School of Radiologic Technology

Student Handbook 2025-2027

Research Medical Center
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Kansas City, MO 64131
816-276-3390

Reviewed and approved: 02/13/2025 by Mark Reynolds, MEd, R.T.(R), Program Director, RMC School of Radiologic Technology

Research Medical Center School of Radiologic Technology

Mission Statement

The mission of Research Medical Center School of Radiologic Technology is to provide a quality educational program that promotes excellence in Radiologic Technology and produces competent, professional, and compassionate radiographers for the healthcare community. Graduates will obtain the knowledge required of an entry-level radiographer and be prepared to successfully sit for the ARRT examination.

Program Effectiveness, Goals, and Student Outcomes

Program Effectiveness: Students graduate with the skills necessary to be entry-level technologists.

PE - SLO 1: Students will complete the program within 23 months.
PE - SLO 2: Graduates will indicate that they are satisfied with their educational program.
PE - SLO 3: Employers will indicate that they are satisfied with the graduate's performance.
PE - SLO 4: Students will pass the ARRT certification exam on the first attempt.
PE - SLO 5: Graduates seeking employment will be employed within 6 months of graduation.

Goal 1: Students graduating from the program are clinically competent.

Goal 1 - SLO 1: Students will successfully perform routine radiographic exams.
Goal 1 - SLO 2: Students will practice radiation protection and safety for the patient, self, and others.
Goal 1 - SLO 3: Students will appropriately assess and meet patient needs.

Goal 2: Students graduate with problem-solving and critical thinking skills.

Goal 2 - SLO 1: Students will evaluate and critique radiographs for anatomy, positioning, and pathology.
Goal 2 - SLO 2: Students will demonstrate the ability to adapt to non-routine imaging exams.
Goal 2 - SLO 3: Students will apply critical thinking skills to solve imaging problems.

Goal 3: Students graduate with effective communication skills in a health care setting.

Goal 3 - SLO 1: Students will demonstrate effective knowledge of verbal medical communication.
Goal 3 - SLO 2: Students will demonstrate effective knowledge of written medical communication.

Goal 4: Students graduating from the program will demonstrate a commitment to professional development and ethical behaviors.

Goal 4 - SLO 1: Students will understand the ARRT Code of Ethics in a comprehensive manner.
Goal 4 - SLO 2: Students will demonstrate professional work ethics.
Goal 4 - SLO 3: Students will strive for academic excellence.

Faculty and Advisory Committee

All program faculty members are required to meet the qualifications mandated by the Standards of the Joint Review Committee on Education in Radiology Technology. These qualifications can be viewed on the internet at www.jrcert.org and clicking on "2021 Radiology Standards".

Faculty

Mark Reynolds, MEd, R.T. (R)(QM)(BD) Program Director - Research Medical Center
Nancy Schweigerdt, BSEd, R.T. (R), Clinical Coordinator - Research Medical Center
Valencia Barker, BHM, R.T. (R), Clinical Coordinator - Research Medical Center
Don Hessel, MBA, R.T. (R), Didactic Faculty Instructor – Research Medical Center
Vicki Fayard, B.S., Administrative Assistant – Research Medical Center

Clinical Site Clinical Preceptors

Gregory Banks, AS, R.T. (R)(CT), Clinical Preceptor - Menorah Medical Center
Kyleigh Birks, R.T. (R), Clinical Preceptor – Kansas City Orthopaedic Institute
Lauren Davenport, MHA, R.T. (R), Clinical Preceptor - Research Medical Center
Bethany Jennings, AAS, R.T. (R), Clinical Preceptor - Cass Regional Medical Center
Aubrey Johnson, R.T. (R)(CT), Clinical Preceptor – Overland Park Regional Medical Center
Lauren Lindsey, BS, R.T. (R), Clinical Preceptor, Lee's Summit Medical Center
Lisa Mendenhall, BA, R.T. (R), Clinical Preceptor - Kansas City Orthopaedic Institute
Sara Rahe, BSRS, R.T. (R)(M), Clinical Preceptor - Veteran's Administration Medical Center
Katie Saling, R.T. (R), Clinical Preceptor – Kansas City Vascular Institute
Crystal Schoenberger, BSRT, R.T. (R), Clinical Preceptor - Centerpoint Medical Center
Mercedes Smith, BS, R.T. (R)(CT), Clinical Preceptor - Belton Regional Medical Center
Missy Stump, BS, PET, CNMT, R.T. (R)(N) Education Coordinator - Children's Mercy Hospital
Erica Stokley, R.T. (R), Clinical Preceptor - Kansas City Orthopaedic Institute
Megan Tebo, R.T. (R), Clinical Preceptor – Kansas City Vascular Institute
Martha York, R.T. (R) (M) (QM), Clinical Preceptor - Cass Regional Medical Center
Janie Zelfer, BS, R.T. (R), Clinical Preceptor - Research Medical Center-Brookside Campus

Imaging Department Directors

Curtis Brazil - Veteran's Administration Medical Center
Renee Wells - Menorah Medical Center
Tanya Dodge - Centerpoint Medical Center
Julie German - Cass Regional Medical Center
Jeffrey Hasty - Lee's Summit Medical Center
Overland Park Regional Medical Center
Lisa Mendenhall - Kansas City Orthopaedic Institute
Joy Sandborn - Research Medical Center
Janie Staley – Belton Regional Medical Center
Missy Stump - Education Coordinator - Children's Mercy Hospital

Advisory Committee

Director of Diagnostic Imaging, Overland Park Regional Medical Center
Greg Banks, Clinical Preceptor, Menorah Medical Center
Valencia Barker, Clinical Coordinator, Research Medical Center
Curtis Brazil, Radiology Department Director, Veteran's Administration Medical Center
Lauren Davenport, Clinical Preceptor, Research Medical Center
Tanya Dodge, Director of Radiology, Centerpoint Medical Center
Julie German, Radiology Department Director, Cass Regional Medical Center
Jeffrey Hasty, Diagnostic Imaging Director, Lee's Summit Medical Center
Bethany Jennings, Clinical Preceptor, Cass Regional Medical Center

Aubrey Johnson, Clinical Preceptor, Overland Park Regional Medical Center
Lauren Lindsey, Clinical Preceptor, Lee's Summit Medical Center
Lisa Mendenhall, Radiology Department Manager, Kansas City Orthopaedic Institute
Sara Rahe, Clinical Preceptor, Veteran's Administration Medical Center
Mark Reynolds, Program Director, Radiology School, Research Medical Center
Joy Sandborn, Radiology Department Director, Research Medical Center
Katie Saling, Clinical Preceptor, Kansas City Vascular Institute
Crystal Schoenberger, Clinical Preceptor, Centerpoint Medical Center
Nancy Schweigerdt, Clinical Coordinator, Research Medical Center
Dylan Shimerda, Program Director, Nuclear Medicine School, Research Medical Center
Mercedes Smith – Clinical Preceptor, Belton Regional Medical Center
Janie Staley – Clinical Preceptor, Belton Regional Medical Center
Missy Stump, Education Coordinator, Children's Mercy Hospital
Megan Tebo, Clinical Preceptor, Kansas City Vascular Institute
Janie Zelfer, Clinical Preceptor, Research Medical Center - Brookside Campus
Student Class President

Program Contacts		Office #	Department #
Belton Regional Medical Center	Janie Staley	816-348-1224	816-348-1666
Cass Regional Radiology Director	Julie German	816-887-0338	816-887-0719
Centerpoint Radiology Dept	Crystal Schoenberger	816-916-8939	
CMH Radiology Ed Coordinator	Missy Stump	816.302.8649	816-234-3270
KCOI Radiology Manager	Lisa Mendenhall	913.319.7533	
KCVI	Katie Saling		913-529-8600
Lee's Summit Medical Center	Jeff Hasty	816-282-5605	
MMC Radiology Manager	Renee Wells	913.498.6120	913-345-3641
Overland Park Medical Center	Aubrey Johnson	913-749-9929	913-541-5090
VAMC Radiology Director	Curtis Brazil	816.861.4700	816-861-4700
RMC Direct Main Imaging Dept		816-276-4409	
RMC Program Office	Vicki Fayard	816.276.3390	
RMC Program Director	Mark Reynolds	816.276.3296	
RMC Radiology Director	Joy Sandborn	816.276.4404	

Program Description

The program of radiological technology is designed to train individuals who are skilled in the use of ionizing radiation for diagnostic purposes. The curriculum provides instruction in both the classroom and clinic. The didactic component consists of sessions concerning the factual and theoretical basis of radiology. The clinical setting provides the opportunity for applying classroom knowledge in a supervised patient care environment. The entire curriculum is competency-based requiring mastery of all entry-level skills. Each student is provided with educational objectives to achieve in specific time intervals for specific levels of accomplishment. This system provides a method for efficient and productive learning.

The program requires twenty-three months of study and all students enrolled must attend full time. The school is fully accredited by the Joint Review Committee on Education in Radiology Technology (JRCERT) 20 N. Wacker Dr. Suite 2850, Chicago, IL 60606 (312.704.5300) (www.jrcert.org). The standards for accreditation can be accessed in Appendix A in this handbook.

Upon successful completion of the course of study, a certificate of completion in Radiologic Technology is issued to the student. The student is then eligible for the ARRT national registry examination in Radiologic Technology. Upon passing the registry, the student becomes a Registered Radiologic Technologist, R.T. (R) (ARRT).

The course of study includes all courses recommended in the Curriculum Guide for Programs in Radiologic Technology, developed by the American Society of Radiologic Technologists (www.ASRT.org).

Length of Program / Early Release

1. Standard Completion Timeline - The Radiography Program is designed to be completed within 23 months of continuous enrollment. Students are expected to follow the prescribed curriculum sequence, maintain satisfactory academic progress, and meet all program requirements, including coursework, clinical rotations, and examinations, within this timeframe. This aligns with JRCERT Standard 1, which emphasizes program effectiveness through timely completion and structured educational plans.
2. The program does not provide accommodations for part-time students.
3. Students attend forty (40) hours per week. Academic and clinical instruction is based on 40 hours of required attendance. The program begins after the fourth of July, and graduation is in May.
4. Extended Completion Due to Extenuating Circumstances - In accordance with U.S. Department of Education regulations, students facing extenuating circumstances—such as pregnancy, medical leave, personal emergencies, or other documented challenges—may be permitted to complete the program within 150% of the standard duration (approximately 35 months). This provision complies with 34 CFR § 668.16(e), which allows institutions to establish policies for program completion extensions under exceptional circumstances while maintaining satisfactory academic progress standards. Requests for extended completion must be submitted in writing to the Program Director, accompanied by supporting documentation. Approval will be granted on a case-by-case basis, ensuring compliance with JRCERT Standard 1, which requires fair and equitable treatment of students, including accommodations for unforeseen challenges. Students utilizing this extension must maintain communication with the Program Director to develop a revised completion plan and ensure all requirements are met. Failure to complete the program within the extended timeframe may result in dismissal, subject to program and institutional policies outlined in JRCERT Standard 6, which mandates clear policies for program continuation and termination.
5. The program does not provide for the early release of students.

Entrance Requirements

1. A minimum of an Associate's Degree or proof of enrollment in a 2 plus 2 Bachelor's Degree Program with a school articulated with RMC School of Radiologic Technology.
    - Candidates for RMC's program that are currently enrolled in an Associate's Degree program must complete the program and receive their degree prior to June 1st of the year of application.

2. Required courses:
    - Post-secondary (college) courses required (Minimum grade of "C"):
        - Composition
        - Speech
        - Medical Terminology
        - College Algebra completed within the last five years
        - Anatomy and Physiology with a lab completed within the last five years
        - Introduction to Physics

3. Suggested additional postsecondary coursework:
    - Natural sciences
    - Mathematical/logical reasoning
    - Information systems
    - Social/behavioral sciences
4. GPA requirements:
    - A cumulative grade point average of 2.75 on a 4.0 scale from postsecondary course work.
    - A minimum of a "C" grade in all required courses.

5. A completed application must be submitted as well as official transcripts from all schools (high school and college) attended as shown on the application. The application will not be processed until transcripts are received.

6. After the application has been received and reviewed by the program, the applicant will be contacted with a date to take mandatory Entrance Examinations.

7. A forty-dollar ($40.00) application fee is required before the application will be processed.

8. Applicants must submit two completed reference forms.

9. The application deadline is December 1st. The completed application, all high school and college transcripts, application fee, and reference forms must be post marked by December 1st in order to be eligible for admission.

10. Applicants must meet "skill standards" appropriate to Radiologic Technology as set forth by the school. For more information, see “Skill Standards” in this Student Handbook.

11. A background check (paid for by student, approximate $100.00) and physical examination (paid by Program) must be completed and passed prior to the beginning of the program. A drug screen is included in the physical and students must test negative for non-prescribed drugs to be admitted.

12. Research Medical Center School of Radiologic Technology is a hospital-based program with 10 clinical sites. Affiliation agreements outline the requirements for both the institution and the student. The following are requirements that must be kept on file with our school:
    Proof of immunizations, testing, or titer results: (i.e., this includes negative TB titers, proof of COVID vaccination, and current influenza vaccination). Proof of Other vaccinations include Varicella, Mumps/Measles/Rubella, Hepatitis B, Diphtheria/Tetanus/Pertussis.

Skill Standards

There are a number of physical, mental, aptitude and emotional skills, which are essential in the duties and responsibilities of a medical radiographer as well as a student in the School of Radiologic Technology program. Applicants must meet the following requirements.

- The ability to manipulate portable imaging equipment and other medical/technical equipment.
- The ability to physically operate all technical imaging equipment.
- The ability to physically assist in lifting patients from a cart, bed, or wheelchair to the radiographic table.
- The ability to lift, bend and stoop.
- The ability to visually observe the patient at a minimum of 20'.
- The ability to read the requisition in the execution of a radiographic procedure.
- The visual acuity to see the x-ray control panel.
- Auditory perception is required in the care and management of the patient. The student must be able to respond to the auditory needs of the patient and also respond to the auditory communication of the physician(s), nurse(s) and co-worker(s) without visual contact.
- The ability to orally communicate in English.
- The ability to maintain an emotional state to function in times of stress and in emergency situations.
- Possess the physical stamina (endurance) to maintain the 40 hours per week commitment to the program.
- Possess the aptitude for reading comprehension and have basic knowledge of algebra.
- The ability to perform CPR and emergency patient evacuation procedures.

- The general health of the student should be sufficient for them to carry out all of the duties and responsibilities of a student radiographer.

Graduation Requirements

In order to complete and graduate from the Research Medical Center School of Radiologic Technology program, the student must complete the following requirements:

- Demonstrate knowledge in specific content areas by successfully completing and passing all required didactic coursework or remedial coursework assigned by an instructor.
- Complete all of the required clinical competencies and final category evaluations.
- Complete all make-up time per program policy.
- Pay all program fees in full.

If all the above requirements are met, graduation will be conferred to the student and a Certificate of Completion in Radiologic Technology will be issued.

Application Procedure

- An applicant must submit a fully completed application by December 1st for the following July start date.
- A 4-hour job shadow at Research Medical Center must be completed by December 1st.
- An official copy of all high school (or an official high school equivalency transcript) and college transcripts must be forwarded to the School of Radiologic Technology. It is the applicant's responsibility to verify that the required transcripts have been received by the program. Applications will not be processed without the required official transcripts.
- Submit the required application fee. If the application fee is returned for non-payment, the application becomes nullified.
- Two completed reference forms must be submitted by December 1st.
- When the application has been received and reviewed by the program, the applicant will be contacted with a date to take the mandatory Entrance Examination.
- The interview selection process is determined by academic achievement, scores on the entrance examinations, references submitted, and any previous health care work experience.
- Rejection of an application can occur in any step of the application process.
- Applicants that have completed the application process will be notified whether or not they have been accepted into the program (or chosen as an alternate).

Program Costs

Application fee - $40.00
Activity Fee - $750.00
Uniforms - $400.00 (purchased by student)
Background Check (Approximate cost: $100.00)
Textbook Fee – Printed version purchased by student (electronic textbooks are provided by School)

Tuition costs

The Tuition Contract is signed and submitted first day of class.

