STUDENT HANDBOOK

REGIONAL WEST MEDICAL CENTER
SCHOOL OF RADIOLOGIC TECHNOLOGY

REVISED 6/2/2017

As a student at Regional West Medical Center School of Radiologic Technology you will have certain policies and regulations to follow. This handbook describes the responsibilities of the student and the Program. Please keep this handbook available to reference any questions that may arise during your education.

After beginning classes, you will receive information about Regional West Medical Center and the Imaging Services Department policies. You are expected to follow these policies.

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WELCOME

I would again like to congratulate you on being chosen as a student at Regional West Medical Center School of Radiologic Technology. Regional West Medical Center School of Radiologic Technology is proud of its program and is proud to have you become a part of our tradition of quality.

This educational program will instruct you in the skills necessary to become a radiographer. However, the major responsibility of whether you become a quality technologist lies with you. Even though you have been accepted into the program, this accomplishment is not enough to guarantee that you will become a technologist. Your first responsibility is to decide that radiologic technology is the field you really wish to pursue. A commitment on your part is needed to meet the expectations of the program. The degree of effort you make throughout the program will determine your capabilities as a technologist.

The methods of instruction are in two parts in the program. The first is to learn proper procedures of radiologic technology in the classroom. In the classroom, high standards are required of all students. These high expectations of our students have consistently lead to excellent scores on the American Registry of Radiologic Technologists national examination. Studying is an essential part of becoming a radiologic technologist. Memorization may have been sufficient to pass most tests that you previously encountered, but a thorough understanding of the material taught will better enable you to use your knowledge practically as a technologist. Each new experience is usually related to previous concepts. Memorizing the material only for a test will lead to difficulties later when asked to reapply this knowledge.

The second part of the program is to apply this knowledge to actual clinical situations. Most students, initially, are uncomfortable working with patients. Your involvement in clinical education is vital in becoming a quality technologist. You will be assisting radiologic technologists, physician's assistants and radiologists in performing examinations on patients. You must take the opportunity to observe, learn, and perform examinations under the guidance of these professionals. They are available on a daily basis to assist you in learning the responsibilities of the radiologic technologist. A wide variety of radiologic examinations are available for students to observe at Regional West and the other clinical educational settings. Observation in the different imaging modalities of radiology during the two years of the program helps students in the decision about whether to advance into a specialty area after graduation.

The culmination of your two years here at Regional West will result in your becoming a radiographer, whose skills and knowledge are sought by employers.

PREPARING FOR CLASS

You should accomplish several tasks in preparing for the upcoming classes:
***Please note that a fillable pdf version of all of the needed forms is available in the Form folder found on this same USB flash drive. The blue highlighted items are hyperlinked either to the forms folder or to the website.

1. Read the Student Handbook
    - This Handbook contains the policies you must follow as a student in this program.
    - There are several forms throughout the handbook that you will need to return to the program. Other than that we recommend you keep this file electronic for easy reference. This material is also easily accessed on the Programs webpage, http://www.rwhs.org/sort.

2. Complete the **Student Information Form (Pages 6 to 7)** and submit to the Program Director

3. Complete the **WNCC / RWMC Academy Registration Form (Page 8)** and submit to the Program Director
    - The WNCC/RWMC Academy is an understanding between our two institutions that allows the utilization of the BlackBoard Learning Management System through WNCC.

4. Schedule your Pre-Enrollment Drug Test and Health Screening
    - Pre-Enrollment Drug Test
        - As a condition of enrollment in the program, the student is required to pass pre-enrollment drug testing.
        - Contact Regional West Medical Center's (RWMC) Occupational Safety and Employee Health Department to schedule your pre-enrollment drug test and health screening at (308)630-1151
        - The student must complete the pre-enrollment drug test after July 23, 2017 and before August 16, 2017
        - Occupational Safety and Employee Health will only schedule these test Monday through Friday during normal business hours.
        - Print off the following forms from the forms folder on this USB flash drive.
            - **Student Certificate of Agreement and Receipt of Drug Testing Plan (Page 184)** and send to Program Director
            - **Pre-enrollment Substance Testing and Consent (Pages 185)** and take this completed form with you to your appointment for your drug testing
    - Health Screening
        - Immunization Record must be up to date. The list of required immunizations is found on **page 146**.

- Please bring proof of vaccinations from your State Department of Health or a list signed by your licensed medical provider.
    - NOTE: Hepatitis B vaccination, Flu vaccination, MMR vaccination and Tuberculosis testing will be provided to the student through the Occupational Safety and Employee Health department if it is determined to be needed.
    - If the student has not received all the listed immunizations or boosters, discuss this with the Occupational Safety and Employee Health Department.

5. Complete the **Understanding of Health Insurance Form (Page 148)** and provide proof of health insurance to the Program.
6. Complete a **Tuition Agreement and Enrollment Contract** and Return to the Program Director
    - Three options are available your tuition payment. The student should review the Tuition Policy section of this handbook **(Page 55),** select a payment option, complete the appropriate Tuition Agreement and Enrollment contract based on the selected payment option, and return the signed document to the Program Director.
7. Arrange for financial aid if necessary.
    - The Program does not administer financial aid. Students must co-register with one of the affiliated academic institutions listed below and complete the respective financial aid process to receive financial aid.
        - University of Nebraska Kearney
        - Chadron State College
    - **This process can take longer than a normal financial aid process. Please email stephanie.cannon@rwhs.org to request further information if you will be seeking financial aid.**
8. Complete the **Radiation Monitor Badge Form (Page 212)** and return to the Program Director.
9. Complete the Information for **1098-T Form (Page 58)** and return to the Program Director.
10. Read the Drug Free Campus Policy **(Pages 97 to 105),** complete the **Drug Free Campus form (Page 106)** and return to the Program Director
11. Read the Security and Crime Prevention policy **(Pages 220 to 222).** Complete the **Campus Security form** and return to the Program Director. **(Page 223)**

12. Read the Sexual Harassment and Crimes of a Sexual Nature policy **(Pages 115 to 124).** Complete the **Acknowledgement of Receipt of Sexual Harassment and Crimes of a Sexual Nature Policy** and return to the Program Director **(page 125)**
13. Purchase **solid black uniform scrubs** according to the dress code. **(Page 164-166)** You will be expected to follow this dress code beginning your first day of class.
14. Obtain a calculator with at least the following functions:
    - log, ln, e^x, and y^x.
    - A Texas Instruments TI-30Xa is sufficient.
15. Send official college transcript for final courses taken during the Spring 2017 semester and/or the Summer 2017 semester
    - You will not be allowed to attend classes until we have received these transcripts.
16. Obtain access to a computer with Internet service. There are computers available at the hospital if gaining access on a personal account is a financial hardship.
17. Assure that you have a vehicle that will transport you to the clinical sites outside Scottsbluff (Alliance, Torrington, Bridgeport).
18. Obtain Organizational Software or Day Planner.
19. Review the Family Educational Rights and Privacy Act information found on **Pages 69 to 73** Sign and return the following forms to the Program Director:
    - **FERPA Receipt of Information** - **Page 74**
    - Form for disclosure Part A - **Page 77**
    - Consent Form (Part B or C if applicable) - **Page 78 and/or 79**
20. Please sign the **Acknowledgement Of Receipt And Understanding Of Student Handbook (Page 5)** after reading the handbook

REGIONAL WEST MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY

ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING OF STUDENT HANDBOOK

I have received a copy of the Student Handbook, have read it and fully understand its contents.

I acknowledge that I must follow the policies herein.

I understand that I must specifically follow the policies regarding technologist supervision while doing radiographic procedures.

_____ _____ _____

Signature Date

_____

Print Name

REGIONAL WEST MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY

STUDENT INFORMATION FORM

Personal Information

Full Name: _____
Last *First* *M.I.* *Maiden Name*

Current Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Sex: ☐ Male ☐ Female Date of Birth

Place of Birth _____
City *State*

Cell Phone ( ) _____ Home Phone ( ) _____

E-mail Address: _____

Social Security Number or Government ID: _____

Permanent Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *Zip Code*

High School Attended: _____ Date of Graduation _____
City *State*

GED Location: _____ Year of GED _____
City *State*

Information Requested by the US Department of Education

Racial and Ethnic Origin. Check One.

☐ Non-Resident Alien

☐ Race and Ethnicity Unknown

☐ Hispanic (of any race)

For Non-Hispanics only:

☐ American Indian or Alaskan

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Two or More Races

I CONSIDER MYSELF:

☐Handicapped If Selected, Reason _____

☐Disadvantaged If Selected, Reason _____

Are you a veteran and receiving G.I. Benefits? ☐ Yes ☐ No

Federal Financial Aid

Will you be seeking Federal Financial Aid? ☐ Yes ☐ No

If Yes: I will be co-registering with ☐ Chadron State College ☐ University of Nebraska Kearney

Parent / Guardian / Spouse Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Primary Phone: **( )** _____ Alternate Phone: **( )** _____

Relationship _____

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Primary Phone: **( )** _____ Alternate Phone: **( )** _____

Relationship _____

Licensed Independent Practitioner (Doctor)

Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Primary Phone: **( )** _____

Pertinent Medical Problems

WESTERN NEBRASKA COMMUNITY COLLEGE/RWMC ACADEMY - REGISTRATION FORM

Course Title: Regional West Medical Center School of Radiologic Technology **Date:** _____

Name: _____ _____

Last First Middle Former Last Name

Address: _____

Number Street Apt.

_____

City State Zip

Male
_____

Female
_____

Date Of Birth	**Social Security #	Day Phone	Evening Phone	E-Mail

Please respond to the following two items:

1. ETHNICITY: Hispanic or Latino	**Yes**		**No**	
2. RACE: *Select one or more races that apply among the following.*				
American Indian or Alaska Native				
Asian				
Black or African American				
Native Hawaiian or Other Pacific Islander				
White				

Covered in RWMC Tuition
Payment

_____

Signature

**WNCC requires that each student report their social security# when registering. The college is required to have your social security# to file certain information returns with the IRS and to furnish a statement to you. No unauthorized person will have access to this information and federal law requires us to safeguard it.

Cancellation and Refund Policy

WNCC may cancel classes due to insufficient enrollment. Full refunds will be made to registrants when this occurs. Registration requires pre-payment. To receive a full refund, cancellation from classes must be requested two days in advance of the registration deadline. Failure to show up for class is not a cancellation, and in such circumstances, a refund will not be provided.

REGIONAL WEST MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY

UPDATE OF STUDENT INFORMATION FORM

To be utilized when there is a change to the information given in the initial student information form.

Updated Personal Information

Full Name: _____
Last *First* *M.I.* *Maiden Name*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Cell Phone **( )** _____ Home Phone **( )** _____

E-mail Address: _____

ACCREDITATION

Regional West Medical Center School of Radiologic Technology is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT). The JRCERT is the accrediting agency for many radiographer programs. The Standards for an Accredited Educational Program in Radiologic Sciences developed by JRCERT is the document describing the requirements for a radiography program to maintain accreditation with the JRCERT. The program must periodically demonstrate compliance of these Standards to continue its accreditation.

These Standards assure that the program identifies outcomes by which a program establishes and evaluates policies and procedures, stimulates programmatic self-improvement, and provides protective measures for federal funding or financial aid. The Standards assures that a program maintains a high quality in education for students as well as protecting the student and public from unwarranted or unsafe polices or practices.

Each Standard of the JRCERT is titled and includes a narrative statement, objectives, and desired outcomes required for compliance with the standard. Selected key terms are underlined and defined in the glossary to clarify the meaning and outcomes of each standard. The definitions contained in the glossary are considered a component of the Standard. As such, they must be satisfied to comply with the Standards. A copy of these Standards is found starting on page 245 of this Handbook.

The Joint Review Committee on Education in Radiologic Technology
30 North Wacker Drive, Suite 2850
Chicago, IL 60606-2901
www.jrcert,org
Phone (312)-704-5300
Fax (312)704-5304

NEBRASKA AUTHORIZATION TO OPERATE

Regional West Medical Center School of Radiologic Technology is accredited by the State of Nebraska. Under provisions of sections 85-1617 through 85-1621of the Revised Statues of Nebraska, the program is authorized to operate by the Nebraska Commissioner of Education. It is authorized to operate by the State Department of Education under the provisions of Nebraska Revised Statues, Sections 85-1601 through 85-1658.A student who has a complaint about the performance of the program may contact the program director of the Private Postsecondary Career Schools at the Nebraska Department of Education.

Program Director of Private Postsecondary Career Schools
Nebraska Department of Education
301 Centennial Mall South
Lincoln Nebraska 68509
Phone (402) 471-4825

ACADEMIC CALENDAR

AUGUST 2017-AUGUST 2019

Regional West Medical Center School of Radiologic Technology School Calendar Students enrolled August 2016-August 2018 (Class of 2018)	
Date	**Significance**
August 11, 2017	Graduation, Class of 2017, End of Term
August 12, 2017	Start of Term
August 14-19, 2017	**Summer Break for qualified students**
August 21, 2017	First day of classes for new students
September 4, 2017	**Labor Day Holiday (no classes)**
October 20, 2017	Plan C Tuition payment #1 due (3rd Term)
November 1, 2017	Plan A Tuition payment due, 3rd and 4th terms
November 1, 2017	Plan B Tuition payment due, (3rd term)
November 20, 2017	Plan C Tuition payment #2 due (3rd term)
November 23-26, 2017	**Thanksgiving Holiday (no classes)**
December 20, 2017	Plan C Tuition payment #3 due (3rd term)
December 24, 2016-January 1, 2017	**Christmas Break (no classes)**
January 22, 2018	Plan C Tuition payment #4 (3rd term)
February 1, 2018	Final deadline for Aug 2018-Aug 2020 class applications
February 12, 2018	Plan C Tuition payment #5 due (final 3rd term payment)
February 10, 2018	End of term
March 20, 2018	Plan C Tuition payment #1 due (4th term)
April 19-21, 2018	NSRT annual meeting, Grand Island, NE
April 20, 2018	Plan C Tuition payment #2 due (4th term)
April 22-28, 2018	**Spring break**
May 1, 2018	Plan B Tuition payment, (4th term)
May 22, 2018	Plan C Tuition payment #3 due (4th term)
May 28, 2018	**Memorial Day Holiday (no school)**
June 20, 2018	Plan C Tuition payment #4 (4th term)
July 4, 2018	**Independence Day Holiday (no classes)**
July 20, 2018	Plan C Tuition payment #5 due. (final 4th term payment)
August 3, 2018	Last Day of Class for 2018 Graduates
August 10, 2018	**Graduation, Class of 2018**

Regional West Medical Center School of Radiologic Technology School Calendar Students enrolled August 2017-August 2019 (Class of 2019)	
Date	**Significance**
February 1, 2017	Final deadline for Aug 2017-Aug 2019 class applications
July 23 – August 16, 2017	Schedule and Complete Pre – Enrollment Drug Test
August 11, 2017	Graduation, Class of 2017
August 21, 2017	**First day of classes for new students**
September 4, 2017	**Labor Day Holiday (no classes)**
October 20, 2017	Plan C Tuition payment #1 due (1st Term)
November 1, 2017	Plan A Tuition payment due, 1st and 2nd terms
November 1, 2017	Plan B Tuition payment due, 1st term
November 20, 2017	Plan C Tuition payment #2 due (1st term)

November 23-26, 2017	**Thanksgiving Holiday (no classes)**
December 20, 2017	Plan C Tuition payment #3 due (1st term)
December 24, 2017-January 1, 2018	**Christmas Break (no classes)**
January 22, 2018	Plan C Tuition payment #4 (1st term)
February 1, 2018	Final deadline for Aug 2018-Aug 2020 class applications
February 12, 2018	Plan C Tuition payment #5 due (final 1st term payment)
February 10, 2018	End of term
March 20, 2018	Plan C Tuition payment #1 due (2nd term)
April 19-21, 2018	NSRT annual meeting, Grand Island, NE
April 20, 2018	Plan C Tuition payment #2 due (2nd term)
April 22-28, 2018	**Spring break**
May 1, 2018	Plan B Tuition payment, 2nd term
May 21, 2018	Plan C Tuition payment #3 due (2nd term)
May 28, 2018	**Memorial Day Holiday (no school)**
June 20, 2018	Plan C Tuition payment #4 (2nd term)
July 4, 2018	**Independence Day Holiday (no classes)**
July 20, 2018	Plan C Tuition payment #5 due. (final 2nd term payment)
August 3, 2018	Last Day of Classes for 2018 Graduates
August 10, 2018	**Graduation, Class of 2018,** End of Term
August 11, 2018	Start of Term
August 13-17, 2018	**Summer Break for qualified students**
September 3, 2018	**Labor Day Holiday (no classes)**
October 22, 2018	Plan C Tuition payment #1 due (3rd Term)
November 1, 2018	Plan A Tuition payment due, 3rd and 4th terms
November 1, 2018	Plan B Tuition payment due, 3rd term
November 21, 2018	Plan C Tuition payment #2 due (3rd term)
November 22-25, 2018	**Thanksgiving Holiday (no classes)**
December 20, 2018	Plan C Tuition payment #3 due (3rd term)
December 24, 2018-January 1, 2019	**Christmas Break (no classes)**
January 22, 2019	Plan C Tuition payment #4 (3rd term)
February 1, 2019	Final deadline for Aug 2019-Aug 2021 class applications
February 12, 2019	Plan C Tuition payment #5 due (final 3rd term payment)
February 16, 2019	End of term
March 20, 2019	Plan C Tuition payment #1 due (4th term)
April 17-19, 2019	NSRT annual meeting (Tentative)
April 22, 2019	Plan C Tuition payment #2 due (4th term)
April 22-26, 2019	**Spring break (Tentative)**
May 1, 2019	Plan B Tuition payment, 4th term
May 20, 2019	Plan C Tuition payment #3 due (4th term)
May 27, 2019	**Memorial Day Holiday (no school)**
June 20, 2019	Plan C Tuition payment #4 (4th term)
July 4, 2019	**Independence Day Holiday (no classes)**
July 22, 2019	Plan C Tuition payment #5 due. (final 2nd term payment)
July 25, 2019	Last Day of Classes for 2019 Graduates
August 2, 2019	**Graduation, Class of 2019**

AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS (ARRT) EXAMINATION

The American Registry of Radiologic Technologists (ARRT), not the program, is responsible for determining whether the student meets the qualifications to sit for the certification examination. For more information about the ARRT qualifications, access the ARRT web site at www.arrt.org.

