and lunch time only.

Men:

- **Earrings:** Must not to be worn at any time.
- **Hair:** May be collar length maximum
- **Facial hair:** Mustaches, sideburns, and beards of any kind need to be kept neat and closely trimmed to the face.

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

Student Handbook

CLINICAL EDUCATION REQUIREMENTS (continued)

Competency Based Clinical Education Policy

The competency based clinical education for the RT Program is a three phase process that shall be followed by all program students to ensure radiation safety and decreased radiation exposure to the patient.

Phase One

1. All RT students shall receive formal instruction on human anatomy, human physiology, introduction to healthcare organizations, patient care in radiologic science, basic radiation protection, professional ethics, and legal issues in healthcare prior to clinical education.
2. All RT students shall receive basic radiation protection guidelines prior to entering the patient care areas.
3. The RT student shall observe a qualified technologist perform a radiographic procedure in the clinical setting prior to attempting to perform the exam by him/herself under direct supervision.

Phase Two

1. The RT student may attempt to perform a radiographic procedure under direct supervision of a qualified radiologic technologist. **Direct supervision means** the supervising RT must review the procedure in relation to the student's achievement, evaluate the patient's condition in relationship to the student's knowledge and experience, be physically present during the conduct of the procedure, and approve the procedure and/or image prior to the student dismissing the patient and submitting the exam for the radiologist to read. A radiologist may also approve the resulting radiographs.
2. All RT students must adhere to the Direct & Indirect Supervision policy that mandates direct supervision by a qualified radiologic technologist while repeating an unsatisfactory image. The radiologic technologist must approve the student's procedure prior to re-exposure on repeat images.

Phase Three

1. A RT student may attempt to obtain competency for a radiographic procedure once the student has covered the procedure in the relevant Radiographic Procedures course (RAD 61B or 62B) and feels confident in his/her technical and patient care abilities. To obtain competency the following guidelines must be followed:
 - The student must perform the exam under direct supervision.
 - The qualified RT must have two years of experience and hold active registration with the ARRT.
 - The qualified RT must understand the RT Program's Direct & Indirect Supervision Policy, Competency Based Clinical Education Policy, and the Procedure Evaluation process.
 - The competency must be documented and rated on a Procedure Evaluation form.

Student Handbook

CLINICAL EDUCATION REQUIREMENTS (continued)

Competency Based Clinical Education Policy (continued)

- The student must receive a passing Procedure Evaluation.
 - The technologist's signature is required on the Procedure Evaluation form.
2. At any time, should the technologist find it appropriate to intervene due to the student's experience, technical abilities, patient condition, or patient care requirements, the student may not receive the competency.
 3. Once the student obtains competency for a specific exam, the student may perform the exam under indirect supervision with the exception of fluoroscopy and repeat images. **Indirect supervision means** the qualified radiologic technologist 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 a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use on patients.
- **Simulation performance:** The ARRT requirements specify that certain procedures may be simulated. A maximum of eight (8) mandatory procedures may be simulated if demonstration on patients is not feasible. Elective procedures should be performed on patients whenever possible. If demonstration on patient is not feasible, electives may be simulated. Simulations must meet the following criteria:
- The student must simulate the procedure on another person with the same level of cognitive, psychomotor, and affective skills required for performing the procedure on a patient. Examples of acceptable simulation include positioning another person for a projection without actually activating the x-ray beam and performing venipuncture by demonstrating aseptic technique on another person, but then inserting the needle into an artificial forearm or suitable device.
 - If applicable, the student must evaluate related images.

Radiation Safety Rules for Clinical & Lab Experience

The student should make every attempt to minimize occupational exposure through consistent application of the Radiation Safety Rules for Clinical and Lab Experience. Violation of the Radiation Safety Rules for Clinical and Lab Experience (published on pp. 40-41 of this handbook and posted in the lab) may be subject to probation and/or permanent program dismissal.