Tuition - $6,600.00

Tuition is due according to the following schedule:

- Deposit of $750.00 due upon acceptance into program (Activity Fee)
- 1st payment of $1,650.00 will be due on September 15 of the first year in the program

- 2nd payment of $1,650.00 will be due on February 15 of the first year in the program
- 3rd payment of $1,650.00 will be due on September 15 of the second year in the program
- 4th payment of $1,650.00 will be due on February 15 of the second year in the program

Transcripts will not be released if any tuition is past due for any reason. For students receiving financial aid, tuition payments can be waived until financial aid checks are disbursed. All tuition fees must be paid prior to graduation. All tuition and fees are subject to change without prior publication. It is the policy of the program that there will be no assessment of late fees or penalties due to delay in payment, nor will students be denied access to any, courses, resources or clinical sites necessary to complete the program.

Refund Policy

Payments submitted to the School of Radiologic Technology are non-refundable, advanced payments are not accepted. The $750.00 Activity Fee paid prior to the start of the program is non-refundable.

If a student participated in any of the Title IV U.S. Department of Education Financial Aid programs, refunds will be issued in accordance with the U.S. Department of Education guidelines. Explanations and examples of refunds will be provided for the student by the Financial Aid Director at their request.

A pro rata refund must be calculated for all first time federally funded students who are dismissed or have withdrawn from the program on or before 60% of the program is completed. Federally funded students who withdraw or are dismissed after the 60% point in the program will have refunds calculated according to the institutional policy and applicable federal policy. The larger of the calculated refunds will be issued and returned to the appropriate federal fund as specified in the Department of Education regulations. Students who receive federal funds for living expenses may be required to repay a portion of the money based on the institutional policy "Refunds to Title IV Funds by Withdrawal or Dismissal of Students". Students not receiving federal funds will have refunds calculated according to the institutional policy. Monies received for tuition from a sponsoring institution on behalf of the student will be refunded to the sponsoring institution. Refunds to students will be processed within 90 days. Students withdrawing from the program must follow the “Withdrawal from the Program” procedure describing their intent to withdraw and request a refund. Any questions regarding refunds should be directed to the Program Director.

Financial Aid

The School of Radiologic Technology participates in the following financial aid programs:

- U.S. Department of Education Pell Grant and U.S. Department of Education Student loan programs
- VA benefits – There are no penalties or late fees imposed due to delayed disbursement of payment by the VA
- Subsidized and Un-subsidized Stafford loans
  To qualify for financial aid assistance, the student will have to complete an institutional and a federal application for financial aid. Please contact Stacie Withers in the financial aid office in the Research College of Nursing at 816.995.2832 or e-mail stacie.withers@researchcollege.edu to begin the financial aid process. Students receiving financial aid must maintain the program’s minimum academic and clinical standards to maintain their eligibility. RMC does not provide loan services to students in the Program.

Non-Discrimination Policy

The Program does not discriminate against applicants or in the administration of its educational policies and procedures by reasons of sex, race, religion, color, handicap, age or national origin. The program adheres to the Fair Practices in Education as established by its accrediting agency, JRCERT.

Drug Screen Testing

Research Medical Center requires all employees and students to undergo a drug screen urinalysis test. This is conducted at a facility specified by the School of Radiologic Technology.

- The student will sign a consent form for drug screening that gives authorization for Care Now to release the results of the test to Research Medical Center.
- If the applicant refuses to sign the release form, the applicant will automatically be disqualified from the program.
- Applicants that test positive for illegal or non-prescribed drugs will be denied Program admission.
- Students that are enrolled in the program and give cause of suspicion of drug or alcohol use will be required to undergo additional testing. If a student refuses the test or the test is positive, they will be dismissed from the program. Appropriate medical center personnel will be notified if the student tests positive for drugs or alcohol.

A student may be requested to undergo a blood test, urinalysis, "breathalyzer" or other diagnostic tests under any of the following circumstance:

- Pre-admittance - any applicant who is offered admittance to the program must pass a drug/alcohol test. This test is conducted by Care Now.
- When there is reason to believe, in the opinion of the faculty or staff, that a student is under the influence of or impaired by alcohol or drugs (prescribed or non-prescribed) while on facility property or during school hours;
- When a student is involved in a work-related accident or incident;
- When there is any unusual occurrence which, in the opinion of the faculty, could indicate student use of alcohol or drugs;
- On a random or blanket basis where, in the opinion of the faculty or staff, such testing is appropriate.

Any violation of this policy, including the refusal to submit immediately to a requested search or test, or a positive result on such test(s), may result in disciplinary action up to and including immediate dismissal.

Withdrawal from the Program

- The student must notify the Program Director, or in the absence of the Program Director, the Clinical Coordinator, in writing of the intent to withdraw. This written notification must include the reason for the withdrawal and the effective date of the withdrawal.
- Students who withdraw in good standing may be readmitted to the program.
    - Students who withdraw must reapply to the school and follow the normal admission process.
- The student must complete the exit process as listed below.
    - Submit written notification of intent to withdraw from the program.
    - Return their name badge and radiation dosimeter.
    - Release locker if applicable.

If a student has participated in financial aid, an exit interview with the financial aid office is conducted prior to termination. The established refund policy of the program will be followed according to the refund policy described under "Refunds" in this Student Handbook.

Transfer Students

The program does not accept transfers from other radiologic technology programs. Students must complete 100% of the program at Research Medical Center to receive a Certificate of Completion.

Program Academic Requirements

Each student is required to complete and obtain a minimum of 80% in all courses to remain in good academic and clinical standing. Failure to meet this requirement will result in the student being placed on academic probation.

- The first quarter of the program is considered probationary and a student not meeting academic or clinical standards can be dismissed at any time for the following:
    - Scoring less than 80% on two academic exams in a course or two positioning lab exams
    - Failure to comply with behavior outlined in the Student Handbook's *Conduct and Disciplinary Action* section
- After completion of the probationary quarter, a student will be placed on academic probation for any of the following:
    - Failure to obtain 80% in a course.
    - Failure to obtain 80% on two positioning lab tests.

After being placed on academic probation, a student is required to obtain an 80% in all courses for the remainder of the program. If a student fails to achieve an 80% in any course while on probation they will be dismissed from the program.

A student will also be dismissed from the program for any of the following:

- Receiving less than 80% in two courses taught in a single quarter.
- Failure to complete clinical competency standards as published in the clinical handbook.
- Failing one lab test after being placed on academic probation.
- Students who fail to obtain an 80% in any course will be required to successfully complete all remedial course work assigned by the course instructor. The student's grade will be changed to the minimum passing score (80%) upon completion of remedial work. If a student fails to pass all remedial course work, they will be dismissed from the program.

Academic Dishonesty

Dishonesty on the part of a student in connection with either course material or student records is a serious matter involving the possibility of disciplinary action. Academic dishonesty includes, but is not limited to, dishonesty in quizzes, tests, or assignments; claiming credit for work not done or done by others, e.g. plagiarism; and nondisclosure or misrepresentation in filling out applications or other program records. Students are strictly prohibited from using artificial intelligence (AI) generated content in their written assignments without explicit permission from the instructor. Any student who submits work which is wholly or partially generated by AI, without proper citation, will be subject to academic penalties as stated in the Conduct and Penalties section. A student will fail the assignment if the AI-generated content constitutes a significant portion of the work.

When a violation of the policy occurs in connection with a course under the direction of a faculty member, that faculty member is authorized to take whatever action is deemed appropriate, up to and including failing the student for the course. Whenever this penalty is imposed, the instructor will inform the Program Director in writing of the full details of the penalty. The Program Director may impose additional penalties or refer the matter to the Advisory Board for a determination of whether additional penalties are warranted.

Grading Scale

All clinical and didactic course work is given a grade based on the following scale:

Percentage Grade	GPA	Letter Grade
95.0 – 100	4.00	A
90.0 – 94.9	3.70	A-
87.0 – 89.9	3.30	B+
83.0 – 86.9	3.00	B
80.0 – 82.9	2.70	B-
77.0 – 79.9	2.30	C+
73.0 – 76.9	2.00	C
70.0 – 72.9	1.70	C-
67.0 – 69.9	1.30	D+
63.0 – 66.9	1.00	D
60.0 – 62.9	0.70	D-
Below 59.9	0	F

Grading Methods

Percentage grades are calculated for all academic and clinical coursework. The minimum percentage required for satisfactory completion of all coursework is 80%. Students are evaluated quarterly on didactic and clinical progress. Transcripts are issued within 2 weeks after the end of each quarter. Students whose work at mid-quarter grades warrants a grade of C or lower will have interim grade reports and are required to schedule a counselling session with the Program Director, Clinical Coordinator, and course(s) instructor(s). These grades do not become part of the student's permanent record and are intended to serve as a warning of inadequate progress. Students who have a grievance with their grade must follow the grievance procedure outlined under the ″Grievance Procedure″ in this Student Handbook.

Academic coursework grades are based on scores from: homework assignments, case studies, quizzes, lab assignments, and written tests. Instructional methods include classroom lecture, labs, computerized instruction, and group discussions. More specific information can be obtained from course syllabi, which are given to students at the beginning of each course.

Clinical grades are based on scores from: radiographic procedure competencies, patient care competencies, performance objectives, student professionalism, lab testing, evaluation of radiographic image quality, and reliability (attendance and punctuality). Clinical grades evaluate knowledge, clinical skills, and affective domain characteristics.

Instructional methods include supervised clinical education (internships/externships) and laboratory demonstrations. Detailed information of grading forms is located in the clinical education handbook.
A grade of 'I' will be given to a student who is unable to complete course requirements due to unforeseen circumstances such as time missed because of an extended illness, surgery, or accident. Students will be required to complete all course work in any course in which a grade of 'I' is given. The program will work with the student to provide the information necessary to complete the course.

Transcripts

A permanent transcript will be maintained in the student's file and can be viewed by the student at any time. No transcripts will be released without the written consent of the student. Transcripts are confidential and may not be inspected by anyone other than the program's staff without the written permission of the student. The program adheres to the compliances of transcripts of official records of availability and confidentiality as outlined in the Family Educational Rights and Privacy Act of 1974 (FERPA) known as the Buckley Amendment. The Program adheres to FERPA confidential laws in regard to all student education records and ensures that information collected by the Program will only be released for specific and legally defined purposes as set forth by FERPA regulations found in the Federal Register

(34 CFR Part 99).

Transcripts will only be released upon written authorization of the student. A transcript release form must be completed and signed before transcripts will be released. There is no charge to the student for the release of transcripts. Once the form is received by the office, the process takes approximately 2 to 3 working days for the transcript to be sent. Transcripts (official or unofficial) will not be released if tuition is past due according to the payment schedule.

Right of Appeal

The student has a right of appeal (due process) on academic or clinical disciplinary actions, dismissal, or expulsion.

Course Grade Appeal

A student's final course grade can be changed only at the discretion of the instructor or as a result of the appeals committee process. Whenever possible, students and instructors should attempt to resolve grade disputes informally. If this is not possible, the instructor will notify the student of the student's right to appeal a final course grade and the procedure for filing an appeal.

Students who wish to appeal their final course grade must initiate the appeals process in writing to the Program Director no later than seven (7) calendar days after the distribution of a final course grade. If the dispute remains unresolved, the Program Director will convene a Grade Appeals Panel consisting of two instructors from the instructional area involved or a related instructional department. The burden of proof lies with the student and it is the student's responsibility to provide evidence that the grade should be changed. The Panel will decide either to let the student's original grade stand or to change the grade. The Panel will prepare a written report stating the Panel's decision and the justification for that decision. A copy of that report will be provided to the student and the instructor.

Curriculum

Quarter Credit Calculations:

Didactic: 11 Contact Hrs. = 1 Quarter Credit
Lab: 33 Contact Hrs. = 1 Quarter Credit; included in Prin. of Positioning course
Clinic: 105 Contact Hrs. = 1 Quarter Credit

2025 SCHOOL OF RADIOLOGIC TECHNOLOGY COURSE DESCRIPTIONS		
Course Number	Course Title	Course Description
First Quarter – First year		
RAD 111	Anatomy & Physiology I	This course includes an introduction to the study of the human body and skeletal anatomy of the upper and lower extremity. Human anatomy and physiology of the osseous and respiratory systems will also be covered.
RAD 112	Principles of Positioning I	This course will cover procedures and positioning of the upper and lower extremities, the chest and abdomen. Fundamental anatomy of each section will also be presented. This course includes an energized laboratory with simulations using radiographic phantoms and anatomical models.
RAD 113	Radiology Patient Care I	Fundamental procedures for the care and management of patients in radiology. The course will include vital signs, body mechanics, oxygen administration, sterilization techniques, patient preps for specific radiologic procedures, isolation techniques, recognition and responding to emergency medical conditions, communication, pharmacology and dealing with diverse patient populations.
RAD 114	Principles of Medical Imaging I	Introduces the concepts of radiologic science and safety, the structure of matter, electrical theory and magnetism. Describes the history of radiography. Discusses the healthcare system.
RAD 115	Clinical Education I	Supervised clinical practicums pacing the student through a competency-based clinical education. Students will be required to complete specific competency evaluations during the course. This course also includes film critique.
Second Quarter		
RAD 121	Anatomy & Physiology II	This section of anatomy and physiology will cover the following topics: skeletal anatomy of the vertebral column, digestive system and urinary system.
RAD 122	Principles of Positioning II	This positioning course will include procedures and positions of the lower extremities, vertebral column (cervical, thoracic, lumbar, sacrum, and coccyx), contrast media and urography.
RAD 123	Radiology Patient Care II	This course covers professionalism, medical ethics, codes of conduct, history of medicine, communication, health care delivery systems, introduction to radiation protection and safety, specialty areas of radiology and professional organizations in reference to radiology and health care delivery. An introduction to basic radiographic equipment and exams will be covered. A review of common medical terms and abbreviations will also be included.
RAD 124	Principles of Medical Imaging II	Introduces the concepts of radiation physics. Explores the X-ray imaging system and principles of operation, introduces x-ray production, emission spectrum and photon-matter interactions.
RAD 125	Clinical Education II	During this quarter clinical competency and image evaluation will be assessed in the areas as covered in positioning and procedures 101-102. This course also includes image critique.

Third Quarter		
RAD 131	Anatomy & Physiology III	This course will cover topics to include: blood, cardiovascular and lymphatic systems.
RAD 132	Principles of Positioning III	Positioning and procedures and its related anatomy of the following structures will be presented: upper and lower gastrointestinal radiography, ribs, sternum and sternoclavicular joints. Myelography is also covered.
RAD 133	Neuro Anatomy	Anatomy of the skull, facial bones and sinuses will be presented. Radiographic as well as bony anatomy will be the area of focus. An overview of nervous system organization and anatomy and physiology of the central nervous system will also be included.
RAD 134	Principles of Medical Imaging III	Evaluates and describes the factors affecting x-ray production and the x-ray beam. Teaches students to apply radiation mathematics for optimum image quality and patient safety.
RAD 135	Clinical Education III	During this quarter clinical competency and image evaluation will be assessed in the areas as covered in positioning and procedures I & II. This course also includes image critique.
Fourth Quarter		
RAD 141	Sectional Anatomy	This course is designed to introduce the student to sectional anatomy of the head, neck, chest spine, abdomen, pelvis and extremities. Various CT and MRI images will be presented, along with the anatomy of the muscular system. Pathological case studies of CT and MRI images will also be discussed.
RAD 142	Principles of Positioning IV	This positioning course will cover the positioning and procedures of the skull, facial bones, orbits, nasal bones, mandible, sinuses and temporomandibular joints.
RAD 144	Principles of Medical Imaging IV	Discusses and describes factors affecting image capture and image quality. Focuses on Computed Radiography, Digital Radiography and Fluoroscopy. Introduces computer science for radiographic imaging.
RAD 145	Clinical Education IV	During this quarter clinical competency and image evaluation will be assessed in the areas as covered in positioning and procedures 101-104. This course also includes image critique.
RAD 147	Imaging Modalities I	This course is an introduction to CT, MRI, Radiation Oncology, Bone Densitometry, Sonography, Nuclear Medicine, Interventional Radiography
Fifth Quarter – Second year		
RAD 251	Systems Anatomy I	This course presents the hepatobiliary, male and female reproductive anatomy.
RAD 252	Principles of Medical Imaging V	Explores the science of digital radiography and digital fluoroscopy, digital radiographic technique, viewing the digital image and causes of digital image artifacts.
RAD 255	Clinical Education V	During this quarter clinical competency and image evaluation will be assessed in the areas as covered in positioning I & II. This course also includes image critique.
Rad 256	Senior Positioning Seminar I	This positioning course covers special imaging procedures including pediatric radiography.
RAD 257	Radiation Biology & Protection I	Limiting radiation exposure for the patient and personnel is the main focus of this course. Topics include radiation units, the ALARA concept, shielding, primary barriers, equipment considerations and federal regulations regarding radiation safety. This course will also provide the student with the knowledge pertaining to radiation and possible biological damage to the human body. Topics include somatic effects, genetic effects, radiation syndromes, dose response curves and x-ray interaction with human tissue.
RAD 258	Radiation Pathology I	This is the study of significant diseases and conditions, which present radiologic findings. Study will include diagnosis, etiology, symptoms, treatment and radiographic correlation. Units on the general principles of the, hepatobiliary, male and female reproductive systems will be presented.