A student who has been arrested and/or convicted of a felony, drug or alcohol related offense or certain offences involving moral turpitude prior to admission or during the course of the program may not be eligible for certification and registration by the ARRT.

The American Registry of Radiologic Technologists in its code of ethics requires an applicant making application for an ARRT exam report:

> "Convictions, criminal proceedings, or military court-martials as described below:
>
> The applicant must report convictions of a crime, including felony, a gross misdemeanor, or a misdemeanor, with the sole exception of speeding and parking violation. All alcohol and/or drug related violations must be reported. Offenses that occurred while a juvenile and that are processed through the juvenile court system are not required to be reported to the ARRT.
>
> Criminal proceeding where a finding or verdict of guilt is made or returned but adjudication or the guilt is either withheld, deferred, or not entered or the sentence is suspended or stayed; or a criminal proceeding where the individual enter a plea of guilty or nolo contendere (no contest); or where the individual enter into a pre-trial diversion activity.
>
> Military court-martials that involve substance abuse, any sex-related infractions, or patient-related infractions."

In addition the student must allow the ARRT to:

> "Communicate freely and openly with the program director, and to allow the ARRT to obtain specific parts of the student's educational records in order to verify whether the student has ever been subjected to a sanction as a result of a violation of an academic honor code, or suspended or dismissed by an educational program that the student attended in order to meet ARRT certification requirements."

The student will be required to waive:

> "in part the confidentiality of the student's educational records under the Family Educational Rights and Privacy Act, 20 U.S.C. section 1232g ("FERPA"), and give consent to the release of any or all educational record relating to the student's discipline, suspensions, and/or dismissal to the ARRT for purposes of its review of the student's application for certification by the ARRRT."

An individual who has been involved in a criminal proceeding or who has been charged with or convicted of a crime may file a request for a pre-application review with the ARRT in order to

obtain a ruling on the impact of the situation on the student's eligibility for certification and registration. A pre-application review procedure for the ARRT exam is available at the ARRT web site at https://www.arrt.org/students-of-the-profession/requirements/ethics/ethics-review-preapplication.

ADMINISTRATION

ADMINISTRATION: GENERAL

MISSION STATEMENT (Policy 722.8.00.10)

REGIONAL WEST MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY

Through our education and clinical experience at Regional West Medical Center School of Radiologic Technology, we emphasize the importance of effective communication, providing superior patient care and becoming competent health care professionals.

Regional West Medical Center School of Radiologic Technology began in 1951. The original goal of the program was to educate personnel for employment in the hospital itself. Through the years, emphasis has shifted to provide students for area facilities. Today, students are taught procedures that enable graduate technologists to perform in a small community hospital or in a large metropolitan medical center. In each instance, the graduate is qualified to contribute to the field of medical imaging by providing high quality imaging skills and exhibiting professional attributes. The classrooms and office suites for the School of Radiologic Technology are located in St. Mary Plaza.

Program of Study:
Regional West Medical Center School of Radiologic Technology offers a 24-month program of study leading to an associate of applied science degree in radiography.

The web site for the school is located at http://www.rwhs.org/SORT

Program Objective:
Students entering the program shall complete the courses offered with at least a 3.0 GPA (80%), participate in clinical activities to gain the knowledge and skills necessary to perform radiographic procedures with a high degree of ability, receive an associate of applied science degree from the program and, upon graduation, successfully pass the American Registry of Registered Technologists examination in radiography.

GOALS/OBJECTIVES OF THE RADIOGRAPHER PROGRAM (Policy 722.8.00.15)

Regional West Medical Center School of Radiologic Technology has a primary goal to graduate quality radiologic technologists by providing quality education consistent with current standards in the field of radiologic technology. Upon successful completion of the program, the graduate will:

* Demonstrate the skills necessary to perform as an entry-level radiographer
* Demonstrate critical thinking and problem solving skills
* Demonstrate effective communication skills
* Develop attitudes and actions that promote the professional attributes of a radiographer

The radiography program is under the direction of the program director with advisement from the instructor's committee and the educational advisory committee. The Educational Advisory Committee is composed of the program director, chief clinical instructor, the Imaging Services' administration representative, clinical instructors, didactic instructors, student representatives, staff representatives and a public member.

The committee is responsible for assuring the curriculum is current. Students questioning whether the program is compliant with the standards as identified by the JRCERT should direct their inquiries to the program director.

PROGRAM EFFECTIVENESS AND STUDENT OUTCOMES

Yearly, the Program completes an evaluation of the effectiveness of the Program and student outcomes in regards to meeting the Program's Goals. These are published on the Program web site at:

www.rwhs.org/careers/school-radiologic-technology/program-outcomes

Alternatively, select: www.rwhs.org/SORT and select Program Outcomes link located on the left hand side of the web page..

The summary of the most recent outcomes data can be found on page 245 of this handbook.

SPONSORING INSTITUTION

REGIONAL WEST MEDICAL CENTER

Mission, Vision, Values

Mission:

Regional West Health Services seeks to serve all the people of its communities as a steward of their health and health care.

Vision Statement:

Our vision is that patients, physicians, and staff are valued and are the receivers and givers of health care that is safe, efficient and of the highest quality both now and in the ever-changing future.

Value Statement:

We ask-always – What is in the best interest of the patient?

As western Nebraska's largest hospital, Regional West offers a full continuum of comprehensive health care services – from emergency care through outpatient rehabilitation. Growth of Regional West Health Services has continued with the acquisition of several physician clinics in 2008 and the Ambulatory Surgical Center in 2009. Since its inception in 1924, Regional West has grown from a small community hospital to a progressive and impressive regional referral center.

Regional West is one of only three Level II Trauma Centers in Nebraska providing 24-hour emergency and trauma care for patients throughout the Nebraska panhandle and eastern Wyoming. The medical center has received recognition for its cancer treatment center, acute rehabilitation unit and as a Bariatric Center for Excellence.

The 182-bed facility is accredited by The Joint Commission. Regional West Medical Center is a not-for-profit subsidiary of Regional West Health Services. It is governed by a volunteer board of trustees comprised of community leaders. The medical center's active medical staff of over 110 physicians, 95 percent of whom are board certified or board eligible, and

consulting specialists represents more than 30 medical specialties and an additional 25 consulting specialists.

Regional West provides over 250,000 procedures to its patients annually. Among the many services offered are:

- Acute rehabilitation
- Air Link air ambulance
- Behavioral Health
- Birth and Infant Care Center
- Breast Health Center
- Cancer Treatment Center
- Cardiopulmonary services
- Community pharmacy/Inpatient pharmacy
- Critical care
- Diagnostic cardiac cath lab
- Education
- Emergency department (staffed 24 hours/day)
- Endoscopy lab
- Food & nutrition services
- Genetic clinic
- Guest services
- Infection control
- Internal medicine
- Laboratory services
- Lithotripsy
- Neuro-diagnostics
- Pain management
- Pastoral care
- Patient & family services
- Pediatrics
- Prairie Haven Hospice
- Pre-admit testing
- Imaging Services
- Radiation oncology
- Regional West Home Care
- Regional West Sleep Lab
- Rehabilitation Center
- Renal dialysis
- Restorative care
- Schools of Nursing (University of Nebraska, Western Nebraska Community College)
- School of Radiologic Technology
- Sports medicine
- Surgery
- Trauma services
- West Nebraska Blood Center

The active medical staff of over 110 physicians specializes in the following:

- Allergy
- Anesthesiology
- Cardiology
- Emergency medicine
- Dermatology
- Family medicine
- General surgery
- Hospitalist
- Internal medicine
- Neurology
- Neurosurgery
- Obstetrics and gynecology
- Oncology
- Ophthalmology
- Oral surgery
- Orthopedics
- Otolaryngology
- Pathology
- Pediatrics
- Psychiatry
- Plastic and reconstructive surgery
- Podiatry
- Pulmonology
- Radiation oncology
- Radiology
- Urology
- Vascular surgery

Regional West is committed to providing quality care and as a regional referral center and trauma center offers many medical specialties usually found only in metropolitan facilities. Go to www.rwhs.org for more information.

ORGANIZATIONAL STRUCTURE

Regional West

John A Mentgen, FACHE
President and CEO

Beverly Begovich
President RCI

Vincent Bjorling, MD
Physicians Clinic
Chair, Physicians Clinic Board

Montie Hodge
Vice President
Chief Information Officer

Paul Hofmeister
Vice President
General Counsel

David Holdt, MD
Physicians Clinic
President

Jeffrey Holloway, MD, FACS
Physicians Clinic
Vice President of Surgery

Michael Ickowski
Vice President
Chief Financial Officer

Summer Parker
Interim Vice President
Human Resources

Connie Rupp, MSN, RN
Vice President Patient Care Services
Chief Nursing Officer

Lisa Scheppers, MD
Chief Medical Officer

William Giles
Regional West Garden County
CEO

Evie York
Executive Assistant to the CEO

Accessed June 6, 2017

SPONSORING ORGANIZATION'S RESPONSIBILITIES TO THE PROGRAM (Policy 722.8.00.20)

Regional West Medical Center as the sponsoring organization for Regional West Medical Center School of Radiologic Technology is responsible for providing the personnel, financial and physical resources necessary to maintain an accredited program in Radiologic Technology.

The responsibilities of the sponsoring organization for maintaining the radiography program shall include the following:

1. The sponsoring organization has the primary responsibility for the educational program and granting the terminal degree.

2. The sponsoring organization shall be accredited by The Joint Commission or the equivalent.

3. Financial support for the program is the responsibility of Regional West Medical Center. Budgetary considerations for the program are within the Imaging Services Department budget and considered as separate line items.

4. The sponsoring organization shall appoint individuals to administer and instruct students.
   - There shall be at least a full-time program director. The program director may not be identified as the clinical coordinator or as a clinical instructor. The program director may perform clinical instruction.

   - There shall be a full-time equivalent clinical coordinator if the program has five (5) active clinical educational settings or more than thirty (30) students enrolled in the clinical component. The clinical coordinator cannot be shared by more than four (4) appointees. The clinical coordinator may not be identified as the program director or as a clinical instructor. The clinical coordinator may perform clinical instruction.

   - A minimum of one clinical instructor shall be assigned at each recognized clinical educational setting. The same clinical instructor may be identified at more than one site as long as a ratio of at least one full time equivalent clinical instructor for every 10 students in the program.

   - An adequate number of didactic instructors will be appointed for the education of students in the program and are responsible for the development of the curriculum and providing the didactic instruction.

5. The sponsoring organization will provide classrooms; laboratories; storage; equipment and supplies; administration offices; facilities for planning, research, evaluation, and counseling consistent with the needs of the program.

6. The sponsoring organization shall assure all clinical facilities of Regional West meet radiation safety standards as described in federal and state regulation statute and institutional policy.

7. Sufficient release time shall be made available to all instructors from other responsibilities for preparation of instructional material and instruction.

8. The sponsoring organization provides a secure location for student records and instructional materials.

9. The use of students in clinical situations is limited to learning experiences. During clinical time, students are not placed in positions where they are being used in place of paid staff.

10. If the Program Director, Medical Advisor, or a Clinical Instructor of the program is changed, prompt notification shall be sent to the Joint Review Committee on Education in Radiologic Technology. A resume of the new Program official, giving details of education and experience supporting the qualifications as stated in the Standards of the Accredited Educational Program for the Radiographers shall be included. Updates to the database regarding Program officials shall be provided to the JRCERT within thirty (30) days. Substantive changes to the Program also require notification to the JRCERT with thirty (30) days of implementation.

11. In addition, a new Program Director shall file with the State of Nebraska Department of Education, Private Postsecondary Careers School within thirty (30) days following hiring, an Administrative/Director's Qualification Form which is furnished by the Department of Education. The Program Director must be approved by that body to hold the position.

12. The sponsoring organization will provide health care services as described in student health policies.

13. The sponsoring organization will provide support for members of radiographer Program faculty to continue professional development through educational experiences.

14. The sponsoring organization will provide opportunities for use of radiographic rooms to allow for Program clinical laboratories. The clinical instructor shall be responsible for informing the radiology clinical supervisor of the time and type of room needed.

15. The sponsoring organization will provide for the formation of an Educational Advisory Committee to assure graduates meet the terminal competencies, the Program meets the Standards for a Radiographer Program, and to assist in the administration of the Program.

16. In compliance with the requirements of Program Participation Agreement for Title IV funding by the Department of Education, the sponsoring organization will notify the Secretary of the Department of Education within ten days of a change in name, change in ownership that results in a change of control, or addition of a location where at least 50% of the education Program occurs.

17. The sponsoring organization provides clerical support services, as needed, to meet all educational, program, and administrative requirements.

18. The sponsoring organization provides learning resources to support and enhance the educational program. These resources must include:
    - a print or electronic library with a variety of materials published within the last five years,
    - computer access
    - additional learning aids (e.g., educational software, classroom/laboratory accessory devices, etc.)

    The sponsoring organization shall provide funding on a continual basis for the updating of the learning resources.

19. The sponsoring organization provides access to student services in support of student learning. The provision of appropriate student services promotes student achievement. At a minimum, the Program must provide access to information for:
    - personal counseling,
    - requesting accommodations for disabilities as defined by applicable federal (Americans with Disabilities Act) and state laws
    - Financial aid.

Additional student services may be provided at the discretion of the program. These services should be sufficient to assure student learning.

All services provided must be made known to students and the general public.

RADIOGRAPHER PROGRAM ADMINISTRATION (Policy 722.8.00.25)

Individuals as appointed by Regional West administration shall be responsible for the administration, instruction, and evaluation of the students in the Radiographer Program. These individuals shall provide to radiography students the opportunities to meet the objectives and terminal competencies of the Program.

The officials appointed to positions within the Program shall assume the following responsibilities of the program:

1. Administration of the School of Radiologic Technology shall be the responsibility of the Program Director with the assistance from the administrative personnel of the Imaging Services Department.

2. The yearly budget shall be considered and recommended by the Program Director, and Imaging Services Administration.

3. The Program publishes a student handbook with at least the following items as a part of the content:
    - Mission Statement of Organization, Imaging Services Department, and Program.
    - Program Goals and Outcomes
    - Responsibilities of the Organization and Program
    - Academic Calendar
    - Student Services
    - Student Performance Policies (including pre-attendance background and drug checks)

- Grading Policies
- Graduation Requirements
- Transfer Policy
- Academic Policies
- Student Health Services
- Tuition, Fees, and Refund Policies
- Student Attendance Policies
- Student Academic Policies
- Financial Aid Information
- Pregnancy Policy
- Radiation Safety Policy
- Corrective Action Policies
- Clinical Assignment Requirements
- Standards of an Accredited Educational Program in Radiologic
- Sciences

The Program provides a copy of the student handbook to every student prior to the beginning of the program. The student shall acknowledge in writing the receipt and reading of the policies of the program.

The Program publishes an information catalog accurately describing the Program requirements:

- Name and address of the school
- Date of publication
- Table of contents
- Owner of the program
- Academic calendar
- Description of program facilities and equipment
- Program objectives
- Tuition, fees, length of program
- Educational services offered
- Enrollment procedures
- Entrance requirements
- Attendance requirements
- Demonstration of satisfactory progress
- Readmission policies
- Probation policy
- Progress reports for students
- Student conduct policy
- Refund policy
- Course content
- Withdrawal policy
- Procedure for addressing student complaints

4. The Program shall define and publish the requirements for admission to the Program including academic requirements and technical standards.

5. The Program shall develop and maintain a Master Plan of education. The Master Plan shall contain at minimum, the didactic and clinical course syllabi and Program policies and procedures. If the components of the Master Plan are not housed together, there must a list of the location of each component. The Master Plan shall be accessible by the program faculty.

6. The maximum enrollment of students into the Program shall not exceed the total number of students approved by the JRCERT.

7. The number of students accepted into the Program each year shall be determined by the Educational Advisory Committee.

8. The ratio of staff to student shall not exceed 1:1 for clinical supervision of radiographic procedures. An exception will be made when more than one student is assigned to a technologist on a temporary basis for an uncommon procedure.

9. The Program provides curriculum and clinical experiences consistent with the state of current radiology practices and as stated in ASRT curriculum.

10. The Program assures that students within the Program are assigned to clinical situations that are of educational value. Students may not be assigned to clinical education settings during holidays that are observed by the sponsoring institution. The Program Director reviews student and technologist schedules to assure that students are appropriately assigned and that the assignment is educationally valid.

11. The Program assures graduating students meet the requirements listed for graduation.

12. The Program will undergo a periodic review of the Master Plan and its content to determine whether the goals of the Program have been met. Periodic review is accomplished as described in Master Plan Review Policy 722. 8.00.31.

13. The Program assures that student recruitment and admission practices are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.

14. The Program assures that clinical educational settings are recognized by the JRCERT. Recognition must be obtained from the JRCERT prior to placement of students at the clinical educational setting. A minimum of one clinical instructor will be identified for each recognized clinical educational setting. The Program assures that clinical educational settings meet the requirements of the JRCERT Standards.

15. The Program may identify observational sites that do not require JRCERT recognition. A student may be assigned to an observation site to observe the operation of equipment or procedures. The student may not assist in, or perform, any aspect of patient care during observational assignments.

16. The Program shall notify the State of Nebraska of a significant program change which includes a change in the name of the program, a change in the academic measurements from clock hours to credit hours or vice versa, or a change from quarter to semester hours or vice versa, or any change of twenty-five (25) percent or more in credit awarded, courses offered, or program length of the currently approved program if the change occurs between any two (2) applications for renewal of authorization to operate.

17. The Program will provide the program's mission statement, goals, and student learning outcomes to the communities of interest (students, faculty, administrators and the general public).