Student 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 • A qualified radiographer must be physically present during the conduct of a repeat image and must approve the student’s procedure prior to re-exposure. • Medical imaging procedures may performed under the indirect supervision of a qualified radiographer after a student achieves competency, unless the procedure is a repeat image
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 • For occupational (training) only – not for personal use • 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 milliampere seconds (mAs) should be utilized at all times which provide images of optimum diagnostic quality
Shielding	<ul style="list-style-type: none"> • Use whenever possible • Use when diagnostic objectives permit • Use when gonads lie in or near the useful beam
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

Student Handbook

Radiation Safety Rules – Lab 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 imaging procedures must be performed under the direct supervision of a qualified radiographer If a qualified radiographer is not readily available to provide supervision, the radiation exposure mechanism must be disabled
Radiation Monitor	<ul style="list-style-type: none"> Thermoluminescent dosimeter (TLD) must be worn on the collar at all times (outside the lead apron if worn) Declared pregnant students are issued a second radiation monitor to be worn at waist-level For occupational (training) only – not for personal use 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 Minimize the time of exposure, use protective shielding devices and apparel, and maximize distance from x-ray source and patient as is practicable
Holding phantoms/ image receptors during an x-ray exposure	<ul style="list-style-type: none"> Do not hold or support phantoms or image receptors during any radiographic procedures
Central Ray 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 Never expose or pretend to expose a student
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 whenever possible Use when diagnostic objectives permit Use when gonads lie in or near the useful beam
Non-essential Persons	<ul style="list-style-type: none"> Clear the room of non-essential persons prior to generating x-ray

Student Handbook

CLINICAL EDUCATION REQUIREMENTS (continued)

Direct & Indirect Supervision Policy

The Joint Review Committee on Education in Radiologic Technology (JRCERT) Standards for an Accredited Educational Program in Radiography requires that programs ensure 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 fluoroscopy and repeating an unsatisfactory image.

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

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

- *At no time will students be allowed to operate fluoroscopic equipment under indirect supervision or unsupervised.*
- *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 the indirect supervision of a qualified radiographer after a student achieves competency.

The JRCERT defines indirect supervision as that 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 a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use on patients.

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

CLINICAL EDUCATION REQUIREMENTS (continued)

Student Handbook

Clinical Attendance Policy

The following attendance requirements apply to all clinical courses: RAD 1A, 1B, 2A, 2B, 3A, 3B, 3C, and 4

- Students must attend all scheduled clinical hours. Hours vary by course. See the course schedule on p.11 for course specific hours.
 - **Modifying clinical schedule:** Approval from the program's clinical coordinator and the clinical facility's clinical instructor is required in writing prior to any change in a student's scheduled clinical hours. Clinical hours may be modified with mutual approval of all parties a **maximum of 1 hour** from the published schedule. Students subverting this process by making arrangements with clinical sites without prior approval from the college faculty will be subject to probation and dismissal from the program.
- Clinical hours must be logged on the clinical time sheet provided in the clinical handbook for each clinical course. The student is responsible for obtaining the clinical instructor's signature verifying the hours completed for the semester. Clinical handbooks must be turned in to the clinical coordinator to pass the course. Time sheets will be filed in the department for 5 years in compliance with state regulations.
- Students shall not attend clinical unless he/she has enrolled and paid for the course.
- 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.
- No personal vacations or time-off are allowed during scheduled clinical courses.
- Banking hours (making up hours before the absence) is not allowed.
- Absences
 - An absence/incident is described as an occurrence of non-attendance. (Ex: 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 are to be made up with time equal to the amount of time lost due to the tardy.
 - If a student is late or absent, the student must call his or her clinical instructor before the tardy/absence occurs. The student should make every effort to speak directly with the clinical instructor (messages left with others may not be conveyed as expected).
 - All clinical hours missed must be made up except for final exam absences and recognized college holidays.
 - Hours must be made up when the college is open (6:30 a.m.- 10:00 p.m., Monday through Sunday). The college is closed on holidays (see the academic schedule for observed holidays).
 - All absences/tardies must be made up at the clinical facility where the absence occurred and within the applicable semester or inter-session (Not to exceed 10 hours per day of clinical training, and the total didactic and clinical involvement shall not exceed 40 hours per week. Hours exceeding these limitations due to making up of clinical hours must be voluntary on the student's part).
 - In the event of an absence, the student is responsible for completing an Absence/Makeup Form and submitting it to the Clinical Coordinator or faculty member **within 3 days of the absence**.
- 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.
- In the event of extenuating circumstances (ex. jury duty, court subpoena), the program reserves the right to make arrangements with the student. The faculty member and clinical instructor *must* meet with the student to discuss the circumstance and determine a possible solution.
 - Relief from clinical assignment during finals is reserved for core courses, required general education courses, or required supportive courses. This policy *does not* apply to elective courses. (Daytime final: Excused for the day, Evening final: Excused at noon)