RAD 259	Aspects of Radiation Research I	This course covers the basic concepts of research in the medical profession. Students will begin the preparation of a research topic to be presented at the Missouri State convention of Radiologic Technologists (MoSRT).
Sixth Quarter		
RAD 261	Systems Anatomy II	This course covers the anatomy of the body's peripheral and central nervous system, nerve cells and impulse conduction, and the endocrine system.
RAD 265	Clinical Education VI	During this quarter clinical competency and image evaluation will be assessed in the areas as covered in positioning and procedures 101-205. This course also includes image critique.
RAD 266	Imaging Modalities II CT	Introduces computerized axial tomography (CT), CT equipment operations, physics, image capture and procedures.
RAD 267	Radiation Biology & Protection II	This course is a continuation of Radiology Biology and Protection I.
RAD 268	Radiographic Pathology II	This is the study of significant diseases and conditions, which present radiologic findings. Study will include diagnosis, etiology, symptoms, treatment and radiographic correlation. Units on the general principles of disease, respiratory, digestive, and nervous systems will be presented.
RAD 269	Aspects of Radiologic Research II	A continuation of RAD 259. Students will finish the papers to be presented at the Missouri State convention of Radiologic Technologists (MOSRT).
Seventh Quarter		
RAD 273	Radiation Quality Assurance	This course will provide the student with the understanding of quality control and assurance in the radiology imaging department. Tests and procedures for equipment evaluation will be presented. State and federal regulations will be cited as appropriate.
RAD 275	Clinical Education VII	During this quarter clinical competency and image evaluation will be assessed in the areas as covered in positioning and procedures 101-205. This course also includes image critique. The student will strive to become proficient in the areas of more complex procedures, mammography and surgical imaging.
RAD 276	Senior Positioning Seminar II	This positioning course reviews the materials learned in Principles of Positioning I through IV
RAD 277	Imaging Modalities III: MRI	This course introduces the student to Magnetic Resonance Imaging. This course explores the fundamentals of magnetic resonance imaging including instrumentation, system components, physics, parameters, screening, safety, and future developments. This course examines imaging protocols, procedures, and sequence parameters used in the clinical application of magnetic resonance imaging.
Eighth Quarter		
RAD 285	Clinical Education VIII	This quarter marks the completion phase of the program. All efforts should be made to complete all clinical competency evaluations. During this quarter the student will gain clinical proficiency in routine diagnostic procedures.
RAD 286	Senior Positioning Seminar III	This positioning course reviews the materials learned in Principles of Positioning and prepares students for the positioning portion of the ARRT exam.
RAD 287	Radiology Review	This is a series of lectures and review with testing in the areas identified within the Registry Content Specification Guide in preparation for the Registry Examination to be taken upon graduation from the program. This course is considered a final review of the entire program. THE STUDENT MUST COMPLETE THIS COURSE WITH AT LEAST AN 80% GRADE IN ORDER TO GRADUATE.

Clinical Education

The purpose of clinical education is to acquire mastery of the knowledge, insight and skills required to obtain quality medical images, as well as practicing prudent radiation protection and safety for the patient, the student and co-workers. Mastery of the interpersonal skills required to deal effectively with patients and other members of the health team is another important component of clinical education.

At Research Medical Center, the student will be guided and supervised in their clinical education. The clinical phase of the program is competency-based. The student must demonstrate clinical competency in each area to successfully meet clinical standards of achievement. Each quarter the student must complete a specific number of clinical competency evaluations, which will correlate to their knowledge, and application of skills during each respective quarter. All specified clinical competencies must be completed prior to graduation.

The clinical component of the program is a major part of the total educational process. The ultimate goal of the clinical education phase of the program is to provide the students with the necessary repetition and variety of radiologic procedures to assist them in their development into highly skilled medical radiographers. Students are expected to obtain diagnostic medical images with indirect supervision during the last phase of the program.

If a student has completed and critiqued all of the required clinical competencies and final category evaluations, they will be allowed to select up to 4 weeks of elective clinical rotations. A student may not begin final category competency evaluations until the 7th quarter. Elective clinical rotations will be scheduled for a maximum of 4 weeks. The 4 weeks may not be continuous, but divided into 1- or 2-week sections. After a 2-week elective block, a minimum of 1 week will be spent in the diagnostic area. For example, a student may elect to rotate in CT for 2 weeks, then spend 1 week in diagnostic, and then return to CT for an additional 2 weeks. All elective rotations must be scheduled and approved by the Clinical Coordinator. Preference will be given to students in the order in which they complete their competencies. A written request must be submitted to the Clinical Coordinator indicating the student's choice of clinical area(s). The program does not guarantee that each student will be scheduled for all 4 weeks of elective rotations. Students may choose up to four different areas for their rotation.

Consistent attendance is needed for clinical-skill building. Excessive absences will lower a student's clinical grade as well as result in disciplinary action. For more information see "Absenteeism and Tardiness (Clinic)" and "Conduct and Disciplinary Action" in this Student Handbook.

At the completion of the program, the student's skills must be equivalent to that of an entry-level radiographer. If they are not, the length of the program will be extended until the student documents clinical competency and demonstrates skill as a radiographer.

Clinical Preceptor Responsibilities

- Complete forms as necessary in a timely manner, including professional ethics, competency evaluations and clinical objectives.
- Communicate with the student regarding: schedules, tasks assigned expectations, progress, and plans for further progress or improvement.
- Review radiographic exams with the student to include anatomy, positioning, and technical factors prior to submission of images.
- Communicate to the Program Director concerning evaluations, student progress, problems or improvement for students.
- Arrange clinical schedules so that the students have an equitable and varied clinical experience.
- Use realistic standards and expectations concerning the student's level of ability.
- Conduct radiographic image critique sessions with students as scheduled.
- Enforce policies and procedures in a fair, un-biased manner.

Student Responsibilities

- Check student schedules for clinical assignments and class times.
- Be on time for clinical assignments and classes.
- Follow the school dress code at all times. Wear name badge, dosimeter and have lead markers at all times when in clinic.
- Communicate with program faculty in the event of an absence or being late and provide a reason. Fill out forms when requesting a day off in advance.
- Review department protocols prior to performing any procedures.
- Seek assistance from a registered technologist when performing all repeat examinations.
- Demonstrate clinical competency prior to performing radiographic examinations with indirect supervision.
- Review clinical objectives and evaluation forms and complete by established deadlines.
- Stock radiographic rooms every morning.
- Participate in all aspects of clinic education and demonstrate a willingness to help in any way possible. Students should be participating in all exams in the assigned rooms.
- Study for academic classes during clinical education should only be done when it does not interfere with patient examinations and patient flow.
- Use 'slow' times in clinic to practice positioning skills or complete clinical objectives.
- Complete and submit competencies according to published schedule.
- Communicate to the Clinical Preceptor or Clinical Coordinator any exams or areas that the student feels additional instruction or experience are needed.
- Communicate to the Clinical Preceptor or Program Director any problems, concerns or questions the student may have.
- Maintain a minimum of 80% in all courses.
- Realize that the Program makes every effort to maintain consistency between the clinical sites; however, differences will occur and are to be expected. One example is that breaks and lunches are determined by the clinical site and will vary from site to site.

These clinical rotations are mandatory requirements for all students of the Program:

Junior Year Clinical Rotations

- Evenings rotation – 12:30 pm – 9:00 pm (1 week)
- Surgery rotations
- Nuclear Medicine/PET CT
- Radiation Oncology
- Clerical areas
- Patient transport
- CT
- Angiography
- MRI

Senior Year Clinical Rotations

In addition to the above rotations, students will rotate through each of the following specialty areas:

- Sonography
- CT
- Angiography
- Cath Lab
- MRI
- Mammography
- Children's Mercy Hospital
- Kansas City Orthopedic Institute
- Kansas City Vascular Institute
- Elective rotations

Magnetic Resonance Imaging (MRI) Safety

As part of the clinical education requirements, radiography students will complete clinical rotations through the MRI department. Upon admission to the program, students will complete the MRI screening form. In addition, prior to this rotation, students will receive instruction in MRI safety and will complete the MRI screening process again. Students who have contraindications to the MRI imaging environment will have their clinical rotation modified depending on the type of contraindication.

Mammography Clinical Rotations

The radiography program sponsored by Research Medical Center has revised its policy, effective August 16, 2022 regarding the placement of students in mammography clinical rotations to observe and/or perform breast imaging. This policy may be applied to any imaging procedures performed by professionals who are of the opposite gender of the patient.

The change in the program's policy regarding student clinical rotations in mammography is based on the sound rationale presented in a position statement on student breast imaging clinical rotations adopted by the Board of Directors of the Joint Review Committee on Education in Radiologic Technology (JRCERT). The JRCERT position statement is included as Addendum D to the Student Handbook and is also available on the JRCERT web site, www.jrcert.org, Programs & Faculty, Program Resources.

Evening Rotations

- All students will be scheduled for an evening shift rotation in the 3rd quarter.
- Evening schedules will be 12:30 pm to 9:00 pm during the student's regularly scheduled clinical rotation days. Total evening clinical hours: Juniors – 24 hours.
- If a student chooses to do their evening rotation during the break weeks between quarters, their schedule will be 12:30 pm to 9:00 pm, Monday through Friday.
- Any missed time during an evening rotation must be made up on the same day of the week and as an evening rotation. This must be scheduled with both the instructor and clinical site.

Student Clinical Supervision Policy

This policy is designed to ensure that students have an appropriate level of supervision to maintain high quality patient care. It is the responsibility of student to inform faculty and/or clinical staff when asked to perform procedures that exceed their competency level. Non-compliance with this policy should be brought to the attention of the faculty. Disciplinary action will result for students failing to follow this policy. Students must be supervised at all times while in the clinical setting. This supervision must be on a 1:1 ratio with students and technologist. There are two types of supervision available for students: Direct and Indirect. The type of supervision the student receives will be determined by the student's competency or skill level.

Direct Supervision

This type of supervision requires that a registered radiologic technologist be present with the student in the examination room when an examination is being performed. Actions by the student, without the technologist's supervision are prohibited. Direct supervision of students is required for those examinations in which the student is not yet proven to be competent.

Indirect Supervision

This type of supervision requires that a technologist be available to the student, if the need arises. Indirect supervision of students can be utilized for those examinations in which the student is proven to be competent. 'Available' means that the technologist is in the department but not necessarily in the examination room with the student. However, all images taken by the student must be checked and approved by the supervising technologist. In the event that repeat images are required, the necessary corrective action must be discussed with the technologist prior to performing the repeat image(s). All repeat examinations *must* be supervised by a registered technologist.

Portable Radiography

All students must be accompanied by a qualified radiographer when performing portable radiography outside of the radiology department. Accompaniment of the student will meet the provision of being "immediately available". Students are encouraged to manipulate the portable unit, position the patient, and select technical factors when performing portable radiography.

Repeat Image Policy

If for any reason a radiographic image requires repeating, it must be performed in the presence of a registered radiographer. It is the student's responsibility to seek out a technologist if performing a repeat image. Students failing to follow this policy will be subject to disciplinary action as follows:

- 1st offense - oral warning
- 2nd offense - written warning and 10% deduction from final clinical grade
- 3rd offense – written warning and 1-day suspension
- 4th offense – dismissal from program

This policy is to keep within the philosophy of keeping radiation exposure As Low As Reasonably Achievable (ALARA). If a registered radiographer is not readily available, the student must wait until one is available before attempting a repeat radiographic image.

Program Attendance

Consistent attendance is vital in the development of the radiography student. Absences result in lost academic instruction and missed clinical experiences. Dependability and punctuality are affective domain characteristics, which the program strives to develop in the student. Students are encouraged to have regular and consistent attendance throughout the program. Students are required to make-up any subject material missed due to an absence. The student will contact the designated instructor for make-up materials if an absence occurs.

Routine hours of attendance are from Monday through Friday, 7:00 am to 3:30 pm or 7:30 am to 3:30 pm depending on clinical rotation site assignment. When students are assigned to an evening rotation, they will be rotating Monday through Friday from 12:30 pm to 9:00 pm.

Students receive an 80-hour bank of sick/personal time for the 23-month program. Students electing to use a portion of this bank must fill out a "Request for Time-off Form" (via online attendance in Trajecsys). Students who are absent will automatically have time deducted from this bank. Student time off requests must be made in increments of 30 minutes or more.

Students are expected to report on time according to their daily schedule. Students not reporting to their clinical site as scheduled will be considered absent. Absences must be reported to the appropriate program faculty or disciplinary action will occur. All absences in excess of the 80-hour bank must be made up. (Exceptions include jury duty, voting, and funeral leave for an immediate family member.) Make-up time opportunities will be posted by program faculty. See "Make-up Time" in this Student Handbook.

If a student is absent on a scheduled academic class day, it is their responsibility to contact the instructor and obtain missed lecture notes and schedule make-up test(s) if needed. Missed class time will not be required to be made up. See "Scheduled Examinations and Absenteeism" in this Student Handbook. Attendance is monitored and documented by the program. Chronic, excessive absenteeism will not be allowed in the Program. Please refer to the absenteeism and tardy policy located in this Student Handbook.

Requests for Time Off

Students requesting time off must fill out the appropriate "Request for Time-off" form (via online attendance in Trajecsys) and submit it to the Clinical Coordinator at least 24 hours in advance. This form is also available online on the Programs web site and in the Trajecsys time system. Personal bank time must be taken in no less than 30-minute increments. No time off requests will be granted to students who owe more than 24 hours of make-up time. Exceptions to this policy will be for either a funeral or doctor/dentist appointment. Students must then provide adequate proof of attendance in these two circumstances.

The faculty reserves the right to deny any requests. Reasonable requests are usually granted, especially if the student submits a request at least five working days in advance. All time off will be deducted from the student's personal bank. Scheduled absences will not be considered when determining disciplinary action.

Personal Bank Time

At the beginning of the program, students are awarded 80 hours of personal time to be used during the 23 months of the program. Once a student's personal time has been used, it cannot be built back up. Any time missed over the 80 hours must be made up prior to the student receiving their Certificate of Completion from the program. To use personal time, it must be scheduled with the Clinical Coordinator at least 24 hours in advance. Ineligible days for personal time include evening shifts and specialty rotations (Radiation Oncology, Ultrasound, CT, MRI, Interventional and Cardiology Radiography). Any time missed in these rotations must be made up in the specialty area that was missed.

On occasion, a student may be performing an exam that extends past their normal clock out time. In such cases, the student is required to e-mail the faculty member in charge of the time records within one day and it will be added to the student's time bank. After a student uses their 80 hours, they will be required to make

up any time in excess of the 80 hours missed by following the make-up time policy in the handbook. However, at no time can a student's personal time bank exceed 80 hours. All bank time must be used prior to the start of the 8th Quarter.

Make-up Time

All absences in excess of the student's 80-hour personal time bank must be made up prior to the student receiving the certificate of completion from the program. If necessary, the student's time in the program will be extended to accommodate make-up time. Exceptions include jury duty and funeral leave for an immediate family member. Make-up time must have approval from the Clinical Coordinator prior to the student performing the make-up time to ensure adequate student/technologist ratios are maintained. The make-up time form is also available online at the School's web site and in the Trajecsys time system. Any make-up time accrued without obtaining written permission will be forfeited.

- Make-up time must be done for a minimum of 2 hours on class/clinic days and a minimum of 4 hours on weekends. No make-up time is allowed on hospital-recognized holidays.
- Make-up time must be performed after graduation. Students whose balance falls below 0 (zero) in their personal bank time are required to make-up time owed.
- Students will not be allowed to make up more than 10 hours per day, which includes class and/or clinic time.
- Changes to the make-up time schedule must have faculty approval.
- Missed time due to a suspension will be made up following the established date of graduation.
- If a student is absent from a specialty rotation (CT, MRI, etc.) the student will be scheduled in the modality they were absent from during their make-up time.

Clinical Attendance

The program uses a web-based attendance system, Trajecsys. Attendance is monitored on a daily basis. The RMC Clinical Coordinator will verify attendance and electronically approve each student's time record.