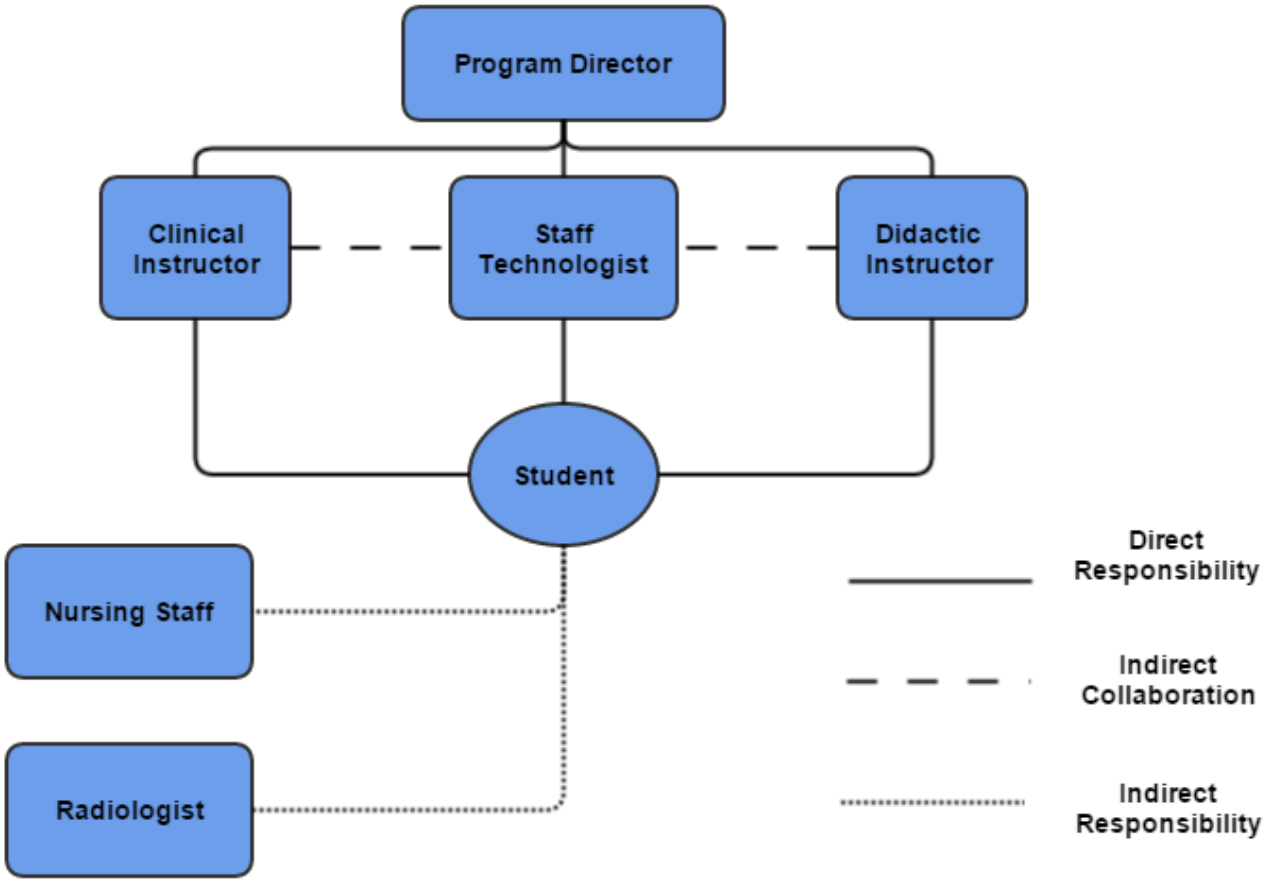
18. The JRCERT requires the following information be readily available to students, faculty, administrators, and the general public on the institution's web site:
    - Program's mission statement, goals, and student learning outcomes
    - Admission policies
    - Tuition and fees
    - Refund policies
    - Academic calendars
    - Academic policies
    - Clinical obligations
    - Grading system
    - Graduation requirements
    - The criteria for transfer credit
    - Articulation agreements the Program may have with a post-secondary institution

19. On an annual basis makes available to the JRCERT general public Program effectiveness data (credentialing pass rate, job placement rate, and Program completion rate). The Program must publish the JRCERT URL (www.jrcert.org) to allow the public access to this data.

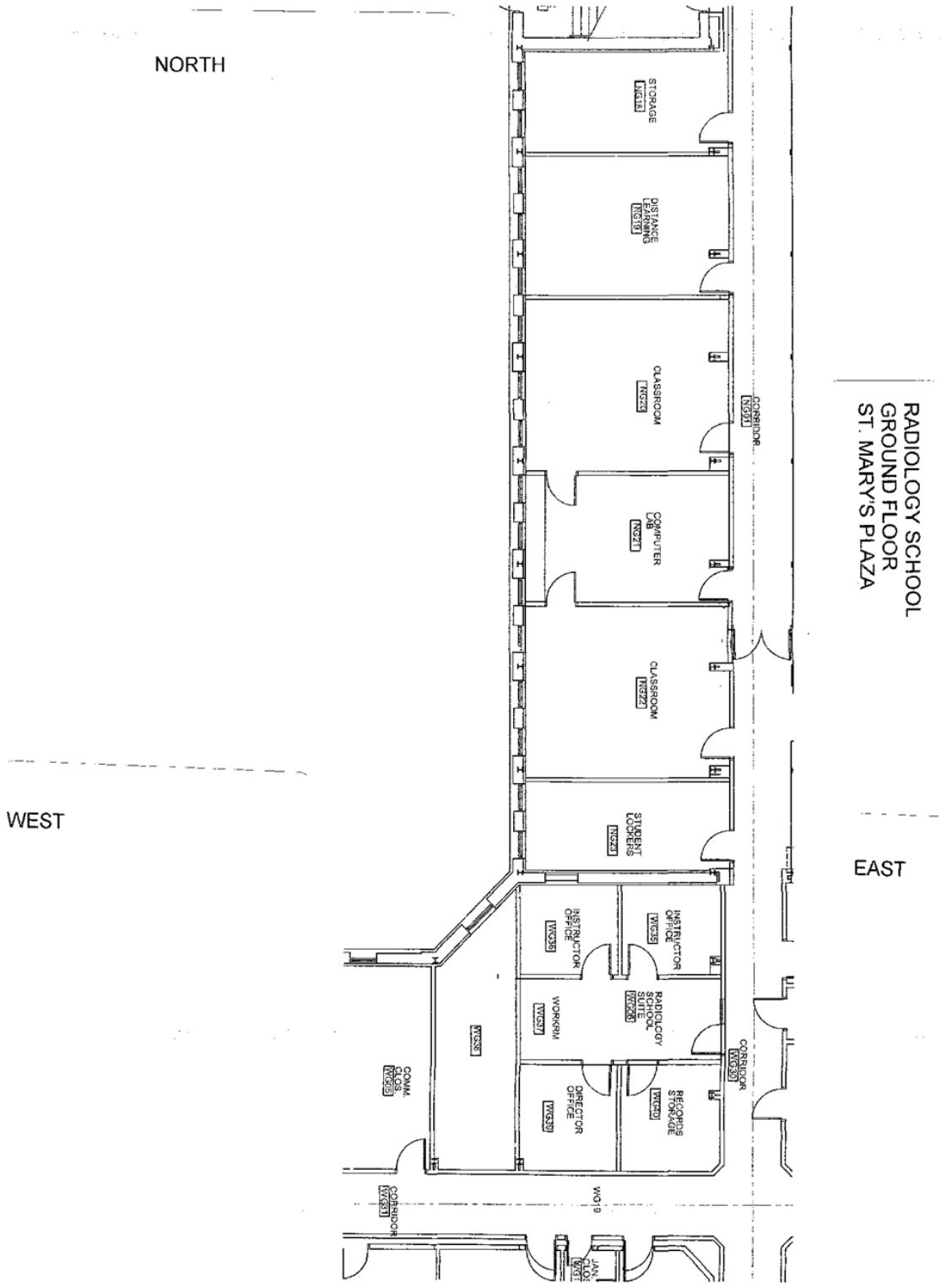
RADIOGRAPHY PROGRAM ORGANIZATION

Program Director	Stephanie Cannon BSRS, RT(R)
Didactic Instructors	Stephanie Cannon, BSRS, RT(R) Sarah Houk, BS, RT(R)(CV) Sylvia Dolberg, MBA, RT(R)(CT)(CV) Doug Schoeneman, RT(R)(CT) Levi Keener, MHA, RT(R) Karen Prouty, RT (R)(BD) Rachel Rusch, BS, RT(R) Lanna Zulkoski, RT(R)(M)
Clinical Instructors	Randy Prouty, BS, RT(R) Carolyn Anglesey, RT (R)(M)(CT) Leicy Franklin, BS, RT(R)(CT) Kelli French, RT(R) Jessica Fuller, AAS, RT(R)(CT) Pam Gall, RT (R), CDT Debra Hilzer, RT(R) Alyssa Horton, AS, RT(R)(CT) Katy Oliverius, BS, RT(R)(M) Karen Prouty, RT(R)(BD) Kara Purneda, BS, RT(R)(CT)(MR) Rene Salas, AS, RT(R) Janell Scott, BS, RT(R)(CT) Amber Smith, AS, RT(R)(M) Randi Stichka, BS, RT(R)(M)

PROGRAM ORGANIZATIONAL CHART



PROGRAM FACILITY LAYOUT



AFFILIATIONS

The Program and University of Nebraska – Kearney established an affiliation agreement in 2004. In 2006, the Program and Chadron State College also established an affiliation agreement. Students completing the Program and the academic institution's educational requirements may apply for a baccalaureate degree at the respective institution.

Students should contact the college or university concerning transfer of credit hours from Regional West Medical Center.

In 1999, the University of Nebraska Medical Center (UNMC) and the Program initiated a memorandum of understanding to offer a distance education Program for graduates who want to pursue a bachelor's degree in CT/MRI education while residing in Scottsbluff. This Program has evolved into two separate options. Students interested in pursuing a career in CT can apply to the CT Practicum Program which provides the instruction and clinical time necessary to sit for the CT Registry. Credits from this practicum can be applied towards a bachelor's degree through UNMC. The MRI Program results in the student receiving a baccalaureate degree at the end of an additional year of instruction. Students also acquire the clinical experiences required to sit for the MRI registry. UNMC also offers a distance Program for graduate radiologic technologists to pursue a baccalaureate degree in the Radiation Sciences. For more information regarding the UNMC go to http://www.unmc.edu/alliedhealth/

CLINICAL EDUCATION OPPORTUNITES

A clinical educational setting is a facility where radiology students participate in performing radiographic procedures. A clinical educational setting may be at a hospital, clinic or imaging center where radiographic procedures are performed. Clinical educational settings must be recognized by the JCERT. The facility must appoint at least one individual to be the clinical instructor at the facility.

Each day, students will be assisting technologists and physicians in performing radiographic procedures. The student, after demonstrating competency, will perform examinations without direct assistance. However, no matter how high the level of clinical experience a student has achieved, a technologist is always available to provide guidance to the student during procedures.

Students experience a variety of clinical settings while in the program. This provides students with the opportunity to work different radiographic units and imaging processing methods. These clinics and smaller hospitals enable students to participate in an environment where activities other than radiographing patients are part of the routine. Students are expected to adapt to these work environments during their clinical rotation to gain the experience of varied clinical settings.

The following are clinical educational sites for the Program.

REGIONAL WEST MEDICAL CENTER

Imaging Services Department:

Mission Statement for Regional West Medical Center Imaging Services:

We, at Regional West Imaging Services provide excellence through a balance of superior technology and efficient quality patient care with high moral standards.

Located at 4021 Avenue B in Scottsbluff, Nebraska, Regional West Medical Center is the largest clinical educational setting for the program. Continual updating of equipment makes this department one of the most modern in the region.

Services available through Regional West Imaging Services are:

- Bone densitometry
- C-arm Imaging
- Computed tomography (CT)
- Digital subtraction angiography
- Computed and direct digital radiology
- Digital fluoroscopy
- Magnetic resonance imaging
- Digital mammography
- Interventional radiography
- Mobile radiography
- Nuclear medicine (including SPECT and PET imaging)
- O-Ring Imaging
- Stereotactic mammographic biopsy
- Tomography
- Ultrasonography (abdominal and obstetrics)
- Vascular duplex sonography

The Department sees, on average, 60,000 procedures yearly. Students will also have an opportunity to observe and assist in a variety of advanced procedures done in this Department.

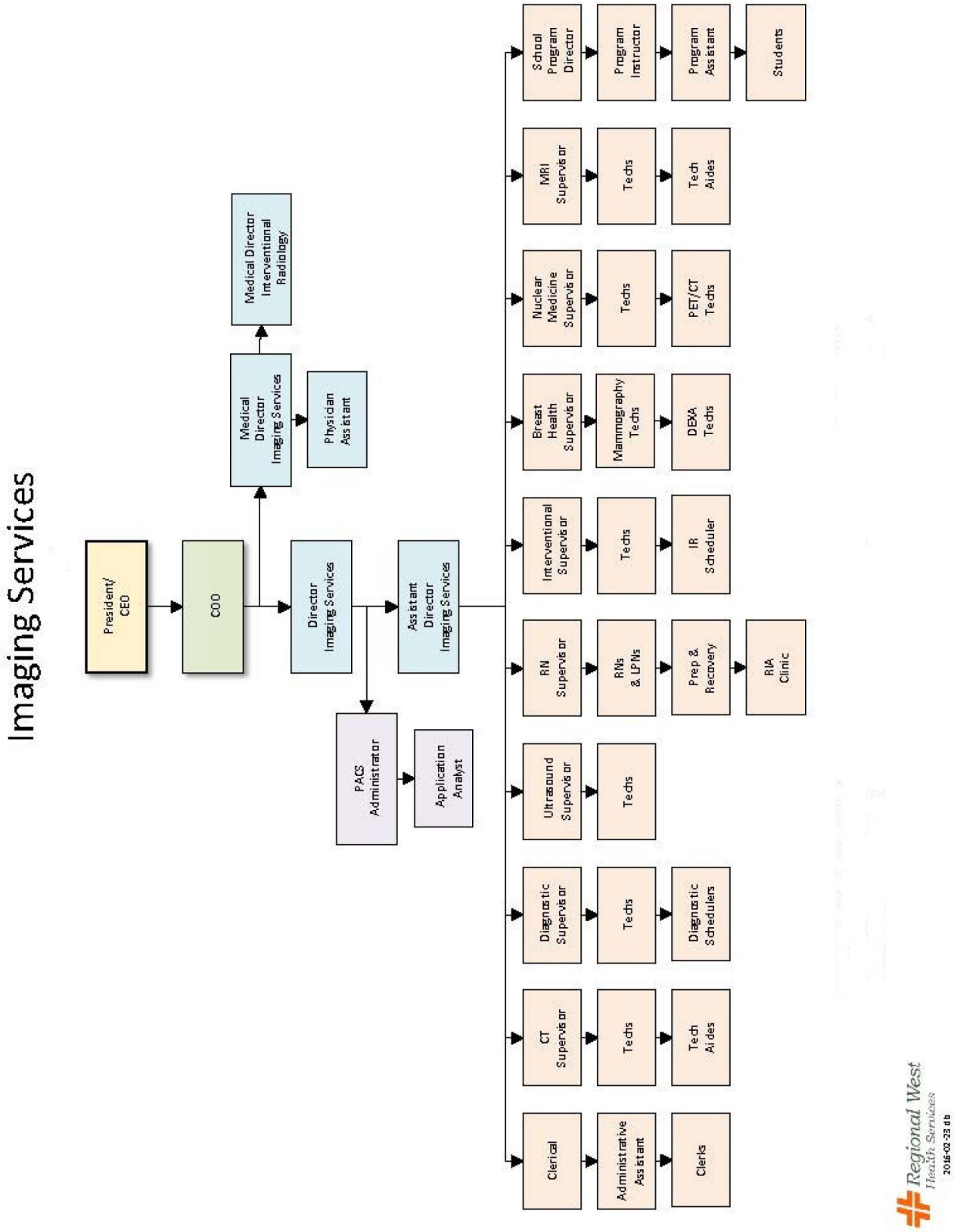
Administration

Medical Director	Dr. Gitesh Chheda
Medical Advisor	Dr. Stephen Johnson
Department Director	Wendy Stirnkorb, CRA, BSRS, RT(R)(MR), MRSO
Assistant Department Director	Sylvia Dolberg, MBA, RT (R) (CV) (CT)
Administrative Assistant	Brenda Frank
Diagnostic Radiography Supervisor	Randy Prouty, BS, RT(R)
Ultrasonography Supervisor	Amy Meschnark, AAS, RDMS(AB)(OB/GYN), RVT(VT)
Nuclear Medicine Supervisor	Doug Miller, RT(R), CNMT
Interventional Radiography Supervisor	Josh Lively, MHA, RT(R)(VI)
Computed Tomography Supervisor	Levi Keener, MHS, RT(R)(CT)(MR)
Mammography Supervisor	Lanna Zulkoski, BS, RT(R)(M)(BS)
Magnetic Resonance Imaging Supervisor	Doyle Nance, RT(R)(MR)
Nursing Personnel Supervisor	Kari Flom, BSN, RN

Clinical Instructors

Randy Prouty, BS, RT(R)
Kelli French, RT(R)
Katy Oliverius, BS, RT(R)(M)
Rene Salas, AS, RT(R)

RWMC IMAGING SERVICES DEPARTMENT ORGANIZATIONAL CHART



Cancer Treatment Center:

The Radiation Therapy Department employs radiation therapists, nursing staff, and a physicist for the facilities in Scottsbluff and the Dorwart Cancer Care Center in Sidney. A radiation oncologist is on staff at Regional West Medical Center. The Radiation Therapy Department has one linear accelerator at each site. The Radiation Therapy Department at Regional West does about 8,000 procedures per year.

Administration

Medical Director	Dr. Mark Hartman
Department Director	Jeff Kriewald, BS, RT(R)(T)

REGIONAL WEST PHYSICIAN CLINIC

Orthopaedics

The goal at Regional West Physicians Clinic - Orthopedics is to provide excellent health care to patients by providing them with information and options of treatment, both conservative and surgical, for their orthopedic problems.

Orthopedic specialties include:

- General orthopedics
- Pediatric orthopedics
- Sports medicine
- Total joint replacement
- Trauma

Equipment:

- Two radiography units

Family Practice and Internal Medicine

Mission statement:
"Our profession is to care for you and your health."

The Family Practice and Internal Medicine radiology department provides a general diagnostic radiology service

While Family Practice and Internal Medicine offers on site x-ray service at some of its clinics radiography students attend clinical education only at the Medical Plaza South site.