Student Handbook

<p>RAD 1A</p> <p>3 absences/incidents or tardies will necessitate probation status</p> <p>4 absences/incidents or tardies will necessitate no pass (NP) 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.</p>	<p>RAD 3A</p> <p>4 absences/incidents or tardies will necessitate probation status</p> <p>5 absences/incidents or tardies will necessitate no pass (NP) 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.</p>
<p>RAD 1B</p> <p>2 absences/incidents or tardies will necessitate probation status</p> <p>3 absences/incidents or tardies will necessitate no pass (NP) 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.</p>	<p>RAD 3B</p> <p>2 absences/incidents or tardies will necessitate probation status</p> <p>3 absences/incidents or tardies will necessitate no pass (NP) 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.</p>
<p>RAD 2A</p> <p>3 absences/incidents or tardies will necessitate probation status</p> <p>4 absences/incidents or tardies will necessitate no pass (NP) 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.</p>	<p>RAD 3C</p> <p>4 absences/incidents or tardies will necessitate probation status</p> <p>5 absences/incidents or tardies will necessitate no pass (NP) 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.</p>
<p>RAD 2B</p> <p>2 absences/incidents or tardies will necessitate probation status</p> <p>3 absences/incidents or tardies will necessitate no pass (NP) 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</p>	<p>RAD 4</p> <p>3 absences/incidents or tardies will necessitate probation status</p> <p>4 absences/incidents or tardies will necessitate no pass (NP) 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.</p>

Student Handbook

ADDITIONAL INFORMATION

Vacation Periods

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

Outside Work

Outside work is not recommended due to the long hours required. Work schedules must not adversely affect the student's ability to meet posted class schedules, nor should the extent of the working hours interfere with the student's release time, thereby jeopardizing his/her successful academic completion of the individual courses.

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 radiology department such as transporters or clerical workers without jeopardizing their student status.

Transportation

Each student is responsible for providing his/her own transportation to school and to 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



Student Agreement Form

I have received, reviewed, and understand all the policies and procedures within this Student Handbook.

I understand that full compliance with these requirements is mandatory and my responsibility. I also understand that failure to follow these requirements will result in probation and/or dismissal from the program.

The policies and procedures have been reviewed with me and thoroughly explained to me. I have had the opportunity to ask questions and seek clarification regarding all the content within this handbook and the consequences of non-compliance with policies and procedures.

Print Name _____

Signature _____

Date _____ Class of _____

Student Handbook

Appendix I

MT. SAC APPLICATION PROCESS

Before applying to Radiologic Technology Program students must complete the following steps:

➤ STEP 1 – Apply to Mt. SAC

Complete and submit a [Mt. SAC Admission Application online](#).

Students transferring from other colleges must have their official transcript sent to Mt. SAC's Admissions and Records Office.

➤ STEP 2 – Orientation and Assessment

Complete the New Student Orientation

For help with this step contact Counseling

- **Online:** <http://www.mtsac.edu/counseling>
- **By phone:** (909) 274-4380, or
- **In person:** At the Counseling Department (located in 9B, 2nd floor)

Complete the Assessment Questionnaire

For help with this step contact the Assessment Center

- **Online:** <http://www.mtsac.edu/assessment>
- **By phone:** (909) 274-4265, or
- **In person:** At the Assessment Center (located in bldg. 9B - Student Services Center – first floor)

Complete a Mountie Academic Plan Workshop

For help with this step contact Counseling

- **Online:** <http://www.mtsac.edu/counseling>
- **By phone:** (909) 274-4380, or
- **In person:** At the Counseling Department (located in 9B, 2nd floor)

➤ STEP 3 – Meet with a Counselor

Make an appointment with counseling

- **Online:** <http://www.mtsac.edu/counseling>
- **By phone:** (909) 274-4380, or
- **In person:** At the Counseling Department (located in bldg. 9B, 2nd floor)

Applicants must meet with a Counselor or an Advisor to review Associate in Science (or “AS”) degree requirements and complete an Admission Course Checklist for the Radiologic Technology Program.

- All of the following pre-requisite courses must be completed with a minimum grade of “C” in each course before admittance into the program (see counseling for more information):
 - **ANAT 10A Introductory Human Anatomy or ANAT 35 Human Anatomy**
 - **ANAT 10B Introductory Human Physiology or ANAT 36 Human Physiology**
 - **PHYS 1 Physics**
 - **MEDI 90 Medical Terminology**

Applicants must seek variances (or equivalencies) for courses completed at other institutions or repeat the course at Mt. SAC. The course of consideration must be an equivalent course to the course listed (or more advanced lower division course). Transcripts and course outlines/ description must be reviewed by the Department Chair of the appropriate department for approval.