- Students can only login clock in/out using approved on-site computers. (RMC, MMC, CMC, OPR, LSMC, BRK, Belton, KCOI, Cass, Children's Mercy, KCVI).
- Students attending clinicals at the VA will clock in/out using their cellphones when in the department. Phone location services must be activated.
- Students may not clock in/out for another student.
- Failure to adhere to this policy will result in the student receiving a tardy and possible disciplinary action.

Quarter Breaks

The program utilizes a quarter-based curriculum. There are 8 quarters in the 23-month program. At the end of each quarter is a 2-week break period. Students will be scheduled off during one week of the break period. For the other week, the student will be assigned to a clinical area. No classes will be conducted during quarter breaks. Exceptions:

- The December 2-week break period has no clinical assignment.
- The March break period is one week in length.

Holidays

The School of Radiologic Technology observes the following holidays:

- New Year's Day
- Memorial Day
- 4th of July
- Labor Day
- Thanksgiving Day and the day after Thanksgiving
- Christmas Day

Students are not assigned to clinical education rotations or allowed to make up missed time on school-recognized holidays. Clinical rotations are not interrupted for holidays that occur on a Saturday or Sunday.

Inclement Weather

The Program Director for the Research Medical Center's School of Radiologic technology will determine changes in the class/clinical schedule if needed when there is inclement weather such as a severe ice or winter snowstorm. Students are strongly encouraged to attempt to report to class or their clinical assignment. Judgment should be used in providing extended travel time during such occasion. However, the program does not want a student to jeopardize personal property or life in a severe storm situation. If a student attempts to travel but finds it difficult, they should attempt to call and inform appropriate faculty. It may be feasible to come in late after road conditions have improved. An absence occurring due to inclement weather will be deducted from the student's time-off bank. Tardiness caused by inclement weather may be waived by the Program Director.

Funeral Leave

This policy allows students to arrange or attend a funeral for a family member.

- The student shall obtain the approval of the Program Director and/or the Clinical Preceptor prior to going on leave. If circumstances make this impossible, the student shall notify the Program Director and/or Clinical Preceptor at the earliest possible time. Failure to do so may result in disciplinary action.
- Students may be granted up to 3 days for the purpose of arranging or attending the funeral of an immediate family member. This includes: current spouse or domestic partner, children, stepchildren, parents, brother, sister, grandparents, grandchildren, current mother-in-law and current father-in-law.
- Funeral leave for an immediate family member will not be deducted from the student's time-off bank and will not be considered an absence for the purpose of clinical grading or disciplinary action.
- One day of funeral leave will be granted for a funeral of a great grandparent, aunt, uncle, or cousin.
- Absent days for a funeral outside of the immediate family as indicated above will be deducted from the student's time-off bank. There will be no deduction in the clinical grade due to this absence.

Jury Duty

This policy allows students to participate in jury duty.

- Students will be excused for jury duty after they provide the program with a copy of their summons.
- Students will be required to make up all academic work, including quizzes and tests that were missed due to jury duty.

- Students are not required to make up missed clinical time for jury duty; however, students are responsible for completing all clinical requirements.

Leave of Absence

A student may request a personal or medical leave of absence from the program. The student must submit a Leave of Absence Request form (See appendix C).

The Program's faculty will consider requests for leave of absences. To provide for program continuity, a leave of absence will correlate with the Program's quarter system of the established curriculum. A return from the leave of absence will be scheduled with the Program Director and will be at the Program's discretion. A return from a medical leave of absence requires a release from the student's physician indicating their capability to participate in the clinical setting.

Pregnancy / Maternity Leave of Absence

This policy is designed to ensure fair treatment of all students and keep fetal exposure to radiation as low as possible. Pregnancy is a voluntary disclosure and is the decision of the student.

- If a student declares a pregnancy, the student has the option of remaining in the program or voluntarily withdrawing. A student that voluntarily withdraws due to pregnancy will be eligible to apply for a position in a future class.
- Students may request a leave of absence for pregnancy or maternity leave in writing and submit it to the Program Director. If a student must request a leave for medical reasons pertaining to the pregnancy or delivery, a physician's release will be required for the student to return to the clinical education setting.
- Students will be required to make-up all clinical and didactic requirements missed during their leave of absence. It may be necessary to extend the length of the program.
- Students must complete all courses before a certificate of program completion can be issued. Students must complete a radiography educational program prior to sitting for the registry examination.

Declaration of Pregnancy

- Students electing to declare their pregnancy should obtain a "Declaration of Pregnancy Form" located in Appendix B.
- The completed form will be forwarded the radiation safety officer of the appropriate facility.
- The student will be issued a dosimeter to monitor fetal exposure. This dosimeter should be worn underneath the lead apron during fluoroscopic procedures. The NCRP recommends that dose to the unborn child should not exceed 500 millirems for the entire pregnancy or 50 millirems per month.
- The student will be also issued a copy of the Regulatory Guide 8:13, which contains instruction regarding prenatal radiation exposure. This guide can be found in Appendix B of this student handbook.
    - Any questions regarding radiation and pregnancy should be directed to the radiation safety officer (RSO) at RMC.
- The amount and type of clinical rotations will not be altered based on pregnancy. Pregnant students must continue to meet all clinical education requirements. The order of clinical rotations may be changed with the approval of the faculty and the student.

Un-declaration of Pregnancy

- A student may un-declare their pregnancy at any time by submitting a written statement to the Program Director (See Appendix B).

Recommendations for Pregnancy Exposure Safety

- The fetus is most sensitive to radiation during the first trimester of pregnancy.
- Pregnant students are encouraged to utilize wrap around lead aprons whenever possible.
- Students are encouraged to check dosimetry reports monthly.
- The risk to the fetus is minimal if proper radiation safety guidelines are followed; refer to the regulatory guide for more detailed information.
- Remember the three cardinal principles of radiation protection to decrease radiation exposure:
    - Decrease time in the radiation environment
    - Increase distance between self and the source of radiation
    - Utilize personal protective shielding whenever in a radiation environment
- Pregnant students must not hold patients or image receptors for radiographic examinations.

Pregnancy and a Student's Status in the Program

- The length of the program is usually extended to accommodate for missed clinical time during pregnancy/maternity leave. If a student is able to attend academic courses and misses clinical time only – the length of program extension is usually shorter.
- All of the academic coursework is only offered once per year. If a student is unable to attend academic classes, the length of the program could be extended for as much as a year. Students are required to complete all the academic courses prior to program completion.
- Much of the coursework in the beginning of the program is setting the foundation for the second year. Certain courses are prerequisite. If students miss a substantial amount of time in the first year and miss prerequisite courses, they will be required to take those courses prior to advancing to the second year.
- Students will be required to maintain clinical competency and complete all clinical education requirements during their pregnancy.

Absenteeism and Tardiness: Clinic

Absenteeism and tardiness will be dealt with according to the point system outlined below. This is a "no fault" system for unscheduled absenteeism that focuses on the absence and not the reason. Any student who is excessively absent or tardy, as defined by the guidelines below, will be subject to disciplinary action, up to and including dismissal. Excessive absenteeism and tardiness will also affect the student's clinical grade.

Definitions

Absence occurrence: Absence from scheduled clinical time for **two** hours or more is considered one occurrence. Consecutive absences for a related circumstance (i.e., illness/injury etc.) will be considered one occurrence. For purpose of this policy, an absence that is not requested and approved the previous day will constitute an absence occurrence.

The following exceptions are not counted as absenteeism under this policy. (However, students will be required to deduct the time missed from their 80-hour bank.)

- Pre-approved time off
- Pre-approved leaves of absence
- Student overnight hospitalization
- Absence due to a school-related injury
- Student sent home by his/her Clinical Preceptor
- Absence approved by the Program Director

Tardiness: One or more minutes (but less than 2 hours) late when reporting to a scheduled clinical rotation at the beginning of a shift or when returning after lunch or breaks. It is the expectation of the program that students will be in their assigned clinical area and ready to begin at their designated start time. If a student is more than 15 minutes late, time will be deducted from their Personal Bank. If that deduction results in the student having negative bank time, the student must make up the difference after

graduation.

Absenteeism Point System

1 unexcused absence occurrence = 1 point
1 tardy = ½ point

Year: A period of 12 consecutive months, which rolls forward, also defined as the most recent 12 months. Points will be reviewed based on a student's attendance and punctuality over this consecutive, rolling twelve months. Each unexcused absence occurrence or tardy will be on the record for one year after the occurrence. On the anniversary of the unexcused absence or tardy, the point will expire, reducing the total number of points for the rolling 12 months.

YEARLY Cumulative Points (Rolling 12 months)	ACTION
4 points within a rolling 12 months	Oral warning (counseling)
5 points within a rolling 12 months	Written warning (counseling)
7 points within a rolling 12 months	Written warning (counseling) and 3-day suspension to be made up after graduation
9 points within a rolling 12 months	Dismissal from program

It is the student's responsibility to be aware of accumulated points. Students are allowed to see their attendance record at any time by asking their Clinical Coordinator.

Absence Reporting

The procedure for reporting a clinical absence is as follows:

- The student must notify the Clinical Coordinator or the Program Director prior to midnight of the expected absence. In addition, the student must notify the Clinical Preceptor that they will be absent from their clinical rotation at least 30 minutes prior to their clinical start time. Failure to comply to will result in an unexcused absence and an accumulation of 1 point.

	Phone	Main Imaging Department
Belton Clinical Preceptor		816-348-1666
Cass Regional Medical Center	816-887-0719	816-887-0719
Centerpoint Clinical Preceptor	816-698-7139	816-698-7139
Children's Mercy Hospital	816.234.3965	816-234-3270
KCOI Clinical Preceptor	913.319.7533	913-319-7533
KCVI Clinical Preceptor		913-529-8600
Lee's Summit Clinical Preceptor	816-853-4053	
MMC Clinical Preceptor	913.345.3642	913-345-3641
OPR Clinical Preceptor	913-749-9929	913-541-5090
RMC School Main Number	816.276.3390	816-276-4409
RMC Program Director	816.276.3296	
RMC Clinical Coordinator	816.276.4918	
RMC Clinical Coordinator	816.276.4540	
RMC Clinical Preceptor	913.227.9632	
RMC-Brookside Clinical Preceptor	816.276.7436	816-276-7377
VA Clinical Preceptor	816.861.4700 x57502	

Absence Due to Illness

- A physician's note or other authorization verifying the illness will be required after 3 consecutive days.
- If a student reports to their clinic assignment with an illness and it is the opinion of the faculty or supervisor that the student is unable to perform properly or are concerned about the exposure of staff and patients, the student will be requested to return home.

Failure for a student to comply with this policy will result in disciplinary action. For more information see "Conduct and Disciplinary Actions" in this Student Handbook.

Absenteeism and Tardiness: Class

Classroom attendance is expected for maximum preparation for the radiology profession. There is a direct correlation between attendance and success in the course. Absences or tardiness for any reason does not relieve the student's responsibility for all course requirements. Students are responsible for obtaining information covered during missed class time.

- A student is eligible to miss 2 class periods (per course/per quarter) without penalty.
- If a student fails to attend class, one class absence will be assessed. Class absences or tardiness do not calculate into the student's clinical attendance point value.
- On the third absence and/or tardy from any class or portion thereof, a five (5) percentage point deduction will be taken from the final grade of that class. Subsequent occurrences in each class in the same quarter will be an additional five (5) percentage points off the final grade of each class.
- The student is required to notify all class instructors when they will be absent.

Absenteeism and Scheduled Examinations

A student who is absent the day of an exam or quiz must coordinate with the Course Instructor to make up missed course work. Students who miss tests, quizzes, or assignments are subject to five (5) percentage points being deducted from their exam grade. Special consideration will be granted to the student that has an extended illness prior to the exam. This special consideration must be arranged by the student with the program's faculty in advance of the test date.

Clinical Guidelines

Confidentiality of Patient Information

It is vitally important that all students understand and respect the confidentiality of patient information. Release of information without a patient's consent is illegal under the Health Insurance Portability and Accountability Act (HIPAA). Those who violate HIPAA regulations may be subject to penalties and dismissal from the program.

Patient Information General Guidelines

- Do not discuss the patient's condition except on a need to know basis and never outside of the medical center.
- Radiology staff members will insure that all conversations with patients or regarding personal health information (PHI) will be conducted in areas where this information cannot be overheard. Inappropriate areas for discussion include: waiting rooms, hallways, stairwells, elevators, and other public areas.
- Any personal health information (PHI) should be made secure from casual visual discovery at all time. Radiology files outside of exam room should be turned so no identifying information is visible to those passing by. Computer screens should be positioned away from public view.
- Patient charts should never be left unattended during the patient transport process.

- Personal health information (PHI) will only be disposed in secure, identified containers. Under no circumstances should patient stickers, requisitions, face sheets or paperwork with PHI be disposed of in the regular trash bins.
- Departments requesting PHI information from the radiology staff will be required to verify their identity prior to the release of information. When the radiology staff is unfamiliar with the caller, the radiology staff needs to validate the caller's identity, reason for PHI request, and return phone number.

Control of Infectious Disease Exposure

The safety of the patients, students, staff of the medical center and visitors must be maintained at all times.

- To prevent exposure and the control of infectious diseases, the students will observe the disease control policies of each clinical site (PolicyTech – RMC IC-I-110).
  - Thorough hand cleansing is required to reduce the risk for spreading infectious agents between staff and patients. Effective hand washing is the best way to prevent the spread of infection.
  - Healthcare workers are expected to decontaminate their hands using either an alcohol-based hand rub or soap and water.

    When should hands be cleansed?
    - Before having direct contact with patients
    - Before donning sterile gloves
    - After contact with patient's intact skin
    - After contact with body fluids, excretions, mucous membranes, etc.
    - When moving hands from a contaminated body site to a clean body site
    - After removing gloves
    - Before and after eating and after using the restroom

    Soap and Water Cleansing Method
    - Wet hands with warm water, apply soap and rub hands together for about 15 seconds – rinse hands – dry thoroughly – use a paper towel to turn off the water faucet.

    When should you use soap and water?
    - Hands are visibly soiled
    - Before eating
    - After using the restroom
    - If patients have C. diff or Hepatitis A

  - All needle sticks must be immediately reported to the clinical supervisor. Appropriate documentation must be completed and a student must be advised by the Employer Health Services.
  - Students should observe standard precautions at all times. Isolation and protection protocol will be covered during the orientation of the program.
  - No body fluids/wastes will be disposed of in regular trash containers. If lab analysis is not required, body fluids/waste will be dumped in the toilet or appropriate receptacle.
  - Gloves are to be worn when handling body fluids or with patients with seeping wounds. Protective eyewear may be appropriate.
  - Students will observe the blood-body fluid contamination policy of the clinical site. If a student becomes contaminated, they must report the incident and document the exposure to the Program Director.
  - Students cannot discriminate towards patients, students or staff in regards to medical diagnosis. All patients will be treated with equal respect and dignity. Failure to do so will be considered insubordination and be grounds for program expulsion.
  - Students diagnosed as having HIV infection, AIDS, or AIDS related complex are encouraged to

immediately inform the Program Director. This will be kept in the strictest of confidence; however, the appropriate infections disease control personnel of the clinical site will be advised.

- The School of Radiologic Technology of Research Medical Center will not discriminate in its policies and procedures in regards to a student being HIV positive or having AIDS.
- As long as a student does not pose direct harm to the health and safety of themselves, patients or staff, they will be permitted to continue with the program. They will be expected to meet attendance requirements and the clinical skills standards of the program.
- Students with infectious diseases (measles, chicken pox, mono, strep throat, mumps, pink eye, hepatitis, impetigo, etc. and/or a fever above 100º) should not report to class or clinical activities until the disease has been resolved. They will notify the Program Director and the Clinical Preceptor of their absence.
- A student will be sent home from the program with a potentially communicable disease upon recommendation of The Employee Health Nurse of the medical center.
- A student's health condition cannot place the safety of the patient, fellow students, and staff at risk. It may be necessary to review circumstances on an individual basis to assure everyone's best interest is observed. The advisory committee and the epidemiologist may be consulted.

Clinical Related Injuries / Illness / Non-Clinical Injuries

Injuries other than needle sticks

Students requiring medical attention for a clinic-related injury will need to be examined by their primary care physician. If it is emergent in nature, the student will go to the emergency department. All charges/fees associated with the clinic related injuries are the responsibility of the student

Students must complete a student injury report form indicating the reason and nature of the injury as soon as possible after the occurrence. See "Student Injury Report" Form in this Student Handbook. A copy of form must be submitted to the Program Director within 24 hours of the injury.