Services:

- Radiography unit

Clinical Instructors

Karen Prouty, RT(R)(BD)
Pam Gall, RT(R), CDT
Deb Hilzer, RT (R)

BOX BUTTE GENERAL HOSPITAL - Alliance, Nebraska

Vision: The greatest place to receive care, to work, to practice medicine.

Mission: To lead and innovate in healthcare delivery and community wellness

Values: SAFETY... EXCELLENCE... COMPASSION... INTEGRITY... DEVOTION. TEAMWORK

Sixteen physicians, nurse practitioners, and physician assistants are on staff at Box Butte. Thirteen technologists are employed in the Diagnostic Imaging Department.

Services:

- CT
- Fluoroscopy/radiography
- Mobile radiography
- Nuclear medicine
- MRI
- Ultrasound
- Echocardiography
- Digital mammography
- DXA

Administration

Department Director — Carolyn Anglesey, RT(R)(M)(CT)

Clinical Instructors

Carolyn Anglesey, RT (R)(M)(CT)
Kara Purneda, BS, RT(R)(CT)(MR)
Amber Smith, AS, RT(R)(M)

COMMUNITY HOSPITAL – Torrington, Wyoming

Community Hospital cares for you and your family.

Community Hospital is a primary health care facility located in Southeast Wyoming, which also serves Western Nebraska, providing care in a variety of settings including hospital, family and specialty clinics. Its emphasis on excellent customer service and focus on teamwork create a positive and dynamic working environment where employees are encouraged to grow and develop.

Services

- CT
- Fluoroscopic / Radiographic Imaging
- Mammography
- Portable radiography
- Mobile MRI
- Mobile Nuclear medicine
- Ultrasound

Administration

Department Director Gail Van Buren, RT(R)

Clinical Instructors

Jessica Fuller, AAS, RT(R)(CT)
Leicy Franklin, BS, RT(R) (CT)
Janelle Scott, BS, RT(R)(CT)

MORRILL COUNTY COMMUNITY HOSPITAL- Bridgeport, Nebraska

The mission of Morrill County Community Hospital is **"to exceed the expectations of those we serve by providing the highest quality health-care services possible. Through collective values, we will create a challenging and inspiring organization of the best people, working together as a team, to accomplish our mission and improve our communities."**

Morrill County Community Hospital has three physicians and two Nurse Practitioners. The Radiology Department has four technologists and two ultrasound technologists.

Services:

- CT
- Radiography
- Mobile radiography
- MRI (mobile)
- Nuclear medicine (mobile)
- Ultrasound
- DXA

Administration

Department Director Randi Stichka, BS, RT(R)(M)(CT)

Clinical Instructors

Randi Stichka, BS, RT(R)(M)(CT)
Alyssa Horton, AS, RT(R)(CT)

OBSERVATIONAL SETTINGS

An observational status for an observational setting only permits students to observe procedures or the operation of equipment. Students are not permitted to perform patient care or radiographic procedures in these settings.

MASTER PLAN REVIEW (Policy 722.8.00.31)

The Master Plan is evaluated annually and updated as necessary.

The Master Plan shall contain at minimum, the didactic and clinical course syllabi and Program policies and procedures.

Each didactic instructor is responsible for reviewing and updating the assigned course syllabi on a yearly basis. Updates must be made on the Program's established online learning platform. Changes made by the instructor shall be communicated to the Program Director to assure the most current version of the Master Plan regarding curriculum is available online.

The Educational Advisory Committee (EAC) shall form a subcommittee delegated with the task of annually reviewing Program policies and procedures. A policy may be brought up for review before the annual review date if deemed necessary by the EAC or another entity or individual associated with the communities of interest for the Program. The subcommittee will report to the EAC a list of policies reviewed and recommendations for change(s) in policies to remain current with institutional, state, federal, and JRCERT accreditation requirements or current standards of technology. The EAC shall approve the recommendations of the subcommittee regarding policy changes.

Affiliation agreements with academic institutions shall be ongoing and automatically renewed every year. Articulation agreements with Clinical Education sites shall be ongoing and automatically renewed every year. Affiliation and articulation agreements will be reviewed on a yearly basis. The development of a new agreement will be necessary only when changes occur and will require the signature of both parties.

The final approval of the Master Plan and its contents shall rest with the Educational Advisory Committee.

DISCONTINUATION OF THE PROGRAM (Policy 722.8.00.35)

If a long range determination is made that the Program is to be discontinued the following should be accomplished:

1. Notification to the JRCERT
2. Allow students presently in the Program to complete the program.
3. Discontinue accepting students into program.
4. Assure the level of education for student is maintained until the Program is closed.

If immediate closure of the Program is necessary, the following steps must be taken:

1. Notification to the JRCERT.
2. Attempt to transfer students into other programs for completion of the radiologic technology educational program.

Regional West Medical Center shall be responsible for maintaining records of all students entering the radiographer Program regardless of the status of the program.

MAINTENANCE OF STUDENT RECORDS (Policy 722.8.00.40)

All student records shall be recorded and maintained by the Program director. Past student records shall also be maintained per Standards for an Accredited Program in Radiologic Sciences and the State of Nebraska Statute.

The student will be assigned a unique eight digit student number. The first four digits will identify the year the student enrolled in the program. The last four digits will correspond to the last four digits of the student's social security number.

Federal law provides students with the right to inspect and review information contained in their educational records, including grades, attendance, and financial records, to challenge the contents of their education records, and to engage the Corrective Action Policy if the outcome of the challenge is unsatisfactory.

Student records from Regional West Medical Center School of Radiologic Technology shall be maintained in the Program director's office or other secure location on the institution premises that is fire resistant, or a secure location on RWMC's computer network system.

The contents of the student's records shall contain at a minimum the following items:

- Student admission record
- Student attendance record
- Clinical and didactic grades
- Radiation monitoring record
- Health records
- Clinical competency records
- Clinical rotation records
- Permanent transcrits
- Corrective Action Records
- Financial records

After five years the Program will be required to maintain only a permanent transcript and the radiation monitoring reports.

Permanent academic records shall be maintained for at least fifty years after the student has departed from the program.

The transcripts shall include the following:

- Name and address of the school
- Name and address of student while enrolled in the program
- Student identification number used by school
- Date of entry and date of exit
- The name of the Program of study pursued
- Courses taken
- Credit hours per course
- Grade earned
- Status of the student – graduated, terminated, withdrew
- The transcript of the graduating student shall indicate if the student graduated in good standing and date of graduation

A transcript issued shall include the signature and title of Program Director, date of issue, and the school seal.

A student's financial aid information and financial records shall be kept in a separate folder from school material.

Financial Records shall include the following:

- Student's name and address

- Student identification number used by the school
- Program of study pursued
- All expenses incurred
- All payments made

Financial records shall be maintained for at least five years after the student has departed from the program.

The Program will not release, transfer, disclose, or otherwise disseminate students' records or information contained therein, unless upon the student's e-mail or written request, except to persons authorized or required to have such information by state or federal law or pursuant to a court order. The Program will not charge a fee for the issuance of a student's transcript.

REGIONAL WEST MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY

RELEASE OF STUDENT RECORDS FORM

Date:_____

I, _____, give permission for Regional West Medical Center School of Radiologic Technology to release the requested information to the following parties (include mailing addresses):

_____

_____

_____

_____

_____

_____

Signature of Student

_____

Student's name while in School and the year graduated

_____

Current address of Student

_____

_____

_____

Current phone number and e-mail address of Student

_____

GRADUATION REQUIREMENTS (Policy 722.8.00.45)

To be eligible for graduation the student must:

1. Complete each course with a minimum score of 80% in order to graduate from the program.

2. Settle all financial obligations with the program.

3. Return all property belonging to the Program or the medical center (name badges, radiation monitoring badge, parking sticker, jump drive, etc.).

4. Complete the required number of days. A second year student exceeding the allowable amount of time off (15 days) will make up the time at the end of the school term prior to receiving their degree. A student should not purposely schedule himself or herself for more vacation days than the allowed days. If make-up time is necessary, in order for the student to receive his/her degree, this will be straight time (one day worked for each day to be made up). Any days taken in excess of the allowable during the second year must be made up at the end of the school term.

Any student failing to complete the graduation requirements will not receive his or her degree until all graduation requirements are met.

STUDENT RIGHT TO KNOW (Policy 722.8.00.50)

Students entering Regional West Medical Center School of Radiologic Technology shall be informed of the graduation rate of students entering the program.

In accordance with the Public Law 102-26, the Higher Education Technical Amendments of 1991, students entering Regional West Medical Center School of Radiologic Technology shall be informed of the graduation rate for students entering the program.

This shall be determined by using the graduation rate for the most recent class graduating from Regional West Medical Center School of Radiologic Technology.

Students who leave for the following reasons shall be dropped when calculating the graduation rate:

1. Students who leave school to serve in the Armed Forces

2. Students who leave school to serve on official church missions

3. Students who leave school to serve with a recognized foreign aid service of the Federal Government.

GRADUATION RATE

Graduation Rate

	2003 2005	2004 2006	2005 2007	2006 2008	2007 2009	2008 2010	2009 2011	2010 2012	2011 2013	2012 2014	2013 2015	2014 2016	2015 2017
Students entering the Program	5	7	7	5	6	4	6	6	4	5	4	4	7
Students Graduating	5	6	7	5	6	3	4	5	4	4	3	4	
Students Attrition	0	1	0	0	0	1	2	1	0	1	1	0	

Reason: 2004-2006- withdrew, 2008-2010 dismissed from the Program, 2009-2010, withdrew and medical, 2009-2010, withdrew, 2010-2011 withdrew, 2011 transfer, 2012-2014 withdrew, 2013-2015 dismissed from the Program, 2015-2017 withdrew

EARLY RELEASE FROM THE PROGRAM (Policy 722.8.00.55)

Provisions for early release of a student enrolled in the Regional West Medical Center School of Radiologic Technology are available.

A student may request an early release from the Program for enrollment in advanced radiologic science educational Program or the equivalent with a starting date prior to the graduation date for Regional West Medical Center School of Radiologic Technology.

The student requesting an early release shall make the request for early release in writing to the Program Director. The request should include the date requested for early release and the reason. The student must also demonstrate acceptance into the other program. A student requesting early release shall provide documentation from at least two clinical instructors that the student is functioning at a graduate level in the clinical environment.

Prior to being allowed an early release, the student must complete all requirements and assignments for clinical and didactic courses.

Early release will not be granted to students seeking employment before graduation.

NON-COMPLIANCE WITH JRCERT STANDARDS (Policy 722.8.00.60)

The JRCERT Standards assure that a Program accredited by the JRCERT maintains a high quality in education for the students as well as protecting the student and public from unwarranted or unsafe policies or practices.

Students are provided with a copy of the JRCERT Standards as a part of this Student Handbook. Students have online access to the handbook in addition to a paper or CD copy. Students may also access the Radiography Standards by the following URL address: https://www.jrcert.org/programs-faculty/jrcert-standards/

A student who has an allegation that the Program is not in compliance with the current Standards is advised to complete the accompanying form and submit it to the Program Director.

It is the intent of the Program to have the Program Director and Educational Advisory Committee resolve student problems or complaints at a level as close to the problem as possible. Most problems should be resolved in an informal setting with the student and the Program Director. If a problem cannot be resolved informally, the student may request a hearing through the Educational Advisory Committee by utilizing the following steps.

STEP I

STUDENT:

A student who has a complaint should identify the problem in writing using the accompanying form and sign and date the form. The student shall submit a copy to the Program Director. The Program Director and Assistant Director of Imaging Services shall sign and date the form

PROGRAM DIRECTOR:

It is the responsibility of the Program Director to act on the problem and respond to the student within five (5) days (excluding weekends and holidays), from receipt of the complaint. The Program Director should consult with the JRCERT if necessary for better understanding of the Standards.

STEP II

STUDENT:

If the complaint is not resolved to the student's satisfaction in Step I, the student will give a copy to the Program Director or Assistant Director of Imaging Services who will send a copy of the complaint to the Educational Advisory Committee members.

EDUCATIONAL ADVISORY COMMITTEE:

Will investigate the complaint and listen to the student's point of view as well as that of the Program Director, or person involved. Within five (5) days from the receipt of the complaint (excluding weekends and holidays), the Educational Advisory Committee will give the student a written response to the complaint and send a copy to the Assistant Director of Radiology Department. The Educational Advisory Committee should consult with the JRCERT if necessary for better understanding of the Standards.

If the student continues to have allegations of the program' non-compliance with the JRCERT standards, then the student should directly contact the JRCERT to present the issue. The student should fax the compliant form and any subsequent documentation to the JRCERT office to assist the JRCERT in understanding the reason for the allegation.

Contact numbers: Phone (312) 704-5300
Fax (312) 704-5304

No student will be subject to reprimand or harassment as a result of initiating a complaint, providing testimony, or assisting a fellow student with the presentation of a complaint.

The Program will maintain a record of written complaints and their resolution.

REGIONAL WEST MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY

ALLEGATION OF NONCOMPLIANCE OF THE JRCERT STANDARDS FORM

I believe that Regional West Medical Center School of Radiologic Technology is currently in noncompliance with the Standards of an Accredited Radiographer Program by the Joint Review Committee on Education in Radiologic Technology in the following matter:

Standard Number _____

Date of event: _____

Explain incident:

_____ _____
Signature of complainant Date

_____ _____
Signature of Program Director on receipt Date

_____ _____
Signature of Assistant Director, Imaging Services Date of receipt

ATTACH HOW ALLEGATION RESOLVED

INFORMATION PRIVACY, SECURITY, AND TECHNOLOGY RESOURCES (Policy 722.8.01.05)

Regional West Health Services and its related entities (collectively, "RWHS") allows authorized persons to have timely and appropriate access to computerized information while safeguarding the information's confidentiality, security, and integrity. Security processes will reduce or eliminate threats to the computer systems and electronic information. All employees and students are responsible for using technology resources properly and maintaining information privacy and security.

Regional West Health Services (RWHS) has adopted an Information Privacy, Security and Technology Resources Policy (the "Policy") to ensure uniform and appropriate use of technology resources and technology information. The complete rules, obligations, and standards are described in the Program Policy 722.8.01.05. These rules, obligations, and standards described in this policy apply to all RWHS and related entity employees, medical staff users, temporary workers, independent contractors, students, agents, and other computer or telecommunication users (collectively, the "users", as defined below), wherever they may be located.

It is every user's duty to use RWHS Technology Resources responsibly and in a professional, ethical, and lawful manner, including use in accordance with all applicable state and federal laws and regulations. In addition, every User is responsible for ensuring the privacy and security of RWHS Information Systems and its valuable proprietary and confidential information. Users agree to assist RWHS in investigating any potential or actual violations of this policy.

Violations of this policy may result in disciplinary action, including termination of enrollment in the Program, and potential civil and criminal liability. Use of the Information Systems is a privilege that may be limited or revoked at any time, with or without cause and without notice, in the sole discretion of RWHS. If a User does not accept the terms of this policy, including particularly the provisions regarding collection and use of personal information, the user may be denied use of the Information Systems, may be denied enrollment, or may be terminated from enrollment.

Students should refer to the complete policy located on our website at http://www.rwmc.net/school-of-radiologic-technology-policies for any concerns or questions that may arise.

CONFIDENTIAL PATIENT INFORMATION (Policy 722.8.01.10)

Confidential information may not be given to unauthorized individuals. To protect the patient's privacy, divulgence of any aspect of a patient's care (financial, medical, or personal data) except as required in the performance of clinical responsibilities or for education purposes in a classroom situation, will result in Corrective action. Inquiries concerning patients or their families may be directed to the supervisor, president of the facility, or attending physician.

For the purposes of complying with Public Law 104-191, Section 160.102 Regional West Medical Center shall be designated a **"covered entity"** as a health care provider who transmits health information in multi-media formats, including electronic.

Section 164.501 defines Protected Health Information as any information, whether oral or recorded in any form or medium, created or received by a health care provider.

Individuals with access to patient information will be required to sign a Confidentiality Statement and must comply with the general rules of uses and disclosures of Protected Health Information, Section 164.502.

Divulgence of any aspect of a patient's Protected Health Information except as required in the performance of hospital duties for treatment, payment, and health care operations will result in corrective action.

Except in an emergency treatment situation, Regional West Medical Center will make a good faith effort to obtain a written acknowledgement of receipt of the notice provided, and if not obtained, document a good faith effort to obtain such acknowledgement and the reason why the acknowledgement was not obtained. The acknowledgement will be kept in the electronic medical record.

Regional West Medical Center will keep records and compliance reports and will provide them to the Secretary of Health and Human Services upon request. Regional West Medical Center will cooperate with complaint investigations and compliance reviews and will permit access to information by the Secretary. Compliance reports will be reported to the Compliance Committee as requested by the Corporate Compliance Officer.

Students should refer to the complete policy located on our website at http://www.rwhs.org/careers/school-radiologic-technology/policies for any concerns or questions that may arise.

CONFIDENTIALITY OF STUDENT INFORMATION (Policy 722.8.01.15)

To protect the personal information of students, when data sent to accrediting agencies, or other such entities, all personal information will be removed from the document prior to its transmission. Any identifying information will be also removed from the transmitted data unless required by the entity.

Transcripts will use the student's address, birth date and the student identification number as identifiers of the student. As per policy, transcripts will be sent only on the request of the student.

In the situation where the student has co-registered with an academic institution and an affiliation agreement is in place with the Program, grades will be sent automatically to the affiliated institution for registered students at the end of each term.

FACSIMILE TRANSMITTAL (Policy 722.8.01.20)

Outgoing Transmissions

To protect the patient and the student from issues associated with the transmission of protected health information (PHI), a student is not allowed to transmit documents containing PHI.
A student may use the fax machine for academic purposes or for other hospital business related documents that do not contain PHI.

Fax cover sheets shall not be required for faxes from fax machines to preprogrammed departments numbers within Regional West Medical Center (RWMC). Faxes to any facility or person outside of RWMC or to any department or person within RWMC without a preprogrammed fax number shall require a fax covered sheet.

The cover sheet should include at least the following:

- Intended receiver
- Fax number
- Company (if applicable)
- Date
- Sender
- Pages included in the fax
- Subject

The student should always double check the recipient's fax number before pressing the "send" key.

Incoming Transmissions

A student that is scheduled at clinical location where facsimiles are received may monitor incoming documents. Students should remove documents immediately upon receipt, examine them to assure receipt of all pages and that all pages are readable. Notify the recipient, or if the document is to be forwarded, place in an envelope and address it to the appropriate individual.