Student Handbook

RADIOLOGIC TECHNOLOGY PROGRAM APPLICATION PROCESS

After completing the Mt. SAC application process, students may apply to the Radiologic Technology (RT) program by completing the following steps:

➤ STEP 1 – Apply to RT Program

- Complete and submit a [Mt. SAC RT Program Application Online](#). All applications are dated upon receipt.
- Applicants must be a high school graduate or equivalent. Please provide copy of diploma with application as proof of high school completion.
- Applicant must possess a valid Social Security Card. This is a licensed profession, and a valid Social Security Number is required to obtain state certification and to complete the background check process.
- Upon receipt of the student's application, a file will be started and will be added to the waitlist in the order of the application's date.

➤ STEP 2 – Complete Required Courses

Refer to your Educational Plan (MAP) provided by your Counselor/Advisor in Step 3 of the [Mt. SAC Application Process](#). These courses include:

- ANAT 10A Introductory Human Anatomy or ANAT 35 Human Anatomy
- ANAT 10B Introductory Human Physiology or ANAT 36 Human Physiology
- PHYS 1 Physics
- MEDI 90 Medical Terminology
- General Education Courses & Other Requirements

➤ STEP 3 – Respond to General Interest Letter by November 30

- Applicants on the waitlist will receive a letter in November of every year inquiring if the applicant is still interested in the program.
- Interested applicants shall respond as instructed and by the due date specified in the letter to be considered for admission to the program for the following summer intersession.
 - Failure to respond by the due date will result in the application being discarded and the applicant will need to reapply to the program.
- The letter will include instructions on how to delete an application for applicants who are no longer interested in the program and wish to be removed from the waitlist.

Student Handbook

RADIOLOGIC TECHNOLOGY PROGRAM ADMISSION PROCESS

To gain admission to the Radiologic Technology (RT) program, all applicants must complete the following steps:

➤ STEP 1 – Complete RT Program/ Admission Course Checklist by February 1

- Applicants must meet with a Mt. SAC Counselor or an Advisor to complete a Radiologic Technology Program / Admission Course Checklist by February 1. The Counselor/Advisor will verify completion of all Associate in Science (AS) degree requirements including general education and science prerequisites for the RT program.
- Applicants must complete the checklist on an annual basis unless all AS degree and program prerequisites have been verified on a previously completed checklist.
- Applicants who fail to complete the checklist by February 1 will not be considered for admission due to an incomplete file.
- **To ensure completion of the checklist by the deadline, applicants should contact counseling for an appointment by December 15**
 - **Online:** <http://www.mtsac.edu/counseling>
 - **By phone:** (909) 274-4380, or
 - **In person:** At the Counseling Department (located in bldg 9B, 2nd floor)

➤ STEP 2 – Selection

- Selection of applicants is based upon the completion of admission requirements and the date of application. Only completed application packets including the checklist will be considered for admission.
- Applicant must be 18 years of age to be eligible for selection

➤ STEP 3 – Respond to Provisional Admission Letter

- In early Spring, a provisional admission letter will be sent via mail to the selected applicants
- Applicants shall respond as instructed and by the due date specified in the letter with their “decision” to accept or decline admission. At this point, applicants accepting admission shall be provisionally admitted to the program beginning in the Summer intersession.
 - Applicants can defer admission up to two times. Applicants who do not accept admission after two deferrals will be removed from the waitlist and will need to reapply to the program.
- The provisional admission letter will include an invitation to a **mandatory RT Program Orientation** scheduled during the Spring Semester.

➤ STEP 4 – Admission

- Once mandatory attendance to the RT Program Orientation is met, the applicant is eligible to move from “**provisional**” to “**admitted**” status.
- The applicant will receive a letter of formal admittance to the RT Program from the Health Careers Resource Center.