- The Program Director will enter the incident into the Meditech system as a "non-patient notification" and forward it to risk management.
- Employee Health will also be notified of the incident.

The emergency department or primary care physician must release the student so they can return to the clinical area.

Needle stick/Blood/Body Substance Exposure

- The student should wash the site immediately then:
- Notify their preceptor or instructor immediately
- The preceptor/instructor should notify the Employee Health (EH) office (x. 3722) M-F, 8:00 am - 4:30 pm, or the in-house nursing supervisor on evenings/nights/weekends/holidays.
- A "non-employee" Blood Borne Packet (BBP) will be brought to the student or can be obtained from the Program Director. RMC will pay for "source testing" on the patient. We will not need consent to do testing for Hepatitis B and C, but will need a separate consent to test the patient for HIV. If it is a trauma or the patient is not able to sign, the next of kin can sign the consent.
- This blood work will not be charged to the patient and will be kept by Employee Health only. Please use only the requisition provided in the packet for this testing. Do not add anything else to the requisition.
- The student will need to fill out the Exposure Form, as we will need that information for OSHA and in order to contact the student to tell them the lab results. This sheet must be returned to the employee health nurse as soon as possible.
- A rapid HIV test will be done that day. The Hepatitis B&C testing takes a few days. If all results are negative, no further testing needs to be done.
- If a student is stuck by a needle of "unknown source", they need to go to their PCP for baseline

and follow up testing. The tests needed would be: HbsAg, HbsAb (if they have had the vaccine series, this will show immunity status – only needs to be drawn at baseline if +); anti-HCV antibody and rapid HIV antibody.

- CDC guidelines suggest this testing be within a few days of the exposure (baseline values), at 6 weeks, 3 months, and 6 months following exposure.

- If a student is stuck by a needle from a "Known HIV source then the student needs to be sent to the Emergency Room ASAP so that prophylactic medications can be started. This needs to occur, preferably within 2 hours of the exposure, but can be done up to 24 hours post exposure. They will need to present their insurance card to the ED for this treatment.

Illness

- If a student becomes ill while on clinical duty and medical attention is needed they may register to see the physician in the emergency room. This will be at the student's own expense. If a student needs to go home, they must notify the Program Director, Clinical Preceptor, or the appropriate supervisor at the clinical site. Failure to notify the appropriate personnel can result in disciplinary action and jeopardize the student's standing in the program.

Non-Clinical Injury

- If a student is injured outside of the program, their clinical assignment will follow the injury protocol of the clinical institution that the student is attending. The assigning of room rotations, light duty (if applicable), and clinical hours will be at the discretion of the facility's Clinical Preceptor in conjunction with the Program's faculty. Efforts will be made to limit the amount of missed clinical time. The student will consult with the facility's Clinical Preceptor and the Program's faculty to schedule clinical make-up time.

Student Guidelines

Dress Code / ID Badges

Students are expected to maintain a professional appearance at **all** times. All students in the radiography program are required to follow the established dress code. Failure to follow the dress code will result in disciplinary action. All students are required to wear pewter gray (charcoal) scrubs and professional-looking shoes whenever they are in the clinical area, this includes during positioning lab. Students may elect to wear white, black or pewter gray (charcoal) lab jackets over their scrubs. Scrubs should be clean, in good repair and free from excessive wrinkles. All students are required to wear facility name badges visible at all times while in the clinical area. Lost or broken ID badges must be replaced immediately. Students may be charged for badge replacement. ID badges must be free of personal stickers, buttons or pins. The cost of uniforms, shoes, and warm up jackets are the responsibility of the student. The school recommends purchasing: 5-7 uniforms, 1-2 lab jackets, and 2 pairs of shoes.

Students are required to be clean and practice good personal hygiene and avoid the use of cologne or perfume. Hospital scrubs can only be worn when assigned to clinical areas where scrubs are required. These cannot be removed from the facility.

All tattoos must be covered.

Men should be clean-shaven every day. Neatly trimmed beards and moustaches are permitted.

Fingernails will be kept short, clean and nail polish will be in good repair. Artificial nails or devices applied to natural nails to augment or enhance nails are prohibited. These include, but are not limited to bonding, tips, wrapping, tapes, nail piercing jewelry or any kind of appliqués other than those made of nail polish. Natural nails longer than ¼" past the tip of the finger are prohibited.

	Appropriate	Inappropriate
Shirts	Pewter gray scrub tops Plain white, black or gray T-shirts or turtlenecks may be worn underneath scrub tops, as long as no writing is visible	Dirty, torn or stained Colors other than pewter gray Wrinkled
Pants	Pewter gray scrub pants of an appropriate length	Dirty, torn, or stained scrub Colors other than pewter gray Wrinkled, Rolled up
Shoes	Professional looking duty shoes or tennis shoes (Leather is recommended) (White, black, or gray shoes are recommended)	Canvas or suede shoes High heels, Sandals, Boots Brightly colored or patterned shoes or shoe laces Dirty or torn shoes
Jewelry	Engagement/wedding rings Watches Small earrings (limited to 2 per year)	Dangling earrings Large hoop earrings Multiple sets of earrings Nose, facial or tongue piercing
Undergarments	Not detectable under clothes	Colored or patterned undergarments that show through clothes Thong underwear that is visible above the waistband of the pants.
Lab Jackets	Black or pewter gray lab jackets	Dirty, torn, or stained Sweaters or sweatshirts

Break and Lunch Periods

Break and lunch periods are determined by the radiology department protocol. Students should expect that breaks and lunch periods will vary at the clinical sites and may not be handled in the exact same manner at each facility. Lunch periods are scheduled by the radiology supervisor (or control technologist). The normal lunch period is 30 minutes. Students are to check with their Clinical Preceptor or Supervising Technologist for their lunch schedule.

Students cannot forfeit their lunch break and leave early. The lunch period is for each student's benefit and safety. Breaks are scheduled according to the department activities. Students must always check with the Clinical Preceptor or Supervising Technologist before leaving on break.

The breakrooms, located within the departments, are used for breaks and lunch periods. The radiology breakrooms have microwaves and refrigerators available for staff/student use. Students are asked to bring cups and glasses from home for beverage consumption. Students are asked to clean up the area after using it and to return trays and utensils to the cafeteria. Patient waiting areas are not considered appropriate places for breaks or lunch periods.

Abuse of lunch or break period (i.e.: overextending length of break, not reporting for class on time).

- 1st offense - oral warning
- 2nd offense - written warning
- 3rd offense - 2-day suspension from program
- 4th offense - dismissal from program

Expulsion and Dismissal

- During the first quarter of the program, each student is considered to be on probation. If a student fails to meet academic and/or clinical standards (as outlined in the Program Academic Requirements Section), they can be dismissed at any time during this period.
    - The established refund policy of the program will be followed.

- A student can be expelled from the program for breach of conduct.
- A student not meeting the academic or clinical standards of the program within any quarter can be dismissed from the program.
- A student who is expelled from the program will not be given future consideration for re-admission to the program.
- EXPULSION - i.e.: cheating, breech of conduct, unethical behavior.
- DISMISSAL - i.e.: poor attendance, absenteeism, lack of academic and/or clinical progress.

Conduct and Disciplinary Actions

The following sanctions may be imposed on any student found to have violated Program's policies. More than one sanction may be imposed for a single violation. Sanctions build upon one another, if a student has additional violations of student conduct, it is expected more serious sanctions and consequences will result. If a student has a second violation of student conduct, it is expected that the more serious consequences will result**.**

1. Abusive and/or threatening language, sexual harassment or assault to anyone while on duty.
    i. 1st offense - written warning, 2-day suspension from program
    ii. 2nd offense - expulsion from program

2. Carelessness or neglect in job performance (i.e.: that which threatens the well-being of patients, visitors, co-workers, professional staff and medical center property).
    i. 1st offense - written warning
    ii. 2nd offense - 2-day suspension from program
    iii. 3rd offense - expulsion from program

3. Deliberate destruction, tampering or defacing of medical centers or property of others.
    i. 1st offense - expulsion from program

4. Falsification of any medical, business or personnel records, or financial aid application(s).
    i. 1st offense - expulsion from program

5. Fighting or provoking a fight; threatening patients, fellow students, employees or visitors.
    i. 1st offense - Suspension until the incident is investigated. If the student is judged to have acted unprofessionally and without sufficient cause, they will be expelled from the program. Lesser offenses will result in a probationary period not to exceed two months.

6. Gambling on premises.
    i. 1st offense – written warning, 2-day suspension from the program
    ii. 2nd offense – expulsion from the program

7. Participation in frivolous play that may have injurious effect on others.
    i. 1st offense - written warning
    ii. 2nd offense - 2-day suspension from program
    iii. 3rd offense - expulsion from program

8. Disrespect of professional staff, instructors, co-workers, fellow students, patients or visitors. Demonstrating unprofessional behavior in verbal, nonverbal, and written communication.
    i. 1st offense - written warning
    ii. 2nd offense - 2-day suspension from program
    iii. 3rd offense - expulsion from program

9. Insubordination to a physician, supervisor or instructor (subject to review before disciplinary action)
    i. 1st offense - written warning
    ii. 2nd offense - 2-day suspension from program
    iii. 3rd offense - expulsion from program

10. Report to school in an unfit condition due to drugs, alcohol, lack of sleep, or any other reasons that reflects an unfit condition.
    i. 1st offense - Expulsion from program. The gravity of the individual offense may be sufficient to mitigate the prescribed disciplinary action to a lesser action

11. Sleeping during school hours.
    i. 1st offense - oral warning
    ii. 2nd offense - written warning
    iii. 3rd offense - 2-day suspension from program
    iv. 4th offense - dismissal from program

12. Steal or defraud (whether actual or attempted) from the medical center, fellow students, employees or patients.
    i. 1st offense - expulsion upon proof of act

13. Failure to follow parking guidelines.
    i. 1st offense - oral warning
    ii. 2nd offense - written warning
    iii. 3rd offense - 2-day suspension from program
    iv. 4th offense - dismissal from program

14. Possession of any weapons, alcohol or illegal drugs while on the medical center property.
    i. 1st offense - expulsion from program

15. Being in an unauthorized area (where a student has no legitimate business).
    i. 1st offense - expulsion from the program upon investigation

16. Dishonesty (i.e.: cheating on an examination, plagiarism).
    i. 1st offense - expulsion from program

17. Being in an improper or incomplete uniform and/or being improperly groomed.
    i. 1st offense - oral warning
    ii. 2nd offense - written warning
    iii. 3rd offense - 2-day suspension from program
    iv. 4th offense - dismissal from program

18. Smoking in an unauthorized area or smoking on a smoke-free campus.
    i. 1st offense - oral warning
    ii. 2nd offense - written warning
    iii. 3rd offense - 2-day suspension from program
    iv. 4th offense - dismissal from program

19. Students may be dismissed at any time if their actions are deemed detrimental to the welfare of the patients or department of Radiology. Areas to be considered in this provision are jeopardizing the well-being of the patient, endangering the economic balance of the department or school (e.g. continually breaking equipment due to carelessness).

20. Possession of unauthorized test material or other official documents of the school or medical center.
    i. 1st offense - expulsion from program

21. Breach of ethical and code of conduct for professional standards (e.g., Stealing, cheating, defrauding, lying, unsafe, and unprofessional application of radiologic procedures, breach of patient confidentiality).
    i. 1st offense - expulsion from program

22. Failure to follow image repeat policy.

i. 1st offense - oral warning
ii. 2nd offense - written warning and 10% reduction in clinical grade
iii. 3rd offense - 1-day suspension from program
iv. 4th offense - 3-day suspension from program
v. 5th offense - dismissal from program

23. Failure to follow cell phone, computer, personal laptop, and Smart watch policies.
    i. 1st offense - oral warning
    ii. 2nd offense - written warning
    iii. 3rd offense - 1-day suspension from program
    iv. 4th offense - 3-day suspension from program
    v. 5th offense - dismissal from program

24. Failure to make tuition payments. For more information see "Estimate of Costs" in this Student Handbook.
    i. 1st offense - oral warning
    ii. 2nd offense - written warning
    iii. 3rd offense - 1-day suspension
    iv. 4th offense - dismissal from program

Complaint Procedure

The procedure is designed to provide the student a means for bringing complaints to the attention of the faculty or management and achieve a sound, fair resolution to the issue. The following are examples of when a complaint may be filed.

- When a student feels that he/she has been treated unfairly with respect to the school policies, procedures, rules or regulations.
- When a student feels they have been harassed by any person.
- When a student feels they have been treated inappropriately by clinical staff, students, physicians, or faculty.
- When a student would like to report an allegation of non-compliance with a JRCERT Standard.

Complaint Monitoring

School faculty will keep a log of all student complaints for the purpose of detecting patterns or habitual problems.

Procedure

- A student who uses the complaint procedure should do so within 14 calendar days after the occurrence that caused the complaint.
- School faculty and management has the responsibility to listen and review complaints in a fair and objective manner, and to seek solutions which result in the maintenance of individual dignity and respect for all individuals concerned with the complaint or its resolution.
- No student will receive unfavorable treatment for presenting a complaint.
- All complaints will be treated as confidential. Only those persons directly concerned with the complaint or its resolution will have information concerning the complaint. Copies of complaints will not be placed in student files, but will be maintained on record by the Program Director.
- Students should try to solve problems and complaints in verbal discussions with their clinic instructor or Program Director. If this does not bring about a resolution of the problem, the following procedure should be followed.

Step 1

The student should first verbally discuss the complaint with the Clinical Preceptor of the clinical site or the Clinical Coordinator. The Clinical Preceptor/Coordinator will attempt to resolve the problem or cause for complaint. If a verbal resolution is not met, the student must complete the Student Complaint Form (See Appendix C). The Clinical

Preceptor/Coordinator will provide a written response to the student within three calendar days following the written complaint form. The student must attach a written description of their complaint along with the program faculty's written response to the complaint form. The Clinical Preceptor/Coordinator will meet with the student to discuss the written response. If the written response does not resolve the complaint, the complaint form will be forwarded to the Program Director.

Step 2

The student will forward the complaint form with the appropriate attachments to the Program Director. Within five days of receiving the complaint form, the Program Director will schedule a mutually agreeable meeting with the student to discuss the problem. Within five working days of this meeting, the Program Director will send a written response to the student.

The student has five working days after the date of receipt of the Program Director's response to review the written response and decide if further action is necessary. If the response still does not resolve the complaint, the student should proceed to step 3.

Step 3

The student may contact the Imaging Director directly or request that the Program Director facilitate this process. The Imaging Director will review the complaint form and all written responses involving the student's complaint. The Imaging Director will arrange a mutually agreeable meeting with the student within seven working days of receiving the complaint form. The Imaging Director will then forward a written response to the student within seven working days of the meeting.

The student has five working days after the date of receipt of the Imaging Director's response to review the response and decide it further action is necessary. If the student's complaint still has not been resolved, the student should contact the Program Director and step 4 will be initiated.

Step 4

The Program Director will arrange a meeting with the advisory committee and all relevant persons (e.g., complainant, human resources representative) within ten days of notification from the student. The advisory committee will review all the documentation and hear any relevant testimony. The advisory committee will discuss the situation and make a recommendation based on a majority vote. Voting will be done by a written ballot. The student will be notified in writing of the committee's decision within 48 hrs of the meeting. The advisory committee's decision will be final and binding.

Grievance Procedure

Purpose

The procedure is designed to provide the student with an unbiased, systematic process of resolving issues and discrepancies that arise within the program. This procedure is available to all students on a voluntary basis. The student has a right to file a grievance using the following process for academic or clinical disciplinary actions, dismissal, or expulsion.

Grievance Process

Step 1

- The student has the right to have their case reviewed by the Advisory Committee of the School. Any action or grievance that a student wishes the Advisory Committee to consider must be described and submitted in writing to the Program Director within 7 calendar days of

the actual occurrence. If the grievance directly involves the Program Director, the written statement should be submitted to the medical director or the appropriate Director of Imaging services.