Misdirected Transmission

If an individual receives documents inappropriately, contact the sender immediately for further instructions.

If a fax containing PHI has been misdirected or an individual has been notified of misdirection, have the recipient mail the document back to the individual sending the document and notify a supervisor to begin documentation of the misdirection.

INTERNET USAGE (Policy 722.8.01.25)

As technology advances, the Internet has become a powerful information resource. Proper use of the Internet can enhance the capabilities of students. Due to the fact that the Internet is largely unregulated and uncensored, organizations are responsible for establishing appropriate Internet usage guidelines for Internet access. This policy explains the acceptable and unacceptable uses of the Internet provided by Regional West Health Services. Use of the Internet for electronic mail (e-mail) is addressed in Electronic Mail (e-mail) Policy #722.8.01.30. Internet security is addressed in Information Security, Policy #722.8.01.05.

Enhanced Student Performance

Use of the Internet will be limited to official department business and education. However, students are encouraged to use the resources on the Internet to enhance their educational experience in the program.

Access to Hospital Networks

The students have access to two Internet networks while on campus:

1. Students can gain access to the RWMC network after completing hospital orientation and obtaining a user name and password from the IT department.

2. The guest network from which the student can gain access to the Internet. Wireless Internet access of the "guest" wireless network is permitted for students using personal devices during class or clinical time when used only for educational purposes.

The use of the Sponsoring Institution's Internet systems for personal use is permitted during breaks and outside of class or clinical time.

Report Unauthorized Use

Unauthorized or inappropriate use of the Internet must be reported immediately to a supervisor or Regional West Health Services Security Officer. Detection of external efforts to compromise the system must also be reported to the Security Officer or the Vice President of Information Technology/Chief Information Officer.

Submission of Data

Students must remember that data sent and received over the Internet should be considered "public" and readable by anyone. Special consideration should be taken before transmitting sensitive information, including E-mail and web browser forms. Encryption techniques must be used to reduce the risk. Consult with Information Systems if there is a question as to the sensitivity of the material.

Copyrighted Data and Files

Data and files on the Internet must be considered copyrighted material and may not be distributed, copied or published in any form without the written permission of the originator (except as detailed in Title 17 of the United States Code, section 107, "Fair Use Doctrine"). Material does not need to have a copyright on it to be protected under U.S. Copyright Law.

Downloading Files From the Internet

Files, of any type, when downloaded from the Internet have the potential of harming the network.

The most dangerous files are those that are actual executable files. Executable files have a variety of different file extensions such as ".com", ".exe", ".bat", ".cmd", ".vbs". These types of files may not be downloaded from the Internet without prior approval from Information Systems Department Leadership and/or the Chief Information Officer.

The next level of danger would be found in files that contain Macros, which is code that runs when a document is open. Macros can be found in a multitude of application files, such as Word Documents, Excel Spreadsheets, PowerPoint Presentations, etc. The typical file extensions would include ".doc", ".xls", ".xla", ".ppt", ".rtf". When downloading files of this type, extreme caution should be taken, making sure that it is from a known trusted site.

The safest form of file to be downloaded from the Internet would be files that are considered read-only. An example of this file type would be an Adobe Acrobat document that typically has the ".pdf" extension.

In all cases, when accessing the Internet and/or downloading files, it is required that it is performed from a computer that is running currently approved and up to date anti-virus protection and that all files are thoroughly scanned before use or installation. As a general rule in all cases, know that the site is a trustworthy site and be aware of the type of files that are being downloaded. If there is any doubt as to the validity of the site or the type of file that is being downloaded, contact the Information Services Department.

Distributing Data and Files

Distribution of Protected Health Information in a non-encrypted manner is prohibited.

Student Professionalism
The student uses the Internet as an agent of Regional West Medical Center School of Radiologic Technology and must therefore maintain the highest degree of professionalism at all times. All communications with external organizations must constantly demonstrate this professionalism. Students of Regional West Medical Center Radiologic Technology may not visit illegal or pornographic sites, nor distribute illegal or pornographic material.

Sexually related, derogatory or racially intolerant web sites and material is forbidden. Participation in non-business or non-school related chat rooms or bulletin boards is prohibited. These types of sites may be blocked with system tools.

Integrity
Students may not use the hospital's access to the Internet for personal entertainment, information, or financial gain. Use of the Internet for soliciting money or for advocating a religious or political cause is strictly forbidden. The use of abusive, vulgar, or objectionable language on the Internet is unacceptable.

Lawfulness
It is not acceptable to use hospital networking services, resources or facilities for any purposes that violate existing state or federal laws, regulations, policies or procedures. Illegal usage will become the responsibility of the hospital and will lead to disciplinary actions against the employee.

Failure to Follow Policy
The hospital monitors and audits all Internet accesses, including both student and guest services for the purpose of assuring system security, proper usage, and for performance impact. The student has no right of privacy in their use of the Regional West Medical Center Internet services.

Failure to follow the Internet Usage Policy will lead to a student's discipline, which may include reprimand, loss of Internet access, suspension, termination, or legal prosecution.

ELECTRONIC MAIL (E-MAIL) (Policy 722.8.01.30)

Regional West Health Services Information Technology (IT) Department will provide user accounts for proper usage of electronic mail (E-mail), and telecommunications systems to students enrolled in the Radiography Program.

The e-mail system generally must be used only for academic or business activities consistent with the Program and hospital policies and procedures. Incidental personal use is permissible so long as: (a) it does not consume more than a trivial amount of resources, (b) does not interfere with worker productivity, and (c) does not preempt any school or business activity.

Students are reminded that the use of corporate resources, including e-mail, should never create either the appearance or the reality of inappropriate use. All people having access to computing or telecommunications resources at Regional West have the responsibility to adhere to retention, security and storage policies set forth in the policy Electronic Mail and Telecommunications, 722.8.01.30. They have the further responsibility to use these resources in an efficient, effective, ethical, professional and lawful manner.

The Information Systems Department provides a safe and secure computing environment with levels of access and confidentiality. However, Regional West has the right to access, audit and review any data stored on any of its computer systems. In addition, Regional West has the obligation to define a proper retention policy around storage of this information and will purge aged data in accordance with the guidelines set forth within this policy. Appropriate data storage and retention policies ensure the integrity and proper performance of the systems utilized in the delivery of these services. Therefore, no correspondence will be retained within the Regional West Health Services e-mail services in any associated system folders for longer than a maximum of 18 months (longer if required by operational needs or litigation holds). Information Systems will establish timeframe limitations for e-mail accounts tailored to specific work groups, taking into consideration the unique needs associated with departmental work assignments and processes. Information Systems will run manual and/or automated processes to ensure that data older than 18 months will be purged and will not be retained within the e-mail computing system.

As with all corporate resources, electronic media within Regional West including e-mail, is subject to audit and review and may be retained for use in civil and criminal investigations where it is determined by proper authority to be an abuse of user account privileges, or otherwise unethical, unprofessional, or unlawful.

Access will be granted to appropriate supervisory staff under proper written authority in order to access information within e-mail or voice mail accounts for needed business information.

Users are encouraged to adopt the following best practices to reduce the size of their e-mail accounts:

1. Save important e-mail attachments to your “My Documents” folder, and then delete the e-mail.

2. Use plain background on e-mails you originate.
    - Decorative e-mail wallpapers or signatures that contain images use up valuable space.

3. Empty your *deleted items* folder daily and *sent items* folder once per week.

Following these guidelines will keep one’s e-mail account under the prescribed limits and ensure the future health and availability of our network.

The following policies apply to all users of Regional West Medical Center computing resources and services, wherever the user is located.

1. Users must comply with all software licenses, copyrights and all other state and federal laws governing intellectual property.

2. Fraudulent, harassing, embarrassing, indecent, profane, obscene, intimidating, or other unlawful material may not be sent by e-mail or other form of electronic communication or displayed on or stored in Regional West Medical Center’s computers. Users encountering or receiving such material should immediately report the incident to their supervisor or to the IT Department Help Desk.

3. Users should use the same care in drafting e-mail and other electronic documents as they would for any other written communication. Anything created on the computer may, and likely will, be reviewed by others.

4. Regional West Health Services' e-mail system may not be used for the transmission or storage of commercial or personal advertisements, solicitations, promotions, destructive programs (viruses or self-replicating code), pornographic material, or any other unauthorized material.

5. Due to the unsecured environment of the Internet, e-mail will not be used for sending confidential patient information to any external e-mail address without data encryption. Confidential information includes all protected health information, including but not limited to, name, address, account number, social security number, age, etc. To ensure e-mail is encrypted simply type <secure> or <encrypt> in the subject line (important to include carrots).

6. All e-mail sent from Regional West will include a confidentiality notice as shown below:

   Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review; use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

7. Users are responsible for safeguarding their e-mail passwords. These passwords should not be shared or used by others. Passwords should not be printed, stored on-line, (unless within an encrypted product), or written and kept in a visible area. Users are responsible for all transactions made using their password and user ID.

8. All users will comply with above policies and sign a Confidentiality Agreement to receive an e-mail account.

Violation of this policy may result in revocation of access rights to the computer systems, Corrective Action, including possible termination from the Program and/or legal action.

Reference: Electronic Communications Privacy Act U.S. Code Sections 2501 et. seq. and 2701 et. seq.

Students should refer to the complete policy located on our website at http://www.rwhs.org/careers/school-radiologic-technology/policies for any concerns or questions.

CELL PHONE AND OTHER WIRELESS DEVICE USAGE (Policy 722.8.01.35)

Regional West Medical Center will allow cell phones or other wireless personal communication devices (collectively "Wireless Devices"), unless otherwise posted. It will be the responsibility of students to monitor their wireless communication device usage to minimize distraction during clinical assignment or didactic classes.

Students may use wireless devices, including, but not limited to text messaging services for personal use **only during authorized break times and only in non-clinical areas**. On those

occasions where a phone call is of vital importance, the student will notify the instructor of the need to take the phone call before the beginning of class. Violation of this policy constitutes, “Wasting time, loitering” and is subject to Corrective Action.

Taking or making a photo or any other still or moving image (collectively, “recording an image”) in Regional West Medical Center via a wireless device, shall be permitted only in situations in which the person recording an image is reasonably associated with the subject of the image.

The use of wireless devices by Regional West personnel or students may be necessary during internal emergency situations where the benefits of use outweigh the risks.

COMMITTEE AND MEETINGS

PROGRAM COMMITTEES AND MEETINGS (Policies 722.8.02.01 and 722.8.02.05)

The Program has established committees to meet the various needs of the Program.

- Educational Advisory Committee
  - Meets every quarter. Other meetings outside the quarterly routine may be required.
- Policy Review Committee
  - Meets according to the criteria needed to complete task
- Outcomes Review Committee
  - Meets according to the criteria needed to complete task
- Instructors Committee
  - Meets once a month except the months that the Educational Advisory Committee meets.
- Student Selections Committee
  - Interview Committee
    - Meets according to the criteria needed to complete task
  - Writing Evaluation Committee
    - Meets according to the criteria needed to complete task
- Radiology staff meeting - Dependent on Imaging Services Director (usually monthly).

The Program Director or the Educational Advisory Committee may create ad hoc committees as necessary.

EDUCATIONAL ADVISORY COMMITTEE (Policy 722.8.02.10)

An Educational Advisory Committee [EAC] shall be formed with its goal to continually evaluate Regional West Medical Center School of Radiologic Technology ensuring that the high standard of the Program will be maintained while also ensuring that the Standards of the JRCERT as well as federal and state rules and regulations are followed.

The EAC shall oversee all operations of the school and shall meet on a quarterly basis to review operations of the school. The Committee shall be composed of at least the following members:

Regular members

1. Program Director
2. Chief Clinical Instructor
3. Hospital Administration (Department)
4. Staff Representation
5. Didactic Instruction Representation
6. Public member

Ex Officio members with voting privileges

1. Medical Advisor
2. Student Representation (one first year student and one second year student)

Other members of the faculty may also be included.

A quorum of four individuals from the regular members is necessary in order to hold a meeting.

Student members of the EAC will not participate in student selection, occasions of discipline, or other incidents relating to current students.

The overall, specific, duties of the EAC are outlined in complete Program Policy 722.8.02.10 found at http://www.rwmc.net/school-of-radiologic-technology-policies .

INSTRUCTORS' COMMITTEE (Policy 722.8.02.15)

Regional West Medical Center School of Radiologic Technology has established a committee for clinical and didactic instructors. The purpose of this committee is to provide a format for the instructors to provide input on student progress, allow clinical and didactic instructors to participate in the governance and operation of the program, and have the opportunity for learning in educational methodology.

This committee will meet monthly except once a quarter when the Educational Advisory Committee meets.

The Instructor's committee is composed of:

1. All clinical and didactic instructors in the Program
2. Imaging Services Department Assistant Director
3. Program Director

A quorum of four individuals is necessary in order to hold a meeting.

DEPARTMENT MEETINGS/EDUCATIONAL PROGRAMS (Policy 722.8.02.20)

The Imaging Services department schedules informational/educational meetings on a routine basis. The students should attend the informational or education meetings when instructed to do so by the Program Director, Department Director, or other supervisor.

Students are expected to routinely attend Regional West Imaging Services department meetings unless the day of the meeting is a scheduled time off for the student or the student is in attendance at an off- campus clinical educational setting.

Students should attend mandatory meetings as identified by an Imaging Services supervisor or Program faculty. A student unable to attend a mandatory meeting shall communicate to a supervisor or program faculty the reason for missing the meeting.

Notification of department meetings is made via email to the students and includes the date, place and time of the meeting.

When a department meeting is scheduled that has relevance to employees, students who are employees (i.e. Temporary Medical Radiographer, clerks) may clock in as an employee for pay. If this occurs, students must clock out as a student.

TUITION AND FINANCIAL AID

TUITION (Policy 722.8.03.05)

Regional West Medical Center School of Radiologic Technology charges tuition each term for attendance to the Program. Payment for each Program term is required.

Each student shall return his or her completed Tuition Payment Agreement/Enrollment Contract before the beginning of the Program. The student will receive a copy of the completed plan with the Program Director's signature. The payment schedule identified on this agreement will continue throughout enrollment, unless the student makes a request in writing to the Program Director for a change and completes new signed payment plan.

Payment Plans

Three tuition payment options are available to all students.

Plan A - The single payment plan where the student may make two tuition payments, one payment each year (two terms).

Plan B -The two payment plan requires half of the year's tuition be paid at the beginning of each Program term.

Plan C - The installment plan allows for monthly payments over 5 consecutive months of each Program term.

- First term payments will be due on or before the date identified on the school calendar for the months of October, November, December, January, and February.

- Second term payments will be due on or before the date identified on the school calendar for the months of March, April, May, June, and July. Pre-payments will be accepted.

A student shall make payments to the Program Director in the form of check or money order. No cash will be accepted.

If a credit card is used, the student will need to make the payment at the Regional West cashier's office and obtain a receipt. The student must then present a copy of the receipt to the Program Director to assure the payment is recorded. Students should request a receipt for each payment from the Program Director.

A student should notify the Program Director if unable to make a tuition payment on the specified due date.

Students failing to complete tuition payments before graduation will not have grades released or their degree issued until the balance of tuition and/or fees are paid.

The University of Nebraska – Kearney, Chadron State College, Western Nebraska Community College, Eastern Wyoming College, or any other institution's tuition and fees are separate charges and must be handled through that institution's business offices.

The charges for tuition and fees are subject to change without prior notification.

Refunds

Full tuition refunds will be made for the term if the student withdraws or discontinues the Program within two weeks after the beginning of the term. No tuition refunds will be made if the student discontinues the Program any time after two weeks from the beginning of the term.

Refunds are determined based on the official beginning of the term as stated by the Program and the last day of attendance of the student. The Program shall mail all refunds due within sixty (60) days following the student's drop date.

No refunds will be made for purchased books and supplies.

Withdrawals/Dismissals

A student who withdraws or is dismissed from the Program has no obligations for further tuition payments to Regional West Medical Center School of Radiologic Technology, however transcripts will not be released for any term completed until tuition for that term is paid.

A student who withdraws or is dismissed should be aware he or she may have to repay all or a portion of any federal or state financial aid they have received.

While the Program does not provide any direct Federal or State financial aid to a student enrolled in the Program, the student who receives Federal or State financial aid as a result of co-enrollment with another academic institution will be subject to the student refund procedure requirements of the Higher Education Reauthorization Act of 1998. Details regarding this requirement are available at the University of Nebraska-Kearney, Chadron State College, Western Nebraska Community College, or Eastern Wyoming College Financial Aid Offices.

A student returning to Program after a medical or pregnancy leave will pay tuition only for the portion of the Program where tuition has not been previously collected during the two years of the Program.

Record Keeping

The Program will maintain a financial record of expenses and payments made to Regional West Medical Center School of Radiologic Technology for each student while enrolled in the Program. This record will remain in the student's file for a minimum of 5 years after graduation or leaving the Program.

REGIONAL WEST MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY

PLAN A TUITION PAYMENT AGREEMENT AND ENROLLMENT CONTRACT

PLAN A

I acknowledge that I have received a copy of the handbook for Regional West Medical Center School of Radiologic Technology.

I agree to pay my tuition to Regional West Medical Center School of Radiologic Technology in one payment of $2600 for the Program year of August, 20___ to August, 20__ on or before November 1, 20 ___ .

In addition, I agree to pay my tuition to Regional West Medical Center School of Radiologic Technology in one payment of $2600 for the Program year of August, 20___ to August, 20___on or before November 1, 20 ___.

I understand that Western Nebraska Community College, University of Nebraska-Kearney, Chadron State College, Eastern Wyoming College or any other institution's tuition and fees are not included in this amount and I have responsibility to pay these monies directly to the respective institution.

I understand a full tuition refund for that term will be made if I withdraw or am discontinued from the Program within two weeks after the beginning of the term.

No tuition refunds for a term will be made if I withdraw or am discontinued from the Program at any time after two weeks from the beginning of that term.

Refunds are to be determined from the beginning of the term as stated by the Program and the last day of attendance of the student. The Program shall make all refunds due within sixty (60) days following a student's drop date. I acknowledge that no refunds will be made for purchased books and supplies.