Student Handbook

Appendix II

Radiology Clinical Affiliations

Children's Hospital Orange County 1201 W La Veta Orange, CA 92868	Magan Medical Clinic 420 West Rowland St. Covina, CA 91723
Chino Valley Medical Center 5451 Walnut Ave Chino, CA 91710	Methodist Hospital of Southern California 300 W Huntington Dr Arcadia, CA 91007
Foothill Presbyterian Hospital 250 S Grand Ave Glendora, CA 91740	Montclair Hospital Medical Center 5000 San Bernardino Rd Montclair, CA 91763
Garfield Medical Center 525 N Garfield Ave Monterey Park, CA 91745	Monterey Park Hospital 900 S Atlantic Blvd Monterey Park, CA 91754
Hill Imaging Center, Inc. 130 West Route 66, #110 Glendora, CA 91740	Presbyterian Intercommunity 12401 E Washington Blvd Whittier, CA 90602
Huntington Hill Imaging Center 625 South Fair Oaks, #180 Pasadena, CA 91105	Queen of the Valley Hospital 1115 S Sunset Ave West Covina, CA 91790
Inter-Community Medical Center 210 W San Bernardino Rd Covina, CA 91723	San Dimas Community Hospital 1350 W Covina Blvd San Dimas, CA 91773
Kaiser Baldwin Park 1011 Baldwin Park Blvd Baldwin Park, CA 91706	San Gabriel Valley Medical Center 438 W Las Tunas Dr San Gabriel, CA 91776
Keck Hospital of USC 1500 San Pablo St Los Angeles, CA 90033	

RADIOLOGIC TECHNOLOGY (RAD)

RAD 1A Clinical Experience 1A

4.5 Units (Degree Applicable, CSU)
(May be taken for Pass/No Pass only)
Lab: 256
Prerequisite: ANAT 10A and ANAT 10B and RAD 50 and RAD 91
Corequisite: RAD 61A and RAD 61B and RAD 61C

Clinical experience in the radiology department of affiliated hospitals under the supervision of a licensed radiologic technologist. Emphasis on upper and lower limbs, shoulder girdle, pelvis, chest, and abdomen. Health physical, background check, drug test, and cardiopulmonary resuscitation (CPR) certification is required. Intended for students enrolled in Radiologic Technology Program. Designed to meet The Joint Review Committee on Education in Radiologic Technology (JRCERT) accreditation standards.
Course Schedule

RAD 1B Clinical Experience 1B

2.5 Units (Degree Applicable, CSU)
(May be taken for Pass/No Pass only)
Lab: 150
Prerequisite: RAD 1A

Clinical experience in the radiology department of affiliated hospitals under the supervision of a licensed radiologic technologist. Emphasis on upper and lower limbs, shoulder girdle, pelvis, chest, and abdomen. Health physical, background check, drug test, and cardiopulmonary resuscitation (CPR) certification is required. Intended for students enrolled in Radiologic Technology Program. Designed to meet The Joint Review Committee on Education in Radiologic Technology (JRCERT) accreditation standards.
Course Schedule

RAD 2A Clinical Experience 2A

4.5 Units (Degree Applicable, CSU)
(May be taken for Pass/No Pass only)
Lab: 256
Prerequisite: RAD 1B
Corequisite: RAD 62A and RAD 62B and RAD 62C

Clinical experience in the radiology department of affiliated hospitals under the supervision of a licensed radiologic technologist. Emphasis on chest, thorax, upper and lower extremity, head, spine, pelvis, abdomen, fluoroscopic studies, mobile C-arm studies, mobile radiographic studies, pediatric studies, and geriatric studies. Health physical, background check, drug test, and cardiopulmonary resuscitation (CPR) certification is required. Intended for students enrolled in Radiologic Technology Program. Designed to meet The Joint Review Committee on Education in Radiologic Technology (JRCERT) accreditation standards.
Course Schedule

RAD 2B Clinical Experience 2B

2.5 Units (Degree Applicable, CSU)
(May be taken for Pass/No Pass only)
Lab: 144
Prerequisite: RAD 2A

Clinical experience in the radiology department of affiliated hospitals under the supervision of a licensed radiologic technologist. Emphasis on chest, thorax, upper and lower extremity, head, spine, pelvis, abdomen, fluoroscopic studies, mobile C-arm studies, mobile radiographic studies, pediatric studies, and geriatric studies. Health physical, background check, drug test, and cardiopulmonary resuscitation (CPR) certification is required. Intended for students enrolled in Radiologic Technology Program. Designed to meet The Joint Review Committee on Education in Radiologic Technology (JRCERT) accreditation standards.
Course Schedule

RAD 3A Clinical Experience 3A

7 Units (Degree Applicable, CSU)
(May be taken for Pass/No Pass only)
Lab: 384
Prerequisite: RAD 2B
Corequisite: RAD 63

Clinical experience in the radiology department of affiliated hospitals under the supervision of a licensed radiologic technologist. Emphasis on chest, thorax, upper and lower extremity, head, spine, pelvis, abdomen, fluoroscopic studies, mobile C-arm studies, mobile radiographic studies, pediatric studies, and geriatric studies. Health physical, background check, drug test, and cardiopulmonary resuscitation (CPR) certification is required. Intended for students enrolled in Radiologic Technology Program. Designed to meet The Joint Review Committee on Education in Radiologic Technology (JRCERT) accreditation standards.
Course Schedule