- An advisory committee meeting will be scheduled within 10 working days of the receipt of the grievance. In cases of dismissal, a student may request to remain in the program until the advisory committee makes a decision regarding the grievance. In cases of expulsion, where the student's actions were deemed dangerous or threatening they will not be allowed to return to the program until after the committee has reached a decision.
- The student must sign a release of information to permit the Advisory Committee access to their transcripts and student file if the grievance involves the student's academic or clinical performance.
- Students will be required to appear in person before the Advisory Committee to present their grievance.
- If the grievance concerns a member of the Advisory Committee, that committee member will also be allowed to present their case before the Advisory Committee, but will not be present during the student's appearance or during subsequent discussion.
- The program faculty committee members will be excluded from any voting privileges during the appeal process.
- After the grievance has been reviewed by the Advisory Committee, each member, excluding program faculty, will be asked to make a decision or recommendation. Each vote will be anonymous and submitted in writing at the meeting. The ballots will be tallied by a voting member. The final decision will be made according to the majority of the votes from the Committee. At least five voting members must be present for a decision to be valid.
- The student will be notified in writing within 5 working of the Advisory Committee decision or recommendation.

Step 2

- If the student feels a decision made by the Advisory Committee is unjustified, they may appeal to the Chief Operating Officer (COO) of the Medical Center.
- Any action or grievance that a student wishes the COO to consider must be described and submitted in writing within 7 days of the Advisory Committee's written decision. This request must be submitted to program faculty or COO.
- The student transcript and file will be forwarded to the COO for their review if needed.
- The COO will respond within 10 working days upon their receipt of the student grievance. Written notification will then be forwarded to the student.
- The COO's decision will be final.
- If the student feels the COO's decision is unjustified they may initiate a complaint with the Missouri Department of Higher Education (www.dhe.mo.gov)

Release of Information

The following information will be supplied to the Advisory Committee Members and the COO in all cases of academic or clinical disciplinary action.

- Academic transcript

- All formal and informal documents relevant to the incident
- Attendance records
- Copies of appropriate Student Handbook policies
- Disciplinary action documents
- Grade reports
- Handbook Acknowledgement signed by student
- Letter of appeal submitted by the student
- Student evaluations

Failure to Appeal

The student has 7 calendar days to review the disciplinary action. If the student fails to appeal within this time frame, the action will be considered valid and appropriate. Mutual consent of both parties may extend the time periods within the above process.

No students will suffer any reprisals on any level for initiating the grievance process.

Statement on Policy Changes

Because of constantly changing conditions and circumstances, the School of Radiologic Technology reserves the right to make changes in policy and procedures in the program as may be deemed necessary and appropriate. This student handbook does not serve as a contractual commitment between the program and the student. It serves as a guide to set policy and procedures and to foster communication between the program, the medical center and the student. Students will receive a copy of all policy changes and be given an opportunity to ask questions.

Work Place Hazards Policy

Purpose

This policy provides a program of instructions for the safety of students, patients and hospital personnel in the clinical setting.

General Safety Concerns

- Floors will be kept clear of such items such as paper clips, rubber bands, and any other miscellaneous items.
- Defective electrical cords and equipment will be taken out of service and plant operations will be notified immediately.
- Only grounded (three-prong) electrical cords are permitted in the hospital.
- Not more than one filing drawer will be opened in the same cabinet at one time.
- Chairs will not be used for climbing.
- Correct body mechanics will be used for lifting. Instruction will be provided during hospital orientation and the patient care course.
- Spills on tile floors will be wiped up immediately.
- All cut or jagged edges on equipment or furniture will be reported.
- For information regarding hazardous waste/spills contact the MSDS information line at 1-800-451-8346.

Fire Prevention

All students will know the following safety principles as they apply to the awareness of potential fire and explosive hazards.

- The location of the fire alarm for radiology.

- The location of the fire extinguisher and how to use it.
- The Fire Emergency Plan as located in the Red Emergency Manual.
- The location of all main switches for equipment found in the department.
- All exits for patients and personnel will remain unobstructed by equipment.
- No smoking will be permitted by patients, personnel, or visitors.
- Matches or lighters will not be used in storage areas.
- Oxygen cylinders will be properly secured at all times.
- The regulator valves on high-pressure oxygen tanks will be closed before opening the main valve of the tank.
- Personnel will stand clear when making high-pressure connections.

Safety Education

All students will receive workplace hazard/safety information during hospital orientation, radiology department orientation, the patient care course and the annual department in-service education packet.

Incident Reports

- Incident reports will be completed in the computer for all patient, visitor, medical staff, student, and employee accidents or incidents.
- Examples included falls, burns, electric shock, IV or medication errors, infection exposures, work-related injuries, etc.
- The hospital personnel with the most knowledge regarding the incident shall complete the appropriate documentation.
- The incident report should be completed as soon as possible after the incident occurs and submitted to the supervisor.
- All serious incidents shall be reported immediately to a radiology supervisor or clinical faculty, as well as the Director of Risk Management.

Radiation Protection Policy

Introduction

The radiation protection policy is designed to minimize the radiation exposure to students, patients and staff in keeping with the as low as reasonably achievable policy (ALARA). Students are required to follow radiation exposure guidelines or risk disciplinary action. A unit on radiation protection is presented in the Introduction to Radiology Technology course during the first quarter of the program.

Goal

The program strives to keep student exposure at 10% or less of the allowed maximum annual exposure.

Exposure Limit Maximum

A student is allowed to receive up to 5000 millirems (5 rem) per year or 1250 millirems (1.25 rem) per quarter

Personnel Guidelines

- Lead shielding (lead aprons) must be utilized whenever a student has the potential to receive radiation exposure, especially during fluoroscopic, portable, and surgical radiography.

- Lead gloves must be utilized when a student's hands have the potential to be in the primary x-ray beam.
- Students are required to wear dosimeters whenever they are in the clinical education setting to monitor radiation exposure.
- Second year students working as Student Technologists cannot wear their student dosimeter during working hours. A second work only badge must be provided by the facility the student works at.
- Occupational (student) radiation exposure is measured in a unit referred to as millirems.
- Dosimeters are changed monthly and the dosimeter company generates reports, which are distributed for student review. Students must initial the dosimetry report to indicate they viewed their monthly dose.
- Students must not hold image receptors during any radiographic procedure.
- Students must not hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care.

Exposure Report Review

The Clinical Coordinator reviews the monthly dosimetry reports and consults with the radiation safety officer (RSO) if a significant change in dose occurs, or a student receives over 200 mrem in one month. Students are interviewed and counseled regarding the radiation protection principles.

The radiation safety officer at Research Medical Center reviews the student and staff dosimetry reports at least on a quarterly basis. Students are notified if their radiation dose exceeds 10% of the quarterly dose limit. If a student receives over 30% of the quarterly dose limit, the exposure is reviewed and may be investigated by the Radiation Safety Committee. Also, the student is notified of the exposure and counseled. The goal is to prevent the probability of recurrence.

- Dosimeters should be worn on the front of the body in the appropriate area.
- Lost or laundered dosimeters should be reported to a faculty member immediately.
- Dosimeters should be left in the designated areas at the clinical site when students leave for the day.
- Students should not wear dosimeters during their own personal radiographic exams.
- Students are not to expose each other or staff members for laboratory or experimental purposes.
- Students should keep radiation exposure to themselves and their patients as low as reasonably achievable.
- Students should follow the three cardinal principles of radiation protection:
    - Time: Limit exposure time to decrease radiation dose
    - Distance: Increase distance from radiation source to decrease radiation dose
    - Shielding: Utilize lead protective barriers to decrease radiation dose

Patient Radiation Safety Guidelines

- Reduce the number of repeat examinations and conduct all repeats in the presence of a registered technologist or faculty member.
- The use of fetal and gonadal shielding is determined by hospital/clinic policies.
- Utilize collimation to reduce the primary beam so it does not extend beyond the anatomy of interest.
- Ask all female patients for the possibility of pregnancy. Age guidelines concerning pregnancy are specific to each clinical site. NO RADIOGRAPHIC EXAMS ARE TO BE CONDUCTED ON PREGNANT FEMALES WITHOUT ELICITING HELP FROM A FACULTY MEMBER OR TECHNOLOGIST. Inquire as to the first day of woman's last menstrual period; do not perform radiographs if more than 10 days have elapsed since this date (if pregnancy is a possibility). Seek help from a technologist or faculty member in this situation.

Radiation Exposure and Pregnancy

For more information, see "Pregnancy/Maternity Leave" in this Student Handbook. Appendix B in this Student Handbook contains information for "Instructions Concerning Prenatal Radiation Exposure." For more information, contact the Program Director or the Radiation Safety Officer (RSO).

Safety and Security

Research Medical Center maintains and operates an organized and trained Safety and Security Department. The department is located on B-level of the medical center and offers protection and assistance to students, patients, visitors, employees and medical staff. The security staff aid in the enforcement of RMC policies for the entire campus, including the School of Radiologic Technology, Brookside Campus, and the Student Village. All students are personally responsible for their own compliance with policies and procedures relating to security matters. Some of the services provided include assistance with low tires, jump-starts, escorts for students, and security patrols. Programs on security, crime prevention, campus safety, and other topics are scheduled throughout the year. All students are encouraged to introduce themselves to the officers. Students who witness a crime on campus, see suspicious persons or behavior, or are victims of criminal activity should contact security immediately. The safety and security department may be contacted at 276-4411. Officers are available 24 hours a day, seven (7) days a week to assist you.

Statistics of criminal offenses on campus reported to the security department are maintained. This includes reports of robberies, aggravated assaults, burglaries, sex offenses and motor vehicle thefts; and arrest for liquor law and drug violations, and weapons possession, according to the Campus Security Act of 1990 and subsequent amendments.

Security Precautions and Guidelines

- Always lock your vehicles and do not leave valuables visible in your car.
- Do not leave valuables in an unsecured area such as a lounge or work area.
- Do not prop open outside doors.
- Request security escorts when walking alone after dark.
- Stay in groups on campus as much as possible.

Freedom from Sexual Harassment

Sexual harassment is unacceptable conduct and will not be tolerated. Sexual harassment includes unwelcome sexual advances, requests for sexual favors and/or other verbal, written or physical conduct of a sexual nature. A situation will be considered sexual harassment when any or all of the following occur:

- Submission of such conduct is made a condition of remaining in the program
- Submission to or rejection of such conduct is used as the basis for grades, performance evaluation, discipline, clinical assignments or any other condition of career development
- Such conduct interferes with performance or creates an intimidating, hostile or offensive school environment

If a student has a complaint of sexual harassment, they should discuss it with the Program Director. If they feel they cannot discuss the situation with the Program Director, they are to contact the Director of Imaging. They may use the Complaint Procedure to bring a complaint of sexual harassment to the attention of management. The student will not receive unfavorable treatment for presenting a complaint of sexual harassment. All complaints will be considered confidential. Only those individuals determined to be involved in the complaint or its resolution will have information concerning the complaint. Violations of this policy against sexual harassment will result in disciplinary action, up to and including termination.

Alcohol and Drug School and Campus Policy

The Research Medical Center School of Radiologic Technology complies with Public Law 101-226, The Drug Free Schools and Communities Act of 1989, as amended. In conjunction with this compliance, students are advised of the following:

The unlawful possession, use, or distribution of drugs and alcohol by students on school property (RMC) or its affiliates, as well as any part of the school's activities on or off campus is strictly prohibited. Violation of this prohibition will result in discipline and may include dismissal from the program and/or referral to appropriate law enforcement authorities for prosecution.

All sanctions under local, state, and federal law for unlawful possession, use or distribution of illicit drugs and alcohol apply fully to RMC students, and school personnel will give law enforcement full cooperation. The school's policy and practice regarding drugs and alcohol prohibits the following:

- The sale, manufacture, distribution, purchase, use, or possession of alcohol, alcoholic beverages, inhalants or non-prescribed drugs (meaning non-prescribed narcotics, hallucinogenic drugs, marijuana or other non-prescribed controlled substances), or equipment, products and materials which are used, intended for use, or designed for use with such drugs, is prohibited while on facility property or during school hours.
- Reporting to or being at school or in the clinical area while under the influence of or while impaired by alcohol or non-prescribed drugs are prohibited.
- Reporting to or being at school or in the clinical area with a measurable quantity of non-prescribed drugs in blood or urine is prohibited.
- Reporting to school or in the clinical area in a condition, which may create the impression with patients, employees, or visitors that the student may be under the influence of non-prescribed drugs or alcohol (such as smelling of alcohol) is prohibited.
- Report to or being at school or in the clinical area while using prescribed, controlled substances may also be prohibited, where, in the opinion of faculty, such use prevents the student from performing the duties of his/her clinical assignment or poses a risk to the safety of the student, other persons or property.

Internet Use Guidelines

Research Medical Center provides access to the Internet as a tool for communication and for obtaining relevant educational information. Students must access the Internet on their own time, outside of regularly scheduled clinical hours. Students may access the Internet only in the learning resource center, radiology classroom or health science library. Student may not access the Internet from computers located in clinical areas without faculty approval. Students are expected to follow the HCA Midwest guidelines for Internet use. In general, use is permitted only so long as such use does not:

- Violate any law or HCA Midwest policy
- Involve significant use of resources or direct costs
- Result in commercial gain or private profit
- Involve any material generally considered offensive

Failure to comply with these guidelines will result in disciplinary action and revocation of Internet privileges.

Cell Phones

Personal phone calls or text messaging (whether incoming or outgoing) is prohibited during the

program hours. Calls within the department are not to be used for personal calls. Personal calls routed through the radiology department operator should be limited to emergencies.

- Cell phones use is prohibited (talking or texting) during clinical or class hours.
- Cell phones should never be used or accessed when in the exam room with a patient.
- Cell phones are required to be switched off during clinical and class hours or kept in the student's locker.
- Students are only allowed to use cell phones to make personal calls, internet access, or text messaging during breaks and lunch periods.

Cell phone use during class hours is strictly prohibited unless authorized by the instructor. In addition to the disciplinary actions stated below, cell phone use during class hours will result in 5 percentage points being deducted from the student's next exam in the course. Multiple abuses of this policy will result in the student receiving a failing grade on the next exam. Hospital or personal computers are not to be used for personal business while in the clinical or classroom setting. Online assignments, including tests, are not to be accessed during clinical hours unless expressed permission is obtained from the Clinical Preceptor at the facility. In addition to the disciplinary actions stated below, the student will receive a failing grade for the assignment if completed during clinical hours without the expressed permission from the Clinical Preceptor.

Violations of this policy will result in disciplinary action.

1st offense - oral warning
2nd offense - written warning
3rd offense - 1-day suspension from program
4th offense - 3-day suspension from program
5th offense - dismissal from program

Computer, Personal laptops, and Smart watches

Computer, Personal laptops, and Smart-watch technology usage is prohibited unless otherwise specified by a clinical site.

Program Physical Facilities and Equipment

The School of Radiologic Technology is located within the physical confines of Research Medical Center Brookside Campus. RMC's Main and Brookside Campuses provide an excellent learning environment for students, with a diverse patient population, appropriate volume, and variety of services and procedures. Specifically, for the Radiology Program the Medical Center provides:

- Dedicated radiology classrooms for up to 34 students
- Student center
- Online Health Science Library
- Offices for program faculty
- Radiographic equipment for lab
    - 5 general diagnostic radiography rooms
    - 2 radiographic and fluoroscopic rooms
    - 6 C-arms
    - 5 portable units
    - 4 CT scanners
    - 3 Ultrasound rooms
    - 2 MRI scanners
    - 2 angiography suites
    - 3 Nuclear Medicine Cameras (PET CT)

- Radiation Therapy department to include Gamma Knife
- 2 Mammography unit
- PACS system

Adequate equipment and instructional resources are also provided by Research Medical Center

- LCD/DLP projectors
- Computers and software
- Radiographic Image File
- Anatomical bones and models
- Skeletons
- IV training resources
- Radiographic equipment as listed above (for lab)
- Desks, chairs, and tables
- General office equipment
- Bookshelves
- Books
- File cabinets/general cabinets for storage

Parking

Parking is provided to students at no cost in areas designated for employees. Violations of parking policies and procedures will result in disciplinary action. Students are not allowed to park in areas designated for patients and visitors.

Smoking/Vaping

Students will follow the smoking/vaping policy of the clinical site. Failure to follow the smoking/vaping policy will result in disciplinary action. Questions regarding the smoking/vaping policy should be directed to the Clinical Preceptor. All clinical sites have a smoke-free campus policy, which means smoking/vaping is not allowed anywhere on campus. This includes employee/student vehicles.