I understand payments are to be made on time as specified by this agreement. I will be subject to the Corrective Action Policy if I fail to make payments on time. I acknowledge that my final grades or my Associate's Degree will not be issued until the balance of tuition and fees are paid to the Program.

If I withdraw or am dismissed from the Program I have no obligations for further tuition payments to Regional West Medical Center School of Radiologic Technology, however I understand transcripts will not be released for any term completed until tuition for that term is paid.

I also acknowledge that if I wish to change my payment plan, I must complete a new Tuition Payment Agreement and Enrollment Contract and submit it to the Program Director.

_____

Students Name

_____ _____

Student's signature *Date*

_____ _____

Program Director's signature *Date*

Copy 1 for Program Director *Copy 1 for student*

REGIONAL WEST MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY

PLAN B TUITION PAYMENT AGREEMENT AND ENROLLMENT CONTRACT

PLAN B

I acknowledge that I have received a copy of the handbook for Regional West Medical Center School of Radiologic Technology.

I agree to pay my tuition to Regional West Medical Center School of Radiologic Technology in two payments of $1300 for the Program year August 20___ to August 20 ___.

The first payment of $1300 for the Program term of August , 20___ to February , 20___ will be made on or before November 1, 20 __, and the second payment of $1300 for the Program term of February , 20___ to August , 20___ will be made on or before May 1, 20 ___ (A TOTAL OF $2600).

In addition, I agree to pay my tuition to Regional West Medical Center School of Radiologic Technology in two payments of $1300 for the Program year of August, 20___ to August , 20___.

The first payment of $1300 for the Program term of August , 20___ to February , 20___ will be made on or before November 1, 20 __, and the second payment of $1300 for the Program term of February , 20___ to August , 20___ will be made on or before May 1, 20 ___ (A TOTAL OF $2600).

I understand that Western Nebraska Community College, University of Nebraska-Kearney, Chadron State College, Eastern Wyoming College or any other institution's tuition and fees are not included in this amount and I have responsibility to pay these monies directly to the respective institution.

I understand a full tuition refund for a term will be made if I withdraw or am discontinued from the Program within two weeks after the beginning of that term.

No tuition refunds for a term will be made if I withdraw or am discontinued from the Program at any time after two weeks from the beginning of that term.

Refunds are to be determined from the beginning of the term as stated by the Program and the last day of attendance of the student. The Program shall make all refunds due within sixty (60) days following a student's drop date. I acknowledge that no refunds will be made for purchased books and supplies.

I understand payments are to be made on time as specified by this agreement. I will be subject to the Corrective Action Policy if I fail to make payments on time. I acknowledge that my final grades or my Associate's Degree will not be issued until the balance of tuition and fees are paid to the Program.

If I withdraw or am dismissed from the Program I have no obligations for further tuition payments to Regional West Medical Center School of Radiologic Technology, however I understand transcripts will not be released for any term completed until tuition for that term is paid.

I also acknowledge that if I wish to change my payment plan, I must complete a new Tuition Payment Agreement and Enrollment Contract and submit it to the Program Director.

_____ _____ _____

Students Name *Student's signature* *Date*

_____ _____

Program Director's signature *Date*

Copy 1 for Program Director *Copy 1 for student*

REGIONAL WEST MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY

PLAN C TUITION PAYMENT AGREEMENT AND ENROLLMENT CONTRACT

PLAN C

I acknowledge that I have received a copy of the handbook for Regional West Medical Center School of Radiologic Technology.

I agree to pay my tuition to Regional West Medical Center School of Radiologic Technology in ten monthly installments of one-tenth of the tuition charges for the Program year of August, 20___ to August, 20____($260 each month for ten months) These payments will be due on or before the date identified on the school calendar for ten consecutive months starting _____ for the first year (A TOTAL OF $2600).

In addition, I agree to pay my tuition to Regional West Medical Center School of Radiologic Technology in ten monthly installments of one-tenth of the tuition charges for the Program year of August, 20__ to August , 20____ ($260 each month for ten months). These payments will be due on or before the date identified on the school calendar for ten consecutive months starting _____ for the second year (A TOTAL OF $2600).

I understand that Western Nebraska Community College, University of Nebraska-Kearney, Chadron State College, Eastern Wyoming College or any other institution's tuition and fees are not included in this amount and I have responsibility to pay them directly to the respective institution.

I understand a full tuition refund for a term will be made if I withdraw or am discontinued from the Program within two weeks after the beginning of that term.

No tuition refunds for a term will be made if I withdraw or am discontinued from the Program at any time after two weeks from the beginning of that term.

Refunds are to be determined from the beginning of the term as stated by the Program and the last day of attendance of the student. The Program shall make all refunds due within sixty (60) days following a student's drop date. I acknowledge that no refunds will be made for purchased books and supplies.

I understand payments are to be made on time as specified by this agreement. I will be subject to the Corrective Action Policy if I fail to make payments on time. I acknowledge that my final grades or my Associate's Degree will not be issued until the balance of tuition and fees are paid to the Program.

If I withdraw or am dismissed from the Program I have no obligations for further tuition payments to Regional West Medical Center School of Radiologic Technology, however I understand transcripts will not be released for any term completed until tuition for that term is paid.

I also acknowledge that if I wish to change my payment plan, I must complete a new Tuition Payment Agreement and Enrollment Contract and submit it to the Program Director.

_____ _____ _____

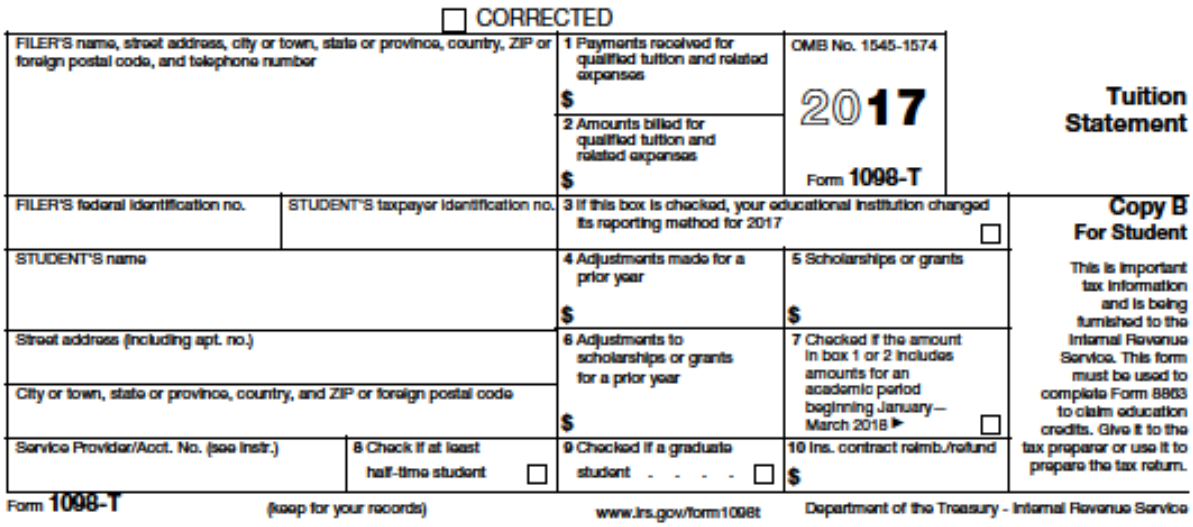
Students Name *Student's signature* *Date*

_____ _____

Program Director's signature *Date*

Copy 1 for Program Director *Copy 1 for student*

Information Form for 1098-T



☐ CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number	1 Payments received for qualified tuition and related expenses $	OMB No. 1545-1574 2017 Form 1098-T	Tuition Statement
	2 Amounts billed for qualified tuition and related expenses $		
FILER'S federal identification no. / STUDENT'S taxpayer identification no.	3 If this box is checked, your educational institution changed its reporting method for 2017 ☐		Copy B For Student
STUDENT'S name	4 Adjustments made for a prior year $	5 Scholarships or grants $	This is important tax information and is being furnished to the Internal Revenue Service. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.
Street address (including apt. no.)	6 Adjustments to scholarships or grants for a prior year $	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January–March 2018 ▶ ☐	
City or town, state or province, country, and ZIP or foreign postal code			
Service Provider/Acct. No. (see instr.) / 8 Check if at least half-time student ☐	9 Checked if a graduate student ☐	10 Ins. contract reimb./refund $	

Form 1098-T (keep for your records) www.irs.gov/form1098t Department of the Treasury - Internal Revenue Service

SCHOLARSHIPS

Regional West Medical Center School of Radiologic Technology students qualify to apply for scholarships provided by the Regional West Foundation and the Volunteers and Friends of Regional West.

Regional West Foundation

The Foundation supports projects to strengthen health care services that are essential to the quality and growth of our local medical community, including new technology, building improvements, and health education scholarships. Students of Regional West Medical Center School of Radiologic Technology are eligible to apply for one of the numerous $2,000 to $10,000 legacy scholarships provided by Regional West Foundation.

Regional West Foundation scholarship applications have been included in your enrollment material or they can be can be downloaded at http://www.rwhs.org/ways-give/foundation/scholarships (be sure to use "Form B"). For more information the Regional West Foundation at 308-630-2244.

Volunteers and Friends of Regional West

With approximately 300 members from all corners of the community, the Volunteers and Friends of Regional West is an organization dedicated to furthering the education of future health care professionals in the region. This organization saw a need for help the students enrolled in Regional West Medical Center School of Radiologic Technology and beginning in 2015 began sponsoring multiple $1000 scholarships.

The scholarship applications were sent to accepted applicants in April.

SATISFACTORY ACADEMIC PROGRESS FOR FINANCIAL AID (Policy 722.8.03.15)

Students must continue to demonstrate satisfactory performance to continue to receive financial aid.

Federal regulations require that minimum standards of satisfactory academic progress be established for a student receiving Federal Financial Aid. These policies must be the same as, or stricter, than the institution's standards for a student enrolled in the same educational program who is not receiving assistance under the Title IV/Title VIII programs.

The Program does not actually administer financial aid to student but rather relies on the academic institution where the student is co-registered to assure the student qualifies for federal financial aid.

Standard Curriculum: The curriculum as identified by the Program that is based on the currently established ASRT radiography curriculum.

Satisfactory Progress

The Program has established standard curriculum and academic performance standards. The standard curriculum also establishes time allowed to complete each increment of the curriculum. The very selective admission criteria for the Program implies normal progress expectations from

admitted students. Regularly admitted and enrolled students are expected to achieve progress according to the Program standards.

These standards apply to each academic term or any portion thereof:

1. Students must maintain a cumulative grade point average of at least 3.0. If the GPA falls below 2.0, this is an indication of a failing course or courses.

2. The student who fails a course will be dismissed from the Program and the Financial Aid Office where the financial aid originated (academic institution where the student is co-registered) will be notified of the dismissal from the program. The student may appeal the grade using the appeal process found in the Corrective Action policy.

3. Full time students must complete the Program within 150% of the published length of the educational Program

4. Students must report all financial aid from any source to the Financial Aid Office where the financial aid originated (academic institution where the student is co-registered).

5. Students receive periodic reports (usually monthly) on academic progress in consultation with the Program director, didactic instructor and chief clinical instructor.

6. Progress shall normally be measured as soon as possible after the end of each term.

7. Since the Program itself does not disburse financial aid, the Program makes no provisions for financial aid probation or suspension. However, the Financial Aid Office from where the financial aid originated may place the student under probation or suspension.

Satisfactory Progress for Students with Co-Registered Status

The Program director, upon request from WNCC, UNK or CSC, will communicate the academic status of students co-registered with the institution to meet the requirements for releasing financial aid to students.

Appeals

The following circumstance may qualify for a legitimate appeal of Financial Aid suspension:

a. Student illness requiring physician's care in excess of several weeks.
b. Major illness or death in the student's immediate family (spouse, mother, father, child, etc.).
c. Legal issues, which force the student to compromise class attendance for an extended period of time.

The student should contact the Office of Financial Aid for academic institution where the student has co-registered to make an appeal for a Financial Aid suspension.

FINANCIAL AID (Policy 722.8.03.15)

Financial assistance is available to students through local, state and federal sources.

The Program does not administer financial aid to students but rather relies on the academic institutions where students co-register to assure students qualify for and receive Federal Financial Aid.

The Program has an obligation to be in compliance with Federal and State Financial Aid requirements for co-registered students in the Program to be eligible to receive financial aid.

Regional West Medical Center School of Radiologic Technology offers federal financial assistance only through consortium agreements with Chadron State College, the University of Nebraska – Kearney, Western Nebraska Community College and Eastern Wyoming College.

University of Nebraska-Kearney (UNK) or Chadron State College (CSC) offer federal and state financial aid to students in the Program who are pursuing a bachelor's degree with UNK or CSC. Western Nebraska Community College (WNCC) and Eastern Wyoming College (EWC) offer federal and state financial aid to students in the Program who are pursuing an associate's degree.

The Program has met the requirements for the G.I. Bill that provides education benefits to veterans and their dependents.

The Program meets the requirements of the United States Department of Education and is approved for deferment of student loans.

The Program must also meet the requirements as identified for Private Postsecondary Career Schools and Veterans Education for the Nebraska Department of Education.

For more information regarding loans and application paperwork, the student should contact the student's personal banking institution or the college's financial aid office where the student is co-registered.

ASSESSEMENTS

EVALUATIONS (Policy 722.8.04.05)

Evaluations are an important mechanism in determining whether the Program is meeting its goals and whether students meet the objectives of the program.

Various evaluations are available to evaluate students, the Program, Program Outcomes, and its alumni. Evaluations and frequency include:

1. The first year students shall participate in a monthly evaluation and the second year students in an every other month evaluation with the Program Director and the Chief Clinical Instructor or their representatives and other instructors as designated by Program Director.
    - Discussion will include the student's clinical progress and areas which need improvement. The previous month's clinical summary will be discussed.
    - The student's didactic progress will also be evaluated.
    - The student may use this time to vocalize problems with the Program, other students, or with personnel at clinical education settings.

- Upon completion of the evaluation session, the student and advisor shall confirm the session by signing the confirmation of advisement found at the end of the Self-Evaluation Form.

2. Clinical Instructors evaluate students monthly.

3. Students are requested to complete the course/instructor evaluation upon completion of a course. Confidential evaluation forms are provided on-line. Students will receive a link to the evaluation at the end of each course. The information from these evaluations will be compiled and presented to the Educational Advisory Committee. The results of the evaluations will be provided to the instructor within a month upon completion of the course and submission of evaluations by students.

4. Clinical Staff evaluate assigned students daily.

5. Opportunity is provided for the first and second year students to evaluate the Program annually.

6. Ongoing input is accepted from students, faculty, staff and other communities of interest.

7. Ongoing evaluations of the Program are done during Educational Advisory Committee meetings.

8. Annual Program completion rates and average length of completion.

9. Number of graduates employed within six months of graduation and again at twelve months.

10. Annual percent of graduates passing credentialing exams (with number of attempts) and mean exam scores.

11. Exit interviews with graduates

12. Six months after graduation, graduate satisfaction rate

13. Six months after graduation, employer satisfaction rate.

14. Student annual radiation dose values.

15. Complete SWOT analysis with students every other year.

16. Quarterly clinical instructor evaluations by students.

17. Student evaluation of clinical sites,
    - Off campus are evaluated after every attendance
    - On campus evaluations are once a month

18. Student evaluation of services evaluation, semi-annual

19. Didactic grades for each course

20. Interim report of the Program to the JRCERT. (Dependent on the length of accreditation).

21. Self-study of the Program to JRCERT (dependent on the length of accreditation).

22. Didactic and clinical instructor annual review with Program Director

23. Reaccreditation of the Program with The State of Nebraska, Department of Education, Private Postsecondary Career School and Veteran Administration on a five-year cycle

The evaluation of this information should be done at least yearly unless otherwise identified by the appropriate committee or person. A portion of this information will be used in the Program's Assessment Plan.

The Educational Advisory Committee shall use all of these various forms of input in determining the direction the Program.

ASSESSMENT PLAN (Policy 722.8.04.10)

Evaluating the accomplishment of specified outcomes in the Program can identify whether goals for the Program are being achieved.

The Program shall develop an assessment plan that must include the Program's student learning outcomes in relation to the following goals: clinical competence, critical thinking, professionalism, and communication skills.

This assessment shall be used to improve student learning and educational quality; and assure continuous improvement and accountability of the Program.

The assessment plan must include student learning outcomes, measurement tools, benchmarks, and must also identify time frames and individuals responsible for data collection.

The Effectiveness of the Program shall also be measured using the following collected data

- Five year average credentialing examination pass rate
- Five year average job placement rate
- Completion rate
- Graduate satisfaction
- Employer satisfaction

The benchmarks for these criteria shall be:

- Credentialing examination pass rate of not less than 75 percent at first attempt
- Five year average job placement rate of not less than 75 percent within six months of graduation
- Program Completion rate of 80%
- Graduate satisfaction of 90%
- Employer satisfaction of 90%

This information will be reported annually to the JRCERT

The Program will make student learning outcomes available to the Communities of Interest by posting the information on the Program's website.

Definitions:

Credentialing exam pass rate – the number of Program graduates who pass, on the first attempt, the American Registry of Radiologic Technologists (ARRT) certification examination compared with the number of graduates who take the exam within six months of graduation.

Job placement rate – the number of Program graduates employed in the radiologic sciences compared to the number of graduates actively seeking employment in the radiologic sciences within six months of graduation.

Not Actively Seeking Employment – As defined by the JRCERT includes:

- The graduate is unwilling to seek employment that requires relocation
- The graduate is unwilling to accept employment due to salary or hours
- The graduate is on active military duty

- The graduate is continuing his or her education
- The graduate fails to communicate with Program Officials regarding employment status after multiple attempts

Program completion rate – defined as the number of students who complete the Program within 150% of the stated Program length. The Program must establish a benchmark for its Program completion rate. The Program specifies the entry point in the Program (as the first day of class when calculating program's completion rate.

The rate is calculated by dividing the number of students who complete the Program within a cohort by the number enrolled in the cohort initially and subsequently (i.e. transfers or re-admits). A student who leaves or does not graduate on time for any reason, such as medical leave that lasts longer than 150% of the Program length, personal choice or course failure, are considered as not completing the Program with the original cohort.