RAD 3B Clinical Experience 3B

2.5 Units (Degree Applicable, CSU)
(May be taken for Pass/No Pass only)
Lab: 150
Prerequisite: RAD 3A

Clinical experience in the radiology department of affiliated hospitals under the supervision of a licensed radiologic technologist. Emphasis on chest, thorax, upper and lower extremity, head, spine, pelvis, abdomen, fluoroscopic studies, mobile C-arm studies, mobile radiographic studies, pediatric studies, and geriatric studies. Health physical, background check, drug test, and cardiopulmonary resuscitation (CPR) certification is required. Intended for students enrolled in Radiologic Technology Program. Designed to meet The Joint Review Committee on Education in Radiologic Technology (JRCERT) accreditation standards.
Course Schedule

RAD 3C Clinical Experience 3C

7 Units (Degree Applicable, CSU)
(May be taken for Pass/No Pass only)
Lab: 384
Prerequisite: RAD 3B

Clinical experience in the radiology department of affiliated hospitals under the supervision of a licensed radiologic technologist. Emphasis on chest, thorax, upper and lower extremity, head, spine, pelvis, abdomen, fluoroscopic studies, mobile C-arm studies, mobile radiographic studies, pediatric studies, and geriatric studies. Health physical, background check, drug test, and cardiopulmonary resuscitation (CPR) certification is required. Intended for students enrolled in Radiologic Technology Program. Designed to meet The Joint Review Committee on Education in Radiologic Technology (JRCERT) accreditation standards.
Course Schedule

RAD 4 Clinical Experience 4

4 Units (Degree Applicable, CSU)
(May be taken for Pass/No Pass only)
Lab: 240
Prerequisite: RAD 3C

Clinical experience in the radiology department of affiliated hospitals under the supervision of a licensed radiologic technologist. Emphasis on chest, thorax, upper and lower extremity, head, spine, pelvis, abdomen, fluoroscopic studies, mobile C-arm studies, mobile radiographic studies, pediatric studies, and geriatric studies. Health physical, background check, drug test, and cardiopulmonary resuscitation (CPR) certification is required. Intended for students enrolled in Radiologic Technology Program. Designed to meet The Joint Review Committee on Education in Radiologic Technology (JRCERT) accreditation standards.
Course Schedule

RAD 7A Computed Tomography Clinical Experience 7A

2 Units (Not Degree Applicable)
(May be taken for Pass/No Pass only)
Lab: 108
Corequisite: RAD 70

Computed Tomography (CT) 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 Nuclear Medicine Technology Certification Board (NMTCB) certification, or Radiation Therapy.
Course Schedule

RAD 7B Computed Tomography Clinical Experience 7B

7 Units (Not Degree Applicable)
(May be taken for Pass/No Pass only)
Prerequisite: RAD 7A and RAD 70
Corequisite: RAD 71 and RAD 72

Continued Computed Tomography (CT) 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 Nuclear Medicine Technology Certification Board (NMTCB), or Radiation Therapy.
Course Schedule

RAD 30 Radiographic Pathology

1.5 Units (Degree Applicable)
Lecture: 27
Corequisite: RAD 3A

Concepts related to disease and etiological considerations with emphasis on radiographic appearance of disease and impact on exposure factor selection.
Course Schedule

RAD 31 Fluoroscopy and Radiobiology

4 Units (Degree Applicable)
Lecture: 72
Prerequisite: RAD 62A
Corequisite: RAD 3C

Radiobiology, radiation physics, exposure reduction, fluoroscopy equipment and operation, image evaluation, quality control, and patient considerations. Intended for students enrolled in Radiologic Technology Program.
Course Schedule

RAD 32 Digital Imaging in Radiology

2 Units (Degree Applicable)
Lecture: 36
Prerequisite: RAD 61A

Digital image acquisition and display in radiology. Content imparts an understanding of the components, principles, and operation of digital imaging systems found in diagnostic radiology. Factors impacting image acquisition, display, archiving, and retrieval are discussed. Principles of digital system quality assurance and maintenance are presented. Intended for students enrolled in Radiologic Technology program.
Course Schedule

RAD 40 Mammography Principles and Procedures**3 Units** (Not Degree Applicable)

Lecture: 54

Corequisite: RAD 3C

Advanced course designed to provide students with the necessary skills to become California state certified in Mammographic Radiologic Technology and meet the Mammography Quality Standards Act guidelines. Includes coursework in breast anatomy/physiology, patient care, mammography procedures, positioning, compression, interventional procedures, imaging of patients with breast implants, pathology, image evaluation, instrumentation, technique, physics, and quality assurance/quality control. Enrollment limited to current Radiologic Technology program students.