Health Insurance

- All enrolled students are required to carry health insurance throughout the duration of the program and provide proof of insurance coverage on a calendar-year basis.
- All medical and prescription costs associated with an illness, injury, or accident that occurs while enrolled or during school hours or activities is the sole responsibility of the student.
- Students are not covered by Workman's Compensation.
- Students are not eligible for financial compensation from Research Medical Center or its clinical affiliates for medical or prescription costs for injuries or illnesses that occur during school hours or as a result of exposure during such hours.
- Research Medical Center does not offer health insurance plans to students enrolled in the Radiologic Technology program.
- A photocopy of the student's health insurance card (front and back) or other documentation is to be turned into the Program Director's office and kept in the student's file. A new copy will be required each calendar year or anytime changes are made throughout the year.

Student Records

Student records are confidential and are protected from review or use by unauthorized personnel. Inspection of records may be permitted for program accreditation, Advisory Committee review, and financial aid audits. Official transcripts will be maintained by the program. Transcripts are released only by the written consent of the student. If the student is still in the program when the request is made, all tuition payments must be up-to-date with no past due amount. Records kept in permanent file include (but not limited to):

- Application
- Transcripts
- A copy of graduation diploma
- Letters of recommendation
- Attendance records
- Summary of student competencies
- Student health records
- Student radiation exposure records
- Transcripts release forms submitted by student

Employment Policy

Purpose: To avoid practices in which students are substituted for regular staff.

- Students may have the opportunity for employment in the Radiology Department at the various clinical sites. This employment is outside of the regularly scheduled clinical education hours.

- Students are not paid for clinical education hours. Work for pay is not considered clinical education and does not count toward clinical education hours or requirements.

- Clinical education requirements, such as room objectives and clinical competency exams, cannot be completed when a student is working for pay.

- A student will not be scheduled in lieu of a radiologic technologist.

Student Services

Child Development Center / Day Care

A program offering developmental care for employee's children, ages six weeks through preschool, is provided at rates competitive with similar programs in the community. The daily educational program has been designed to meet the needs of each child. The infant program emphasizes stimulation with activities to encourage language, intellectual, emotional, social and physical growth. The preschool program offers daily activities of free and structured play including creative, dramatic, motor, readiness skills, music and outdoor play. The Center is located on the Research Medical Center campus, northwest of the College of Nursing residence. For additional information and available space, contact the Child Development Center at 816.276.4610.

Dining Facilities

Cafeterias are located in most of the clinical sites. Students will receive employee discounts at all facilities. Hours of operation are posted outside of the cafeterias.

Students receive a discount in the employee cafeteria. This discount is applied after showing the student identification badge.

Notary Public Service

Notary Public Service is available to you without charge. Human Resources can help you locate the most convenient notary.

Pastoral Care Services

Pastoral Care services are available through the Research Medical Center to help meet the spiritual needs of students. For assistance, call 816.276.4120.

Disabilities and Reasonable Accommodations

The Program makes reasonable accommodations for the known physical and mental limitations of qualified students with disabilities. In general, an accommodation is any modification or adjustment in the school/work environment that will enable a student with a disability to perform the essential functions of the Program. The faculty will have an interactive discussion with the student with the disability as a first step in determining a reasonable accommodation. In all cases, the RMC HR Department will be consulted and/or involved in these discussions.

Student Advisement

Advising is primarily the responsibility of the faculty. The Program recognizes academic advising to be a critical component of the educational experience. Academic advising is designed to provide information for the students which allows them to take responsibility for meeting the Program's graduation requirements and prepares them for a career in Radiologic Technology. It is the policy of RMC School of Radiologic Technology that:

- All students shall be informed of the advising policy and the advising process during initial introduction to the Program.
- Students on probation must be advised each quarter.
- Professional and on-going advising and career counseling shall be made available to all students.
- An assessment of the Program's advising shall be a part of the regular program review process.

Philosophy and Goals of the Advising Policy

Philosophy

- This policy applies to all currently admitted students. Academic advising is the responsibility of the faculty as a body. The Program's academic advising concentrates on the technical knowledge concerning Program's requirements and procedures.

Goals of Academic Advising

- To be an information resource regarding the wide range of programs, services and educational opportunities that may be pertinent to the student's educational success

- To be an information source regarding policies, procedures, and programs of the Program
- To be a source of advice about the academic goals for students.

Implementation of the Advising Policy

Responsibilities of Students

- Students must familiarize themselves with requirements for the program, as well as graduation and other requirements contained in the Student Handbook.
- Obtain academic advice whenever it is needed from appropriate sources.

Responsibility of the Program

- Academic advising is a primary responsibility of the faculty of the Program.
- It is the responsibility of the Program to ensure that advising is available for students when they need or wish it rather than just when the Program requires it.
- Advising opportunities shall be available to students throughout the Program.
- Make all relevant information available to students such as the Program's rules, regulations, and procedures.
- Indicate support resources available.
- Provide necessary forms and dates.
- Make copies of each quarter's grade report.
- Document all admission and program requirements.

Social Media Guidelines

HCA Midwest Research Medical Center's policy (CM-370, Social Media Guidelines) addresses the use of social media by all hospital employees and students. Specifically, the Policy states that the student is personally responsible for their commentary on social media. They can be held personally liable for commentary that is considered defamatory, obscene, proprietary, or libelous by any offended party, not just HCA. Employees or students cannot post Company-privileged information or patient protected information (PHI). Images used in educational presentations, projects, or discussions must have all PHI information anonymized to prevent possible HIPAA violations.

Appendix A - JRCERT Standards

The JRCERT Standards for an Accredited Educational Programs can be found on-line at:

http://www.jrcert.org/programs-faculty/jrcert-standards/

Appendix B – Pregnancy Guidance

Regulatory Guide 8.13: Instructions Concerning Prenatal Radiation Exposure

U.S. NUCLEAR REGULATORY COMMISSION
REGULATORY GUIDE
Revision 3 June 1999
OFFICE OF NUCLEAR REGULATORY RESEARCH
REGULATORY GUIDE 8.13 (Draft was issued as DG-801 4)
INSTRUCTION CONCERNING PRENATAL RADIATION EXPOSURE

A. INTRODUCTION

The Code of Federal Regulations in 10 CFR Part 19, "Notices, Instructions and Reports to Workers: Inspection and Investigations," in Section 19.12, "Instructions to Workers," requires instruction in "the health protection problems associated with exposure to radiation and/or radioactive material, in precautions or procedures to minimize exposure, and in the purposes and functions of protective devices employed." The instructions must be "commensurate with potential radiological health protection problems present in the work place."

The Nuclear Regulatory Commission's (NRC's) regulations on radiation protection are specified in 10 CFR Part 20, "Standards for Protection Against Radiation"; and 10 CFR 20.1208, "Dose to an Embryo/ Fetus," requires licensees to "ensure that the dose to an embryo/fetus during the entire pregnancy, due to occupational exposure of a declared pregnant woman, does not exceed 0.5 rem (5 mSv)." Section 20.1208 also requires licensees to "make efforts to avoid substantial variation above a uniform monthly exposure rate to a declared pregnant woman." A declared pregnant woman is defined in 10 CFR 20.1003 as a woman who has voluntarily informed her employer, in writing, of her pregnancy and the estimated date of conception.

This regulatory guide is intended to provide information to pregnant women, and other personnel, to help them make decisions regarding radiation exposure during pregnancy. This Regulatory Guide 8.13 supplements Regulatory Guide 8.29, "Instruction Concerning Risks from Occupational Radiation Exposure" (Ref. 1), which contains a broad discussion of the risks from exposure to ionizing radiation.

Other sections of the NRC's regulations also specify requirements for monitoring external and internal occupational dose to a declared pregnant woman. In 10 CFR 20.1502, "Conditions Requiring Individual Monitoring of External and Internal Occupational Dose," licensees are required to monitor the occupational dose to a declared pregnant woman, using an individual monitoring device, if it is likely that the declared pregnant woman will receive, from external sources, a deep dose equivalent in excess of 0.1 rem (1 mSv). According to Paragraph (e) of 10 CFR 20.2106, "Records of Individual Monitoring Results," the licensee must maintain records of dose to an embryo/fetus if monitoring was required, and the records of dose to the embryo/ fetus must be kept with the records of dose to the declared pregnant woman. The declaration of pregnancy must be kept on file, but may be maintained separately from the dose records. The licensee must retain the required form or record until the Commission terminates each pertinent license requiring the record.

The information collections in this regulatory guide are covered by the requirements of 10 CFR Parts 19 or 20, which were approved by the Office of Management and Budget, approval numbers 3150-0044 and 3150-0014, respectively. The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

B. DISCUSSION

As discussed in Regulatory Guide 8.29 (Ref. 1), exposure to any level of radiation is assumed to carry with it a certain amount of risk. In the absence of scientific certainty regarding the relationship between low dose exposure and health effects, and as a conservative assumption for radiation protection purposes, the scientific community generally assumes that any exposure to ionizing radiation may cause undesirable biological effects and that the likelihood of these effects increases as the dose increases. At the occupational dose limit for the whole body of 5 rem (50 mSv) per year, the risk is believed to be very low.

The magnitude of risk of childhood cancer following in utero exposure is uncertain in that both negative and positive studies have been reported. The

data from these studies "are consistent with a lifetime cancer risk resulting from exposure during gestation which is two to three times that for the adult" (NCRP Report No. 116, Ref. 2). The NRC has reviewed the available scientific literature and has concluded that the 0.5 rem (5 mSv) limit specified in 10 CFR 20.1208 provides an adequate margin of protection for the embryo/fetus. This dose limit reflects the desire to limit the total lifetime risk of leukemia and other cancers associated with radiation exposure during pregnancy.

In order for a pregnant worker to take advantage of the lower exposure limit and dose monitoring provisions specified in 10 CFR Part 20, the woman must declare her pregnancy in writing to the licensee. A form letter for declaring pregnancy is provided in this guide or the licensee may use its own form letter for declaring pregnancy. A separate written declaration should be submitted for each pregnancy.

C. REGULATORY POSITION

1. Who Should Receive Instruction

Female workers who require training under 10 CFR 19.12 should be provided with the information contained in this guide. In addition to the information contained in Regulatory Guide 8.29 (Ref. 1), this information may be included as part of the training required under 10 CFR 19.12.

2. Providing Instruction

The occupational worker may be given a copy of this guide with its Appendix, an explanation of the contents of the guide, and an opportunity to ask questions and request additional information. The information in this guide and Appendix should also be provided to any worker or supervisor who may be affected by a declaration of pregnancy or who may have to take some action in response to such a declaration. Classroom instruction may supplement the written information. If the licensee provides classroom instruction, the instructor should have some knowledge of the biological effects of radiation to be able to answer questions that may go beyond the information provided in this guide. Videotaped presentations may be used for classroom instruction. Regardless of whether the licensee provides classroom training, the licensee should give workers the opportunity to ask questions about information contained in this Regulatory Guide 8.13. The licensee may take credit for instruction that the worker has received within the past year at other licensed facilities or in other courses or training.

3. Licensee's Policy on Declared Pregnant Women

The instruction provided should describe the licensee's specific policy on declared pregnant women, including how those policies may affect a woman's work situation. In particular, the instruction should include a description of the licensee's policies, if any, that may affect the declared pregnant woman's work situation after she has filed a written declaration of pregnancy consistent with 10 CFR 20.1208.

The instruction should also identify who to contact for additional information as well as identify who should receive the written declaration of pregnancy. The recipient of the woman's declaration may be identified by name (e.g., John Smith), position (e.g., immediate supervisor, the radiation safety officer), or department (e.g., the personnel department).

4. Duration of Lower Dose Limits for the Embryo/ Fetus The lower dose limit for the embryo/fetus should remain in effect until the woman withdraws the declaration in writing or the woman is no longer pregnant. If a declaration of pregnancy is withdrawn, the dose limit for the embryo/fetus would apply only to the time from the estimated date of conception until the time the declaration is withdrawn. If the declaration is not withdrawn, the written declaration may be considered expired one year after submission.

5. Substantial Variations Above a Uniform Monthly Dose Rate

According to 10 CFR 20.1208(b), "The licensee shall make efforts to avoid substantial variation above a uniform monthly exposure rate to a declared pregnant woman so as to satisfy the limit in paragraph (a) of this section," that is, 0.5 rem (5 mSv) to the embryo/fetus. The National Council on Radiation Protection

and Measurements (NCRP) recommends a monthly equivalent dose limit of 0.05 rem (0.5 mSv) to the embryo/ fetus once the pregnancy is known (Ref. 2). In view of the NCRP recommendation, any monthly dose of less than 0.1 rem (1 mSv) may be considered as not a substantial variation above a uniform monthly dose rate and as such will not require licensee justification. However, a monthly dose greater than 0.1 rem (1 mSv) should be justified by the licensee.

D. IMPLEMENTATION

The purpose of this section is to provide information to licensees and applicants regarding the NRC staff's plans for using this regulatory guide.

Unless a licensee or an applicant proposes an acceptable alternative method for complying with the specified portions of the NRC's regulations, the methods described in this guide will be used by the NRC staff in the evaluation of instructions to workers on the radiation exposure of pregnant women.

REFERENCES

1. USNRC, "Instruction Concerning Risks from Occupational Radiation Exposure," Regulatory Guide 8.29, Revision 1, February 1996.

2. National Council on Radiation Protection and Measurements, Limitation of Exposure to Ionizing Radiation, NCRP Report No. 116, Bethesda, MD, 1993.

Questions and Answers Concerning Prenatal Radiation Exposure

1. Why am I receiving this information?

The NRC's regulations (in 10 CFR 19.12, "Instructions to Workers") require that licensees instruct individuals working with licensed radioactive materials in radiation protection as appropriate for the situation. The instruction below describes information that occupational workers and their supervisors should know about the radiation exposure of the embryo/fetus of pregnant women.

The regulations allow a pregnant woman to decide whether she wants to formally declare her pregnancy to take advantage of lower dose limits for the embryo/ fetus. This instruction provides information to help women make an informed decision whether to declare a pregnancy.

2. If I become pregnant, am I required to declare my pregnancy?

No. The choice whether to declare your pregnancy is completely voluntary. If you choose to declare your pregnancy, you must do so in writing and a lower radiation dose limit will apply to your embryo/fetus. If you choose not to declare your pregnancy, you and your embryo/fetus will continue to be subject to the same radiation dose limits that apply to other occupational workers.

3. If I declare my pregnancy in writing, what happens?

If you choose to declare your pregnancy in writing, the licensee must take measures to limit the dose to your embryo/fetus to 0.5 rem (5 millisievert) during the entire pregnancy. This is one-tenth of the dose that an occupational worker may receive in a year. If you have already received a dose exceeding 0.5 rem (5 mSv) in the period between conception and the declaration of your pregnancy, an additional dose of 0.05 rem (0.5 mSv) is allowed during the remainder of the pregnancy. In addition, 10 CFR 20.1208, "Dose to an Embryo/ Fetus," requires licensees to make efforts to avoid substantial variation above a uniform monthly dose rate so that all the 0.5 rem (5 mSv) allowed dose does not occur in a short period during the pregnancy.

This may mean that, if you declare your pregnancy, the licensee may not permit you to do some of your normal job functions if those functions would have allowed you to receive more than 0.5 rem, and you may not be able to have some emergency response responsibilities.

4. Why do the regulations have a lower dose limit for the embryo/fetus of a declared pregnant woman than for a pregnant worker who has not declared?

A lower dose limit for the embryo/fetus of a declared pregnant woman is based on a consideration of greater sensitivity to radiation of the embryo/fetus and the involuntary nature of the exposure. Several scientific advisory groups have recommended (References 1 and 2) that the dose to the embryo/fetus be limited to a fraction of the occupational dose limit.

5. What are the potentially harmful effects of radiation exposure to my embryo/fetus?

The occurrence and severity of health effects caused by ionizing radiation are dependent upon the type and total dose of radiation received, as well as the time period over which the exposure was received. See Regulatory Guide 8.29, "Instruction Concerning Risks from Occupational Exposure" (Ref. 3), for more information. The main concern is embryo/fetal susceptibility to the harmful effects of radiation such as cancer.

6. Are there any risks of genetic defects?

Although radiation injury has been induced experimentally in rodents and insects, and in the experiments was transmitted and became manifest as hereditary disorders in their offspring, radiation has not been identified as a cause of such effect in humans. Therefore, the risk of genetic effects attributable to radiation exposure is speculative. For example, no genetic effects have been documented in any of the Japanese atomic bomb survivors, their children, or their grandchildren.

7. What if I decide that I do not want any radiation exposure at all during my pregnancy?

You may ask your employer for a job that does not involve any exposure at all to occupational radiation dose, but your employer is not obligated to provide you with a job involving no radiation exposure. Even if you receive no occupational exposure at all, your embryo/ fetus will receive some radiation dose (on average 75 mrem (0.75 mSv)) during your pregnancy from natural background radiation.