Graduate satisfaction – The Program will send out a survey to graduates six months after graduation. This survey will be sent to last known e-mail, or physical address of the graduate. One question on the survey shall include a request of current employer.

Employer Satisfaction - The Program will send out a survey to the employers of graduates once the graduate has indicated his or her employer.

Communities of Interest - The Program identifies the communities of interest for the purposes of providing student outcomes and Program effectiveness data as being: hospital and Imaging Service administration, Educational Advisory Committee, faculty, students, prospective students and the general public.

To assure that students graduating from the Program are meeting the basic level of education, the following outcomes are used to evaluate the Program:

Goal 1: Demonstrate the skills necessary to perform as an entry-level radiographer.

A. The student will comprehend and apply the principles of ALARA for patients and others.
B. The student will demonstrate knowledge of anatomy and pathology.
C. The student will consistently demonstrate quality patient care skills.
D. The student will consistently operate the radiographic equipment to optimize the quality of images produced.

Goal 2: The student, upon graduation, will demonstrate critical thinking and problem solving skills.

A. The student will demonstrate appropriate critical thinking and problem solving skills in modifying a patient's care due to the patient's condition.
B. The student will demonstrate appropriate critical thinking and problem solving skills in performing radiographic procedures.

Goal 3: The student, upon graduation, will demonstrate effective communication skills.

A. The student will use appropriate oral communication in discourse with patient, peers, and medical staff.

B. The student will accurately read and exhibit active listening skills to understand and comprehend presented information.

Goal 4: The student, upon graduation, will demonstrate attitudes and actions that promote the professional attributes of a radiographer.

A. The student will investigate opportunities for professional growth.
B. The student will demonstrate appropriate professional and ethical attributes.
C. The student will demonstrate professional and community involvement

Program Effectiveness

A. Program Completion Rate - Students will complete the Program within 36 months.
B. Satisfaction of Graduates - Graduates will indicate that they are satisfied with their educational program of at a rate of at least 90%.
C. Satisfaction of Employers - Employers will indicate that they are satisfied with the graduate's performance of at a rate of at least 90%
D. Credentialing Examination Pass Rate - Students will pass the ARRT certification exam on the first attempt. Five-year average credentialing examination pass rate of not less than 75 percent at first attempt.
E. Job Placement rate - Graduates seeking employment will be employed within 6 months of graduation. Five-year average job placement rate of not less than 75 percent within six months of graduation.

On an annual basis an assessment committee will analyze the student learning outcomes and Program effectiveness data, create a document and make the document available to the communities of interests. The Educational Advisory Committee will review the analysis of the Outcomes Committee and document this review in the EAC minutes.

In efforts to increase accountability and transparency, the Program will publish, at a minimum, its five -year average credentialing examination pass rate, five-year average job placement rate, and Program completion rate data on its Web site to allow the public access to this data. The Program effectiveness data should clearly identify the sample size associated with each associated measure (i.e., number of first time test takers, number of graduates actively seeking employment, number of graduates).

The Program will make student learning outcomes and effectiveness data available to students, faculty, administrations and general public on annual basis. This requirement will be met by providing this data to the JRCERT who will post it on the JRCERT URL.

The JRCERT will post five-year average credentialing examination pass rate, five-year average job placement rate, and Program completion rate data at www.jrcert.org. The Program will publish the JRCERT URL (www.jrcert.org) to allow the public access to this data.

ACTIONS FOR UNMET CRITERIA (Policy 722.8.04.20)

If the assessment of the Program does not meet the specified assessment benchmarks, then the program will pursue, if possible, the means for the Program to become compliant.

On an annual basis the Outcomes Committee will review the Program outcomes. The Outcomes Committee will complete a report including recommendations for unmet criteria to present to the Educational Advisory Committee.

Actions to be taken by the Program where areas of the Assessment Plan are not met include:

1. Review courses in areas of deficiency and modify as needed.

2. Review cognitive, psychomotor and affective experiences that correlate to the individual items that were less than the stated standard and modify as necessary.

3. Review teaching and learning strategies and revise as necessary.

4. Review individual instructor's deficiencies in meeting minimum clinical and didactic requirements and intervene with remediation.

5. Review activities that discourage students from participation and make appropriate changes to increase the participation.

CURRICULUM

GRADING POLICY (Policy 722.8.05.05)

To assure students in the Radiographer Program are achieving the objectives of the Program and of each class, grading of the students shall be accomplished.

The Program has established a standard of 80% or better as a passing grade for all educational activities, whether clinical or didactic coursework, in the Program.

Clinical Setting

Performance in the clinical educational setting requires that students demonstrate progressive improvement of skills with clinical experience. Failure to exhibit the clinical aptitude necessary to perform radiographic procedures for the educational level in the Program or the demonstration of continued poor clinical performance below 80% will suffice for the initiation of the Corrective Action Policy which may lead to the student's termination from the Program.

Each student shall be evaluated by the supervising technologist in the clinical setting, which includes the areas of professional development, attitudes, initiative, and communication skills.

Didactic Setting

Each didactic instructor is responsible for evaluating the student on a periodic basis for the material covered in the particular class. The instructor shall derive a grade or grades from these evaluations and either enter the grade in the grade book or deliver the grade to the Program Director.

Each didactic instructor may develop his/her own grading policy, as long as it complies with Program policy regarding grading. Didactic instructors may or may not allow repeating of quizzes, worksheets, tests or other graded material. The instructor shall include the grading policy as part of the information available to students. Students should reference the online educational platform to determine the instructor's grading expectations.

Failure to exhibit the didactic aptitude necessary for the level of educational performance needed to graduate from the Program or the demonstration of continued poor didactic performance below 80% will suffice for the initiation of the Corrective Action Policy which may lead to the student's termination from the Program.

The instructor's grading policy shall at least meet the minimum standards identified in this policy. All instructors shall use the following grading scale for all classes:

Grade requirements

A = 95 to 100 percent
A- = 90 to 94 percent
B+ = 85-89 percent
B = 80-84 percent
Not passing = 0 to 79 percent

Grade Point Average

The Program will assign grade points to letter grades as follows:
A = 4 points
A - = 3.67 point
B+ = 3.33 points
B = 3.00 point

To determine grade point average, the total number of grade points earned for each attempted credit hour is divided by the total credit hours attempted

For the second year final and the comprehensive final, second year students may repeat these exams only twice if a passing grade of 80% is not achieved. If a passing grade is not achieved on the third attempt, the highest grade achieved will be entered as the grade for these examinations.

While the instructor for each course will monitor the student's performance to assure the student is not failing the course, it is the student's responsibility to assure that grades are kept at an acceptable level. Each student must monitor his or her performance since courses are not necessarily of an eight week time frame as may occur in a college setting. This self-monitoring may be accomplished by reviewing grades posted on the online educational platform where grades are accessible to students.

Each student is required to maintain grades at a level of 80% or above for each class while in the Program. Students who fail to maintain the minimum grade level, or 80%, are subject to the Corrective Action Policy that may lead to termination from the Program.

A student demonstrating a history of repeated failures of worksheets, quizzes, tests or other graded material is subject to the Corrective Action Policy. Indications of failure to make significant progress will be measured by failing grades from various evaluation documents and/or from input from supervising technologists and instructors.

Failing any course will be sufficient reason to terminate the student from the Program.
A student who has failed a course or is terminated from the Program because of continued poor didactic or clinical performance may appeal to the Educational Advisory Committee by referring to the termination section of the Corrective Action policy.

Incomplete Grade

The grade of Incomplete (I) is exceptional and is given only to students whose completed coursework has been qualitatively satisfactory, but who have been unable to complete all course requirements because of illness or other extenuating circumstances beyond their control.

A student must have completed 60 percent or more of the course requirements with an average course grade of B or better. The student must request an incomplete before the end of the semester or term from their faculty member in writing. The student may choose to use the Request for a Grade of Incomplete form. Once requested, the faculty member and student will complete the Agreement for the Grade of Incomplete. Faculty members, however, are not required to grant the request.

Students with a mark of an incomplete must arrange to fulfill course responsibilities with their faculty member in order to receive credit. The faculty member must set a deadline within 90 days of the last day of the course. Courses that are not completed within the 90 days will receive a grade of F. This F will result in dismissal from the Program.

THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (Policy 722.8.05.10)

The Family Educational Rights and Privacy Act of 1974 is a Federal law which states (a) that a written institutional policy must be established and (b) that a statement of adopted procedures covering the privacy rights of students be made available. The law provides that the institution will maintain the confidentiality of the student education records.

The Family Education Rights and Privacy Act (FERPA) protects the privacy of student educational records. Students have specific, protected rights regarding the release of such records and FERPA requires that institutions adhere strictly to these guidelines.

Educational Records

Educational records are defined by FERPA as:

Records that directly relate to a student and that are maintained by an educational agency or institution or by a party acting for the agency or institution.

A student has the right to know about the purpose, content, and location of information kept as a part of his or her educational records. The student also has a right to expect that information in his or her educational records will be kept confidential unless they give permission to the Program to disclose such information.

Following FERPA guidelines, Regional West Medical Center School of Radiologic Technology identifies the following rights of students regarding educational records:

The student has:

- The right to access educational records kept by the Program
    - Student should contact the Program Director to make an appointment for viewing educational records
- The right to demand educational records be disclosed only with student consent;
- The right to amend educational records;
    - The student must make a request for amendment to the record in writing, clearly identifying the part of the records meant to be changed, and specifying what in the record is inaccurate or misleading.
    - If Regional West Medical Center School of Radiologic Technology decides not to amend the record as requested by the student, Regional West Medical Center School of Radiologic Technology will notify the student of the decision and advise the student of his or her right for a hearing regarding the request for amendment.
    - The student should use the appeal process found in the Corrective Action Policy when a dispute arises regarding a requested amendment to a student's record
- The right to file complaints against the Program for disclosing educational records in violation of FERPA.
    - Contact :

      Family Policy Compliance Office U.S. Department of Education 400 Maryland Avenue, SW Washington, D.C. 20202-5920 Phone: 1-800-USA-LEARN (1-800-872-5327)
      http://www2.ed.gov/policy/gen/guid/fpco/index.html

  This information can also include records kept by the Program in the form of student files, student system databases kept in storage devices such as servers, or any recording media. Routinely the Program Director is responsible for maintaining student records.

Records Not Considered As Educational Records

Regional West Medical Center School of Radiologic Technology identifies the following items are not considered educational records as described by FERPA:

- Private notes of individual staff or faculty (NOT kept in student advising folders)
- Campus police records
- Medical records
- Statistical data compilations that contain no mention of personally identifiable information about any specific student.

Faculty notes, data compilation, and administrative records kept ***exclusively*** by the maker of the records that are **not accessible or revealed to anyone else** are not considered educational records and, therefore, fall outside of the FERPA disclosure guidelines.

Two Types of Educational Records

There are two types of educational records as defined under FERPA. Each type of educational record is afforded different disclosure protections.

Directory Information

Some information in a student's educational record is defined as directory information under FERPA. Under a strict reading of FERPA, the Program may disclose this type of information without the written consent of the student.

Directory information used by Regional West Medical Center School of Radiologic Technology includes:

- Name
- Address
- Phone number
- E-mail address

Routinely the above information is made available only to students, instructors, and the clinical educational settings.

The Program has identified this information as critical when contacting members of the health care team in the occasion of a disaster event where help is needed for a large influx of patients. If a third party calls asking about information about a student, the routine will be to obtain a phone number from the caller and have the student call the person back.

However, the student can exercise the option to restrict the release of directory information by submitting a formal request to the Program to limit disclosure. (See attached form). A student wishing to exercise his or her right about restriction of the student's personal information should return the attached form before the first day of the Program.

Non-directory Information

Non-directory information is any educational record not considered directory information. Non-directory information must not be released to anyone, including parents of the student, without the prior written consent of the student. Further, faculty and staff can access non-directory information only if they have a legitimate academic need to do so. Non-directory information may include:

- Social security numbers;
- Student identification number;
- Race, ethnicity, and/or nationality;
- Gender
- Transcripts; grade reports

Regional West Medical Center School of Radiologic Technology accords all the rights under the law to students who are declared independent. No one outside the Program shall have access to, nor will the Program disclose any information concerning student's educational records without the written consent of the student.

Exceptions to this statement are: personnel within the institution individually or collectively, acting in the students' educational interest; to aid accrediting agencies in carrying out their accreditation function; to persons in compliance with a judicial order; to academic institutions where the student is co-registered; and to persons in an emergency in order to protect the health or safety of students or other persons.

Transcripts are non-directory information and, therefore, are protected educational records under FERPA. Students have a right to privacy regarding transcripts held by the Program where third parties seek transcript copies.

Regional West Medical Center School of Radiologic Technology requires that students first submit a written request or an e-mail request specifically from the individual to have transcripts sent to any third party as the privilege of privacy of this information is held by the student under FERPA.

Regional West Medical Center School of Radiologic Technology will not fax transcripts because this process cannot guarantee a completely security of the information as a result of transmission.

Disclosure of Educational Records to Parents of Dependent Children

Students may give their parent(s) or guardian(s) permission to access their records or grades by providing a signed and dated request to the Program Director.

A parent or guardian may request access to his or her student's records and grades without student consent if the student is a dependent according to the IRS tax code. This requires submission of the Form for Disclosure to Parents of Dependent Students and Consent Form for Disclosure to Parents. The student completes part A. If the student indicates that he or she is a dependent student, or completes Part B then a copy of this policy and the consent forms will be provided to the parents.

IRS definition Child dependent

• **Relationship test:** The child must be your child, either by birth, adoption or by being placed in your home as a foster child. Even if the adoption isn't yet final, if the child is living with you and the process is under way, it counts. A dependent child can also be your brother, sister, stepbrother, stepsister or a descendent of one of these relatives.

• **Residency test:** The child must live with you for more than half of the year. If the youth is away temporarily for special circumstances, such as for school, vacation, medical treatment, military service or detention in a juvenile facility, these particular absences still count as time lived at home. A child who was born or died during the year is considered to have lived with you for the entire year if your home was the child's home for the entire time he or she was alive during the year.

• **Age test:** A child must be under a certain age, depending on the particular tax benefit. For the dependency exemption, the child must be younger than 19 at the end of the year. However, a youth who was a student at the end of the year can be claimed as long as he or she is younger than age 24. There is no age limit where the individual is permanently and totally disabled.

• **Support test:** This refers to the youngster's contributions, not those of adults in the family. To qualify as a dependent, the child cannot provide more than half of his or her own support during the year.

In order for students and parents of dependent students to be knowledgeable regarding disclosure practices of Regional West Medical Center School of Radiologic Technology, the Program will annually provide required information to students and to parents of a dependent student.

Prior Written Consent

On occasion Regional West Medical Center School of Radiologic Technology may desire to disclose non-directory information regarding a student. When this event occurs, the Program shall obtain permission from the student using the attached form

Prior written consent is not required when disclosure is made directly to the student or to other Program officials within the same institution where there is a legitimate educational interest. A legitimate educational interest may include enrollment or transfer matters, financial aid issues, or information requested by regional accrediting organizations or programmatic accrediting agencies.

Regional West Medical Center School of Radiologic Technology will not obtain prior written consent to disclose non-directory information where the health and safety of the student is at issue, when complying with a judicial order or subpoena, or where, as a result of a crime of violence, a disciplinary hearing was conducted by the Program, a final decision was recorded, and the alleged victim seeks disclosure.

REGIONAL WEST MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY

RECEIPT OF FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT FORM

I have received a copy of Regional West Medical Center School of Radiologic Technology Policies regarding Family Educational Rights and Privacy Act.

_____ _____

Print Name Date

_____

Signature

REGIONAL WEST MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY

DIRECTORY ITEM RESTRICTIONS FORM

I wish to limit the information made available to the Program directory:

Indicate only the items not to be listed in the directory

____Name

____Address

____Phone number

____E-mail address

_____ _____

Print Name Date

_____

Signature

REGIONAL WEST MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY

PRIOR WRITTEN CONSENT FORM

I give permission for Regional West Medical Center School of Radiologic Technology to disclose non-directory information regarding my educational records for the following reasons:

_____

The party and address to which the disclosure is being made are:

_____
Name

_____
Address

_____
City State Zip Code

The only type of information that is to be released under this consent is:
_____ transcript
_____ all records
_____ other (specify) _____

The purpose of the disclosure is: _____

I have a right to inspect any written records released pursuant to this Consent. I understand I may revoke this Consent by making a written request.

_____ _____
Print Name of Student Signature of the student

_____ _____
Date Program Director

REGIONAL WEST MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY

FORM FOR DISCLOSURE TO PARENTS OF DEPENDENT STUDENTS AND CONSENT FORM FOR DISCLOSURE TO PARENTS

_____

Student's First Name Middle Initial Last Name

_____

Permanent Street Address City State Zip Code

Part A

Under the Family Educational Rights and Privacy Act (FERPA), Regional West Medical Center School of Radiologic Technology is permitted to disclose information from your education records to your parents if your parents (or one of your parents) claim you as a dependent for federal tax purposes. Please indicate whether your parents claim you as a tax dependent. **IRS Definition Child dependent**

- **Relationship test:** The child must be your child, either by birth, adoption or by being placed in your home as a foster child. Even if the adoption isn't yet final, if the child is living with you and the process is under way, it counts. A dependent child can also be your brother, sister, stepbrother, stepsister or a descendent of one of these relatives.
- **Residency test:** The child must live with you for more than half of the year. If the youth is away temporarily for special circumstances, such as for school, vacation, medical treatment, military service or detention in a juvenile facility, these particular absences still count as time lived at home. A child who was born or died during the year is considered to have lived with you for the entire year if your home was the child's home for the entire time he or she was alive during the year.
- **Age test:** A child must be under a certain age, depending on the particular tax benefit. For the dependency exemption, the child must be younger than 19 at the end of the year. However, a youth who was a student at the end of the year can be claimed as long as he or she is younger than age 24. There is no age limit where the individual is permanently and totally disabled.
- **Support test:** This refers to the youngster's contributions, not those of adults in the family. To qualify as a dependent, the child cannot provide more than half of his or her own support during the year.

Please check the appropriate box:

☐ Yes, I certify that my parents claim me as a dependent for federal tax purposes.

☐ No, I certify that my parents do not claim me as a dependent for federal tax purposes.