Course Schedule

RAD 50 Introduction to Radiologic Science and Health Care**3 Units** (Degree Applicable, CSU)

Lecture: 54

Foundations of radiography and the practitioner's role in the healthcare delivery system. Principles, practices and policies of healthcare organizations are examined and discussed in addition to the professional responsibilities of the radiographer. Includes radiation safety and a foundation in ethics and law related to the practice of medical imaging. Intended for students enrolled in Radiologic Technology Program.

Course Schedule

RAD 61A Theory of Radiologic Technology**4 Units** (Degree Applicable, CSU)

Lecture: 72

Prerequisite: RAD 50 and PHYS 1

Corequisite: RAD 1A and RAD 61B and RAD 61C

Structure of the atom, radiation, radiographic equipment, exposure factor formulation, technique charts, and radiation protection. Intended for students enrolled in Radiologic Technology Program.

Course Schedule

RAD 61B Radiographic Procedures I**3 Units** (Degree Applicable, CSU)

Lecture: 54

Prerequisite: ANAT 10A and ANAT 10B and MEDI 90 and RAD 50 and RAD 91

Corequisite: RAD 1A and RAD 61A and RAD 61C

Knowledge base necessary to perform standard imaging procedures and special studies. Consideration is given to the evaluation of optimal images. Focus on anatomy and positioning of the upper and lower limbs, chest, and abdomen. Intended for students enrolled in Radiologic Technology Program.

Course Schedule

RAD 61C Radiographic Procedures I Laboratory**1.5 Units** (Degree Applicable, CSU)

Lecture: 18 Lab: 27

Prerequisite: RAD 50 and RAD 91 and ANAT 10A and ANAT 10B and MEDI 90

Corequisite: RAD 1A and RAD 61A and RAD 61B

Practical application of standard imaging procedures and special studies. Consideration is given to the evaluation of optimal images. Focus on anatomy and positioning of the upper and lower limbs, chest, and abdomen. Intended for students enrolled in Radiologic Technology Program.

Course Schedule

RAD 62A Theory of Radiologic Technology**4 Units** (Degree Applicable, CSU)

Lecture: 72

Prerequisite: RAD 61A and RAD 1B

Corequisite: RAD 2A and RAD 62B and RAD 62C

Areas of X-ray production and interaction with matter, principles of imaging, imaging equipment, radiation protection. Introduction to digital radiography to include picture archiving and communication system (PACS). Intended for students enrolled in Radiologic Technology Program.

Course Schedule

RAD 62B Radiographic Procedures II**3 Units** (Degree Applicable, CSU)

Lecture: 54

Prerequisite: RAD 61A and RAD 61B and RAD 61C

Corequisite: RAD 2A and RAD 62A and RAD 62C

Knowledge base necessary to perform standard imaging procedures and special studies. Consideration is given to the evaluation of optimal images. Focus on anatomy and positioning of the vertebral column, bony thorax, cranium, special studies, gastrointestinal and genitourinary system. Intended for students enrolled in Radiologic Technology Program.

Course Schedule

RAD 62C Radiographic Procedures II Laboratory**1.5 Units** (Degree Applicable, CSU)

Lecture: 18 Lab: 27

Prerequisite: RAD 61A and RAD 61B and RAD 61C

Corequisite: RAD 2A and RAD 62A and RAD 62B

Practical application of standard imaging procedures and special studies. Consideration is given to the evaluation of optimal images. Focus on anatomy and positioning of the vertebral column, bony thorax, cranium, gastrointestinal (GI) system and genitourinary (GU) system. Intended for students enrolled in Radiologic Technology Program.

Course Schedule

RAD 63 Theory of Radiologic Technology**1 Unit** (Degree Applicable, CSU)

Lecture: 18

Corequisite: RAD 3A

Special imaging studies, advanced imaging modalities, and basic principles of computed tomography. Intended for students enrolled in Radiologic Technology Program.

Course Schedule

RAD 64 Theory of Radiologic Technology

4 Units (Degree Applicable, CSU)

Lecture: 72

Corequisite: RAD 3C

Analytical review of the radiologic technology core curriculum. Serves as preparation for state certification and national registry exams. Intended for students enrolled in Radiologic Technology Program.