The NRC has reviewed the available scientific literature and concluded that the 0.5 rem (5 mSv) limit provides an adequate margin of protection for the embryo/fetus. This dose limit reflects the desire to limit the total lifetime risk of leukemia and other cancers. If this dose limit is exceeded, the total lifetime risk of cancer to the embryo/fetus may increase incrementally. However, the decision on what level of risk to accept is yours. More detailed information on potential risk to the embryo/fetus from radiation exposure can be found in References 2-10.

8. What effect will formally declaring my pregnancy have on my job status?

Only the licensee can tell you what effect a written declaration of pregnancy will have on your job status. As part of your radiation safety training, the licensee should tell you the company's policies with respect to the job status of declared pregnant women. In addition, before you declare your pregnancy, you may want to talk to your supervisor or your radiation safety officer and ask what a declaration of pregnancy would mean specifically for you and your job status.

In many cases you can continue in your present job with no change and still meet the dose limit for the embryo/fetus. For example, most commercial power reactor workers (approximately 93%) receive, in 12 months, occupational radiation doses that are less than 0.5 rem (5 mSv) (Ref. 11). The licensee may also consider the likelihood of increased radiation exposures from accidents and abnormal events before making a decision to allow you to continue in your present job.

If your current work might cause the dose to your embryo/fetus to exceed 0.5 rem (5 mSv), the licensee has various options. It is possible that the licensee can and will make a reasonable accommodation that will allow you to continue performing your current job, for example, by having another qualified employee do a small part of the job that accounts for some of your radiation exposure.

9. What information must I provide in my written declaration of pregnancy?

You should provide, in writing, your name, a declaration that you are pregnant, the

estimated date of conception (only the month and year need be given), and the date that you give the letter to the licensee. A form letter that you can use is included at the end of these questions and answers. You may use that letter, use a form letter the licensee has provided to you, or write your own letter.

10. To declare my pregnancy, do I have to have documented medical proof that I am pregnant?

NRC regulations do not require that you provide medical proof of your pregnancy. However, NRC regulations do not preclude the licensee from requesting medical documentation of your pregnancy, especially if a change in your duties is necessary in order to comply with the 0.5 rem (5 mSv) dose limit.

11. Can I tell the licensee orally rather than in writing that I am pregnant?

No. The regulations require that the declaration must be in writing.

12. If I have not declared my pregnancy in writing, but the licensee suspects that I am pregnant, do the lower dose limits apply?

No. The lower dose limits for pregnant women apply only if you have declared your pregnancy in writing. The United States Supreme Court has ruled (in *United Automobile Workers International Union v. Johnson Controls, Inc.,* 1991) that "Decisions about the welfare of future children must be left to the parents who conceive, bear, support, and raise them rather than to the employers who hire those parents" (Reference 7). The Supreme Court also ruled that your employer may not restrict you from a specific job "because of concerns about the next generation." Thus, the lower limits apply only if you choose to declare your pregnancy in writing.

13. If I am planning to become pregnant but am not yet pregnant and **I** inform the licensee of that in writing, do the lower dose limits apply?

No. The requirement for lower limits applies only if you declare in writing that you are already pregnant.

14. What if I have a miscarriage or find out that I am not pregnant?

If you have declared your pregnancy in writing, you should promptly inform the licensee in writing that you are no longer pregnant. However, if you have not formally declared your pregnancy in writing, you need not inform the licensee of your nonpregnant status.

15. How long is the lower dose limit in effect?

The dose to the embryo/fetus must be limited until you withdraw your declaration in writing or you inform the licensee in writing that you are no longer pregnant. If the declaration is not withdrawn, the written declaration may be considered expired one year after submission.

16. If I have declared my pregnancy in writing, can I revoke my declaration of pregnancy even if I am still pregnant?

Yes, you may. The choice is entirely yours. If you revoke your declaration of pregnancy, the lower dose limit for the embryo/fetus no longer applies.

17. What if I work under contract at a licensed facility?

The regulations state that you should formally declare your pregnancy to the licensee in writing. The licensee has the responsibility to limit the dose to the embryo/fetus.

18. Where can I get additional information?

The references to this Appendix contain helpful information, especially Reference 3, NRC's Regulatory Guide 8.29, "Instruction Concerning Risks from Occupational Radiation Exposure," for general information on radiation risks. The licensee should be able to give this document to you. For information on legal aspects, see Reference 7, "The Rock and the Hard Place: Employer Liability to Fertile or Pregnant Employees and Their Unborn Children-What Can the Employer Do?" which is an article in the journal *Radiation Protection Management.*

You may call the NRC Headquarters at (301) 415-7000. Legal questions should be directed to the Office of the General Counsel, and technical questions should be directed to the Division of Industrial and Medical Nuclear Safety.

You may also call the NRC Regional Offices at the following numbers: Region I, (610) 337-5000; Region II, (404) 562-4400; Region III, (630) 829-9500; and Region IV, (817) 860-8100.

References

1. National Council on Radiation Protection and Measurements, *Limitation of Exposure to Ionizing Radiation,* NCRP Report No. 116, Bethesda, MD, 1993.
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4. Committee on the Biological Effects of Ionizing Radiations, National Research Council, *Health Effects of Exposure to Low Levels of Ionizing Radiation* (BEIR V), National Academy Press, Washington, DC, 1990.
5. United Nations Scientific Committee on the Effects of Atomic Radiation, *Sources and Effects of Ionizing Radiation,* United Nations, New York, 1993.
6. R. Doll and R. Wakeford, "Risk of Childhood Cancer from Fetal Irradiation," *The British Journal of Radiology,* 70, 130-139, 1997.
7. David Wiedis, Donald E. Jose, and Timm 0. Phoebe, "The Rock and the Hard Place: Employer Liability to Fertile or Pregnant Employees and Their Unborn Children-What Can the Employer Do?" *Radiation Protection Management, 11,* 41-49, January/February 1994.
8. National Council on Radiation Protection and Measurements, *Considerations Regarding the Unintended Radiation Exposure of the Embryo, Fetus, or Nursing Child,* NCRP Commentary No. 9, Bethesda, MD, 1994.
9. National Council on Radiation Protection and Measurements, *Risk Estimates for Radiation Protection,* NCRP Report No. 115, Bethesda, MD, 1993.
10. National Radiological Protection Board, *Advice on Exposure to lonising Radiation During Pregnancy,* National Radiological Protection Board, Chilton, Didcot, UK, 1998.
11. M.L. Thomas and D. Hagemeyer, "Occupational Radiation Exposure at Commercial Nuclear Power Reactors and Other Facilities, 1996," TwentyNinth Annual Report, NUREG-0713, Vol. 18, USNRC, 1998.2

Research Medical Center School of Radiologic Technology
Declaration of Pregnancy Form

Employee Name: _____ Work Phone: _____

Social Security #: _____ Home Phone: _____

Date: _____ Estimated Gestational Age: _____

Title/Position: _____ Estimated Date of Delivery: _____

To the Employee

Please answer the following questions regarding the information you have been given in the packet:

Questions	Yes	No
I have read the NRC regulatory information (Guide 8.13) concerning pregnancy and radiation safety.		
I would like to speak with the RSO concerning questions I have about radiation safety.		
I understand the NRC regulatory information and need no further explanation.		

To be completed by the RSO
Need to issue dosimeter: ☐ No apparent need to issue dosimeter is noted: ☐
Signature of RSO: _____

Date Badge Ordered: _____ Employee Contacted: _____
Badge Dispensed: _____ Badge/Pregnancy Terminated: _____

A special situation arises when a technologist becomes pregnant. Under these conditions, radiation exposure could also involve exposure to the embryo or fetus. A number of studies have indicated that the embryo or fetus is more sensitive than the adult particularly during the first four months of pregnancy.

I understand that I will receive instruction on maximum permissible exposure limits, appropriate monitoring, radiation protection methods as well as possible changes to work assignments.

I understand that a Declaration of Pregnancy is optional.

I understand that I can "undeclare" my pregnancy at any time.

I, _____, wish to declare my pregnancy as outlined in the Center's department policies effective _____.

_____ _____
Student Signature Witness Signature

_____
Date

Research Medical Center School of Radiologic Technology
Un-declaration of Pregnancy Form

Employee Name: _____ Work Phone: _____

Social Security #: _____ Home Phone: _____

Date: _____ Estimated Gestational Age: _____

Title/Position: _____ Estimated Date of Delivery: _____

Previously, I had declared my pregnancy and received information on maximum exposure levels, radiation protection, appropriate monitoring as well as possible changes to my work assignments.

I understand that a Declaration of Pregnancy is voluntary.

I now wish to withdraw my pregnancy declaration and "un-declare my pregnancy".

I, _____, wish to un-declare my pregnancy as outlined in the Center's department policies effective _____.

_____ _____
Student Signature Witness Signature

_____
Date

Appendix C – Student Forms

Research Medical Center School of Radiologic Technology
Student Injury Report Form

Name: _____ Date & Time of Occurrence: _____

Clinical Site: _____ Location of Incident: _____

Device related: ☐ Y ☐ N If Yes, specify device: _____

Contaminated device: ☐ Y ☐ N If Yes, specify type of fluid: _____

Type of Injury

☐ Burn
☐ Fall
☐ Strain/Sprain
☐ Foreign Body
☐ Laceration
☐ Puncture, Superficial
☐ Puncture, Deep (Caused bleeding)
☐ Contusion
☐ Other: _____

Type of Exposure

☐ Hazardous Material Substance: _____
☐ Blood borne Pathogen (fill out non-employee Blood Borne Packet)

Student description of the illness/injury/exposure and how it occurred (attach separate page if necessary)

_____

_____

_____

Treatment (Completed by ED or PCP)
Student will present documentation for recommended treatment along with this form, after being seen by the ED or PCP.

☐ No treatment required/return to clinical duties
☐ First Aid provided/return to clinical duties
☐ Return to clinical duties with the following limitation: _____
☐ Unable to resume clinical duties Estimated return date: _____

Treatment Physician/Nurse: _____ Date: _____

Declination Statement

I decline examination and treatment for the above reported injury/exposure at this time.

Student signature: _____ Date: _____

Research Medical Center School of Radiologic Technology
Transcript Release Form

Print Name: _____
Last First Middle Maiden/Other

Current Address: _____
Street City State Zip Code

Phone Number: _____ Dates Attended: _____

Social Security Number: _____ Birthdate: _____

Request for: E-Mail Address: _____

- ☐ Official Transcript
- ☐ Unofficial Transcript
- ☐ Issue to Student
- ☐ Other (specify) _____

(If requesting an official transcript, it will be in a sealed, signed envelope)

Current Students Only (please check one):

- ☐ Send transcript now
- ☐ Send transcript after grades are posted (will take a minimum of 30 days after end of quarter)

Mail transcript and a copy of this request to:

Name of College/Organization: _____

Attention: _____

Address: _____
Street City State Zip

Phone: _____

_____ _____
Signature Date

BY SIGNING THIS FORM, I UNDERSTAND IT WILL TAKE AT LEAST TEN WORKING DAYS FROM THE PROGRAM'S RECEIPT OF THIS FORM FOR THE TRANSCRIPT TO BE MAILED.

Return this form to:
Research Medical Center
School of Radiologic Technology
6675 Holmes Rd, Suite 660
Kansas City MO 64131

Research Medical Center School of Radiologic Technology
Student Complaint Form

Print Name:_____ Date: _____

Clinical Education Faclility:_____

Who have you contacted about your complaint?

Clinical Preceptor/Clinical Coordinator ☐ Program Director Radiology ☐ Manager ☐

Explain your complaint on a separate sheet and attach it to this form.

Student Signature_____ Date_____

To be completed by Clinical Preceptor / Clinical Coordinator (attach written response)		
Date complaint received	Date of meeting with student	Complaint resolved Yes ☐ No ☐
Student Signature	Clinical Preceptor Signature	Date form forwarded
To be completed by Program Director (attach written response)		
Date complaint form received	Date of meeting with student	Complaint resolved ☐Yes ☐No
Student Signature	Program Director Signature	Date form forwarded
To be completed by Imaging Department Manager (attach written response)		
Date complaint form received	Date of meeting	Complaint resolved ☐Yes ☐No
Student Signature	Department Head Signature	Date form forwarded
To be completed by Program Director (attach written response)		
Date contact was initiated by student	Date advisory of committee meeting	Date student was notified of decision

Research Medical Center School of Radiologic Technology
Time-Off Request Form

Please fill out Part 1 of this form to request time off. All requests must be received 24 hours in advance to be considered. Requested time off must be in reasonable increments. Requests for time off may not be granted if the student owes more than 24 hours of makeup time.

Absences that have been pre-approved by faculty will not be considered when determining disciplinary action. All time-off will be deducted from student's personal bank or be made up by the student.

Part 1: Student Section

Student Name:	Today's Date
Beginning Date of requested absence	
Beginning Time of requested absence	
Ending Date of requested absence	
Ending Time of requested absence	
Reason for absence and comments	

Part 2: Faculty Section

Request for time off approved? ☐ Yes ☐No

Explanation if request was not approved: _____

Faculty Signature	Date

Research Medical Center School of Radiologic Technology
Leave of Absence (LOA) Request Form

Student: _____

Date of Request: _____

Reason for LOA:

_____

_____

_____

Beginning Date of LOA: _____

Ending Date of LOA: _____

Total Clinical Hours of LOA: _____

Student Signature: _____ Date: _____

Administration

LOA Granted: ____ Yes ____ No

Make-up time and requirements:

_____

_____

_____

Student's initials for make-up time/requirements _____

Program Director Signature: _____ Date: _____

If LOA is for medical reasons a physician's note is required for return to the program.

Research Medical Center School of Radiologic Technology
Make-up Time Request Form

Student

Name: _____

Date of Request: _____

Number of Hours Requested *: _____

Date(s) and Time(s) of Make-up Time: _____

_____

Location of Missed Hours: _____

Modality of Missed Hours: _____

Student Signature: _____

Approval

Site: _____

Clinical Preceptor: _____

Date of Approval: _____

Clinical Preceptor Signature: _____

Faculty: _____

Date of Approval: _____

Faculty Signature: _____

*Minimum of 2 hours on class/clinic days
Minimum of 4 hours on weekends and/or holidays

Research Medical Center School of Radiologic Technology
Consent to Release Student Information

To: _____

(Name of School Official and Department that will be releasing the educational records)

Please provide information from the educational records of:

_____

(Name of Student requesting the release of educational records)

Send information to:

_____

(Name(s) of person(s) to whom the educational records will be released)

The only type of information that is to be released under this consent is:

_____ Transcripts
_____ Disciplinary records
_____ All records
_____ Other (specify) _____

The information is to be released for the following purpose:

____ Family communications about school experience
____ Employment
____ Admission to an educational institution
____ Advisory board meeting (Grievance action)
____ Other (specify)_____

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent (except for parents' financial records and certain letters of recommendation for which the student waived inspection rights). I understand I may revoke this Consent upon providing written notice to (Name of Person listed above as the School Official permitted to release the educational records). I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to (Name of Person listed above to whom the educational records will be released) for the specific purpose described above.

Name (print): _____

Signature: _____

Date: _____

Appendix D - JRCERT Position Statement on Breast Imaging Clinical Rotations

Adopted by the JRCERT Board of Directors (October 2021)

The Joint Review Committee on Education in Radiologic Technology (JRCERT) **Standards for an Accredited Educational Program in Radiography** are designed to promote academic excellence, patient safety, and quality healthcare. The JRCERT accreditation process offers a means of providing assurance to the public that a program meets specific quality standards. The process helps to maintain program quality and stimulates program improvement through program assessment.

Standard One - Objective 1.2 of the JRCERT Standards requires a program to document that it "provides equitable learning opportunities for all students."

The JRCERT Board of Directors has received numerous inquiries to update and generalize the language in the Position Statement on Breast Imaging Clinical Rotations.
With regard to breast imaging, the JRCERT has determined programs must make every effort to place students in a breast imaging clinical rotation/procedure if requested and available. However, programs will not be expected to attempt to supersede clinical site policies that restrict breast imaging rotations/ procedures to students. Students should be advised that placement in a breast imaging rotation is not guaranteed.

The JRCERT reiterates that it is the responsibility of each clinical site to address any legal challenges related to a program's inability to place students in a breast imaging rotation. All students should be informed and educated about the various employment opportunities and potential barriers that may affect their ability to work in a particular clinical staff position.

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