Course Schedule

RAD 70 Computed Tomography Sectional Anatomy and Pathology

2 Units (Not Degree Applicable)

Lecture: 36

Corequisite: RAD 7A

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 (CT) images.

Course Schedule

RAD 71 Computed Tomography Procedures and Patient Care

3 Units (Not Degree Applicable)

Lecture: 54

Prerequisite: RAD 70

Corequisite: RAD 72 and RAD 7B

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

Course Schedule

RAD 72 Computed Tomography Physics and Instrumentation

3 Units (Not Degree Applicable)

Lecture: 54

Corequisite: RAD 71 and RAD 7B

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.

Course Schedule

RAD 91 Patient Care in Radiologic Sciences

3 Units (Degree Applicable, CSU)

Lecture: 45 Lab: 27

Concepts of optimal patient care, including consideration for the physical and psychological needs of the patient and family. Routine and emergency patient care procedures are described, pharmacology, venipuncture, as well as infection control procedures using standard precautions. The role of the radiographer in patient education is identified. Intended for students enrolled in Radiologic Technology Program.

Course Schedule

Appendix IV

Clinical Contract for Mt. San Antonio College Radiology Program

Radiology students entering the clinical internship are expected to fulfill the following requirements:

1. Students may not attend clinical unless the student has registered and paid for each clinical course. (_____)
2. Students must wear a radiation film badge to clinical at all times. Students who present to clinical without a badge cannot participate in training and will need to make up the hours missed. (_____)
3. Students must read and understand the Radiation Exposure Policy, and the indications for preparing an Incident Investigation Report. (_____)
4. Students must review, sign, and date the Radiation Exposure Report posted in the classroom each month. (_____)
5. Students must comply with Attendance Policy (_____) including the following:
 - a. All clinical hours missed, must be made up before the end of each session. (___)
 - b. All make up hours must be made up during college business hours only. See Clinical attendance policy for details. (_____)
 - c. All schedule changes need to be approved by the program faculty and documentation must be submitted. (_____)
 - d. Make up hours cannot be made up during official college holidays. (_____)
 - e. Students must complete the required number of clinical hours per session. (___)
 - f. No vacation or time off is allowed during clinical internship. (_____)
 - g. "Banking hours" (defined as making up hours before the absence) is not allowed. (_____)
 - h. Students must fill out an absence/make up form and submit the form to a program faculty member within 3 days of the absence (weekends do not count). (_____)
6. Students must earn 2 passing Clinical Evaluations in the Fall and Spring Semesters and 1 passing Clinical Evaluation in the Winter and Summer intersessions. (_____)

Student Handbook

7. Students must complete the number of required competencies per session. See course syllabus for details. (_____)
8. Students must comply with the Clinical and Lab Attire Policy (_____)
9. No cell phone use (including texting) is allowed during clinical hours. (_____)
10. Students are required to submit clinical handbooks after each session. (_____)
11. Students must maintain professional and ethical behavior at all times. See the Clinical Code of Conduct for specific examples. (_____)
12. Students need to be current with physicals, immunizations, and CPR requirements to attend clinical. Students who are not current will be removed from clinical immediately and hours will need to be made up. (_____)
13. Students are responsible for ensuring all required paperwork (including physicals, CPR, drug testing, etc.) is submitted to the Clinical Coordinator before or on the date specified. Follow up is also necessary to assure clearance for clinical rotations. (_____)
14. Students must perform portable exams with a Technologist. Students shall NEVER perform a portable exam alone or with another student. (_____)
15. Students must perform all repeat radiographs with a Technologist. (_____)

I _____, understand that full compliance with these requirements is mandatory. Failure to follow these requirements will result in probation and/or dismissal from the program. The rules have been reviewed with me and explained to me. I have been provided with copies of the RT Student Handbook and all policies (e.g. Clinical and Lab Attire Policy, Attendance Policy, Code for Clinical Conduct). I have had the opportunity to ask questions and seek clarification regarding these requirements and the consequences of non-compliance.

Print Name

Student Signature

Date

Student Handbook

Appendix V

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

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

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 at the bottom of this page verifies that I have answered these questions honestly and to the best of my knowledge. I understand the importance of this questionnaire and understand that the magnet is always on even when a patient is not being scanned.

Print Name

Date

Signature



THE AMERICAN REGISTRY
OF RADIOLOGIC
TECHNOLOGISTS®

Appendix VI

ARRT STANDARDS OF ETHICS

Last Revised: September 1, 2018
Published: September 1, 2018

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.rrt.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.rrt.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*.

GOLD STANDARD
PATIENT CARE



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