Signature: _____ Date: _____

_____

Student's First Name Middle Initial Last Name

Part B

If you are not claimed as a dependent or you do not know whether you are claimed as a dependent for federal income tax purposes, but you agree that Regional West Medical Center School of Radiologic Technology may disclose information from your education records to your parents, please sign the following consent:

I consent to the disclosure of any personally identifiable information from my education records to my parent(s), for reasons determined by Regional West Medical Center School of Radiologic Technology as appropriate. This authorization will remain in effect for the _____ Program year.*

Signature: _____ Date: _____

If parents live at the same address, please list both in #1.

1

Name

Address Line 2

City **State** **Zip**

Telephone

2

Name

Address Line 2

City **State** **Zip**

Telephone

**Students cannot be denied any educational services from Regional West Medical Center School of Radiologic Technology if they refuse to provide consent.*

If you are a dependent student, according to FERPA your parents may obtain your education records without your permission.

_____

Student's First Name Middle Initial Last Name

Part C

To be completed by the Parent(s) of the above listed student. In lieu of a student's signed release, complete Part C of this form and attach a copy of your most recent tax return to certify that he or she is your dependent according to Section 152 of the Internal Revenue Code. Part C is valid for only the current year. Since the IRS dependency can change annually, you must submit copies of your tax forms each year along with this from to continue access to your student's records.

Please submit this completed form to the:

Program Director
Regional West Medical Center
School of Radiologic Technology
4021 Ave B
Scottsbluff NE 69361

In order to gain access to my son/daughter financial and or academic records, I certify that I am the parent/guardian of _____ and that she or he is a dependent According to Section 152 of the Internal Revenue Code.

_____ _____

Parent/Guardian Signature Print Name

Date:_____

Parent Address: _____

_____

_____

Note to Parent(s)/Guardians: If your child is not a dependent as defined by IRS standards, the Program will only be able to release information about his or her financial and academic records if she or he completes Part B of this form. In the case of divorce or separation where only one parent claims the child as a dependent, Regional West Medical Center School of Radiologic Technology grants equal access to financial and academic records to the other parent if the information is completed in Part B.

PROGRAM COURSES

2017-2018 FIRST YEAR COURSES		
Course Number	**Course Name**	**Credit Hours**
Fall Term		
200	Introduction to Radiologic Technology	2
210	Medical Ethics	1
220	Principles of Patient Care	2
230	Radiographic Procedures I	3
240	Radiation Physics I	1
260	Health Physics I	1
285-A	Radiographic Positioning Lab and Evaluation of Radiographs	0.5
290	Clinical Education I-A	8
	Total	18.5
Spring Term		
235	Radiographic Procedures II	3
270	Radiographic Exposure I	1
320	Advanced Patient Care	1
270	Digital Imaging	3
285-B	Radiographic Positioning Lab and Evaluation of Radiographs	0.5
295	Clinical Education I-B	8.5
	Total	17

2018-2019 SECOND YEAR COURSES		
Course Number	**Course Name**	**Credit Hours**
Fall Term		
365	Pathophysiology	3
375	Radiographic Exposures II	2
380	Advanced Imaging Procedures	3
390	Clinical Education II-A	13
	Total	21
Spring Term		
340	Radiation Physics II	2
350	Imaging Equipment	2
360	Health Physics II	2
369	Radiobiology	2
395	Clinical Education II-B	12
399	Review and Presentation	1.5
	Total	21.5
	Total Program Hours	**78**

COURSE DESCRIPTIONS/FACULTY ASSIGNMENTS (Policy 722.8.05.15)

200 Introduction to Radiologic Technology
2 credit hours
Begins first term
Faculty: Stephanie Cannon, BS, RT (R)

This course introduces the student to the goals of the program, the obligations of the student in the program, an introduction to safety associated with radiation, the hospital philosophy and organizational structure of the hospital, the radiology department and its goals and an overview of the field of radiologic technology. The student is also introduced to the RIS computer systems used within the department.

210 Medical Ethics
1 credit hour
Begins first term
Faculty: Daniel Gilbert, MSEd, RT (R)(CV)(MR)(CT)(QM), FASRT

This course discusses the concepts of professional ethics, ethical behavior, HIPPA, the repercussions of inadequate or negligent care and methods used to reduce liability. The effective methods of communication and interaction with patients and other health care team members are also discussed. It will include a discussion of the radiographer's major areas of responsibility in the delivery of health care.

220 Principles of Patient Care
2 credit hours
Begins first term
Faculty: Stephanie Cannon, BS, RT (R)

This course introduces the basic concepts of patient care, including body mechanics, patient observation, physical examination, vital signs determination, emergencies and their management, medical-surgical asepsis, management of oxygen systems, intravenous and nasogastric therapy, urinary drainage systems, standard precautions and medications encountered in the radiology department.

230 Radiographic Procedures I
3 credit hours
Begins first term
Faculty: Stephanie Cannon, BS, RT (R)

This course presents an overview of the human appendicular skeleton, thoracic and abdominal structures identified radiographically. The course involves the development of positioning skills for these structures for radiographic examinations.

235 Radiographic Procedures II
3 credit hours
Begins second term
Faculty: Stephanie Cannon, BS, RT (R)

A continuation of course 230, Radiographic Procedures presents an overview of axial skeleton and internal structures identified radiographically. This course involves the development of positioning skills for these structures for radiographic examinations.

240 Radiation Physics I
1 credit hour
Begins first term

This introductory course covers matter, energy, the atom, x-ray production, interaction with matter and properties of radiation.

260 Health Physics I
1 credit hour
Begins first term

This course introduces the student to the concepts of radiation, effects of radiation on the human body and the need for protective measures from radiation.

270 Radiographic Exposures I
1 credit hour
Begins second term

This course provides a thorough understanding of the theory of x-ray techniques. This knowledge is correlated with practical application of technique selection based on sound principles and practices. This course discusses technique selection and digital radiography principles.

285-A Radiographic Positioning Lab and Evaluation of Radiographs
0.5 credit hour
Begins first term

This laboratory course is taken in conjunction with Radiographic Procedures I. The course evaluates radiographs for proper radiographic technique, positioning, anatomical visualization, projection identification and proper film size selection. Pathologic considerations of selected radiographs are discussed.

285-B Radiographic Positioning Lab and Evaluation of Radiographs
0.5 credit hour
Begins second term

This laboratory course is taken in conjunction with Radiographic Procedures II. The course evaluates radiographs for proper radiographic technique, positioning, anatomical visualization, projection identification and proper film size selection. Pathologic considerations of selected radiographs are discussed.

290 Clinical Education I-A
8 credit hours
Begins first term

This course provides clinical application of radiographic positioning taught in Radiographic Procedures I. Students schedule themselves for daytime and weekend shifts.

295 Clinical Education I-B
8.5 credit hours
Begins second term

This course provides clinical application of radiographic positioning taught in Radiographic Procedures I and II. Students schedule themselves for daytime and weekend shifts.

320 Advanced Patient Care
1 credit hour
Begins second term

Students learn the theory and practice of the basic techniques of venipuncture, phlebotomy, ECGs and pharmacology associated with the administration of contrast media and/or intravenous medication. The course also covers human diversity.

340 Radiation Physics II
2 credit hours
Begins fourth term

This course presents various aspects of physics, especially electromagnetic and particulate radiation as it pertains to radiology.

350 Imaging Equipment
2 credit hours
Begins fourth term

This course discusses the operation and physics associated with different types of equipment used in diagnostic radiology. This course also discusses the importance of a quality assurance program in the operation of a more efficient Radiology Department. Instruction in basic radiologic assurance testing for radiographic, fluoroscopic, and tomographic units is also included

360 Health Physics II
2 credit hours
Begins fourth term

Instruction in this course includes the proper methods of monitoring radiation levels and ways to protect against unnecessary radiation. Students learn the federal and state regulations limiting the amount of radiation to the patient, technologist and general public.

365 Pathophysiology
3 credit hours
Begins third term

The course will reviews human physiology, pathologies and congenital abnormalities of all systems, advanced discussion of film evaluation and application of critical thinking to viewing radiographic images.

369 Radiobiology
2 credit hours
Begins fourth term

This course defines the effects of radiation on the human body from the cellular level to the effects on the entire body. Students learn short term and long term responses of the body to radiation from the developing embryo into adulthood.

370 Digital Imaging
3 credit hours
Begins second term

This course provides basic information about computer components, language and application of computers in a radiology department. The course provides information in producing images with filmless radiography systems.

375 Radiographic Exposures II
2 credit hours
Begins third term

This course provides students with knowledge of the factors that govern and influence the production of radiographic images in film and filmless departments enabling the student to apply this information to clinical situations.

380 Advanced Imaging Procedures
3 credit hours
Begins third term

This course covers special diagnostic procedures that are accomplished in radiology, mammography, nuclear medicine, ultrasound, computed tomography, interventional radiography, cardioangiography, magnetic resonance and bone densitometry. This course will cover sectional anatomy of the body.

390 Clinical Education II-A
13 credit hours
Begins third term
A continuation of Courses 290 and 295 Clinical Education I, students, with indirect supervision, are allowed more independence to reinforce skills previously used. Students schedule themselves for radiography clinical areas and other modalities in the department.

395 Clinical Education II-B
12 credit hours
Begins fourth term

A continuation of Courses 390 Clinical Education I-A, Students, with indirect supervision, is allowed more independence to reinforce skills previously used. Students schedule themselves for radiography clinical areas and other modalities in the department.

399 Review and Presentation
0.5 credit hours
Begins fourth term

This course provides students with independent investigation into the various aspects of radiology and the opportunity to present information by posters, case studies, and papers. The course also provides students with the opportunity to prepare for the national certification examination.

TEACHING/LEARNING STRATEGIES OF THE RADIOGRAPHER PROGRAM (Policy 722.8.05.20)

Regional West Medical Center School of Radiologic Technology in its role as a provider of education in Radiologic Technology attempts to utilize multiple and varied resources in order to develop the skills necessary to function as a qualified technologist.

The goals and objectives of the Program are accomplished through the utilization and administration of the following teaching/learning strategies:

1. Theory lectures covering cognitive objectives using current learning aids as appropriate.

2. Psychomotor and affective opportunities in laboratory situations covering the application of theory.

3. Clinical experiences with patients and members of the health care team, enabling students to progress toward independence in the major areas of patient care and radiographic procedures.

4. Opportunities through writing and presentations to enhance skills in communication and foster critical thinking.

5. Individualized opportunities for teamwork and leadership development.

6. Provide learning experiences in post primary modalities.

7. Professional development opportunities beyond the required ASRT curriculum.

8. Evaluations from clinical staff and instructors encouraging student progress in the clinical settings.

HUMAN RESOURCES

HUMAN RESOURCES: GENERAL

STUDENT SERVICES (Policy 722.8.20.05)

IDENTIFICATION CARDS

Regional West Medical Center Photo ID badge will be obtained from Human Resources during the first week of classes. This ID must be worn while on campus or at any clinical educational setting.

BOOK PURCHASES

The Program will provide a list of the required textbooks, the edition, estimated cost for a new book, and the academic term when each book is necessary for a course. Students must have the required textbooks before the beginning of a course. Students are responsible for locating and purchasing necessary textbooks. A student may purchase an e-book, but the Program does not supply technical support for an e-book or e-reading software. The student will be held accountable for assigned information in the textbook. Exceptions for technical difficulties will not be made.

ACCESS TO COMPUTER SERVICES

Students have access to several different computers. These computers are located in the Imaging Services Department, the Program classrooms at St. Mary's Plaza and the nursing library. The Internet is accessible from all of these sites. The computers in the Program classrooms have software components that include word processing, spreadsheets, database, and PowerPoint.

Hours for computer services:
Imaging Services Department - accessible any time
Classroom – weekday daytime hours only unless arrangements are made in advance
Nursing Library – accessible during daytime and evening hours

A student may also use his or her own personal computer to gain access to the Internet using the sponsoring institution "guest" network.

FOOD SERVICE

Students with a Regional West photo ID card will receive a 20% discount at The Park Bench Cafeteria at Regional West. Vending machines are found on the first floor of Regional West near the meeting rooms.

A coffee maker, a microwave, and refrigerator are found in the Imaging Services Department break room for those who wish to bring food into the department. Consumption of food and drink is allowed only in the break room, or in the conference room of the Imaging Services Department.

There are no cafeteria services at St. Mary Plaza. There is a food delivery program that is available to students. Vending machines are found on the first and second floor of the St Mary Plaza near the lounge. Students have access to a refrigerator and microwave at St Mary Plaza in the student locker room or in the ground floor break room.

LIBRARIES

Textbooks relating to a specific imaging area may be found in that area of the Imaging Services department. These materials may not be removed except for copying. All material removed from the shelves must be replaced in its proper location.

The Radiography Program has its own separate library at St. Mary Plaza.

The Lockwood Memorial Nursing Library is located in St. Mary Plaza on the first floor of the facility.

Hours for libraries:
Lockwood Memorial Library (nursing library) – (8:00 am, to 4:00 pm, M –F)
Radiography Program Library - accessible during daytime hours on school days

There are online library services available for student use. Contact the didactic instructors for assistance.

Requests for research articles for academic paper and other projects should be directed to the sponsoring organization's Education Department via the "education" group e-mail list.

LOCKERS

Each student will have a locker in Regional West's Imaging Services main department and at St. Mary Plaza for didactic classes. Students should utilize these lockers for coat and school material not currently needed. Students are required to clean out assigned lockers upon termination or graduation from the Program.

MAIL SYSTEM

Mail and notices to the student will be placed in the student's mailbox within the Imaging Services Department in the main hospital. Regional West maintains a mailroom on the ground floor of the hospital or at St. Mary's Plaza. Letters may be mailed from either of these locations.

Regional West has an e-mail service for employees and students for delivery of electronic notices and information. It is essential that all students examine their mailbox frequently and department e-mail daily to keep up-to-date on activities for the Program and Department.

LOUNGES

Several lounges may be found at Regional West. The Nebraska Room, an employee lounge located on the first floor of the main hospital is near the meeting rooms. The Tranquility Garden outside the Nebraska Room allows for students to sit outside for a meal.

DUPLICATING SERVICES

Paper copies related to the educational process may be made on the copy machine in the Imaging Services department or in the Program office suite.

Large numbers of copies may be ordered through the Regional West Print Shop for a charge.

NOTARY PUBLIC SERVICE

A Notary Public officer, authorized by law to certify documents, take affidavits, and administer oaths is available. Contact the Program Director for a listing or on the Campus Homepage

PARKING

Students are required to obtain and place a parking permit in their vehicles. Students are required to park in the designated parking areas identified for students and employees during clinical and didactic hours. Parking violations will result in corrective action for the student.

PLACEMENT SERVICE

Regional West Medical Center School of Radiologic Technology offers no placement service for its graduates.

HOUSING

Limited campus housing is available at St. Mary Plaza. For further information and rates please call Inn Touch at 308.630.1222.

PROFESSIONAL SOCIETIES

Students must obtain student membership status with the Nebraska Society of Radiologic Technologists (NSRT) and American Society of Radiologic Technologists (ASRT) as part of the requirements for enrollment in the Program.

The Nebraska Society of Radiologic Technologists (NSRT) is the state wide professional organization for radiologic technologists. One major meetings and two teleconference meetings are offered each year. Membership in the NSRT provides for attendance to these meetings at a reduced rate. Membership dues for students are $30 for two years. Students in the Program will have the opportunity to attend the annual conference of the NSRT. Applications to the NSRT will be completed the first week of class.

First and second year students will participate in the NSRT sponsored student bowl. Second year students present an academic paper and project/exhibit for NSRT competition and as part of a class assignment. Students are required to attend a certain number of the NSRT board meetings.

The American Society of Radiologic Technologists (ASRT) is the national professional society for radiologic technologists. Student must obtain a student membership to the ASRT. Student dues are $35 per year. Membership provides for discounts on continuing education material, the professional journal "*Radiologic Technologist,"* the newsletter *"The Scanner"* and discounts on ASRT merchandise orders. Applications for the ASRT will be completed the first week of class. For more information about the ASRT, access the ASRT website at www.asrt.org. Please complete the application and return it along with a check written to the "ASRT" to the Program.

ASSISTANCE PROGRAM

The same Assistance Program that Regional West Health System provides to it employees, the Employee Assistance Program, is provided to the students of RWMC School of Radiologic Technology. Please see the Student Assistance Policy, policy 722.8.23.20 for more information.

STUDENT ENTITLEMENTS (Policy 722.8.20.10)

Student entitlements are to be provided to the student as long as the student is enrolled in the Radiographer Program. All entitlements cease when the student withdraws, is terminated or graduates from the Program.

1. To obtain discounts, students are required to furnish proof of enrollment by wearing the photographic identification badges provided by the hospital for each student. Students are eligible for Regional West Medical Center discounts as follows:

ITEM/SERVICE	AMOUNT OF DISCOUNT
Pharmacy	Cost plus handling
Cafeteria	20%
Limited Health Care	Partial reimbursement of physician visit

2. All students shall be eligible for any benefits or entitlements which students of other institution sponsored educational programs receive as part of Regional West.

3. Students will receive a parking permit. All students shall park their vehicles in the designated Employee/Student parking areas only during didactic or clinical hours. Parking violations will result in disciplinary action.

4. All students will have the opportunity to attend the Nebraska Society of Radiologic Technology (NSRT) state conference each year. Students must become members of the NSRT. In order to attend, the second year students must submit an academic paper and project/exhibit for competition at the conference. All students also must prepare for and participate in student bowls.

5. Students shall have the opportunity to receive the hepatitis immunization series or other necessary immunizations at no cost to the student while in the Program.

6. Students are eligible for Limited Health Care as identified by the Program.

7. Students have the opportunity to apply for the Student Leadership Development through the ASRT and attend the Annual House of Delegate meeting if chosen.

STUDENT REPRESENTATION (Policy 722.8.20.15)

Students have the opportunity to represent the Program in Program governance and the state professional society (NSRT).

Yearly, a first year student is asked to represent his/her class on the Educational Advisory Committee. The length of the term is for two years. The student representative has voting privileges on this committee. See the Educational Advisory Committee policy for the committee's responsibilities. The student members of the Educational Advisory Committee will not participate in the student selection or occasions involving corrective action or other incidents relating to current or future students.

Prior to the start of the second year, a student is selected to represent the Program as a Nebraska Society of Radiologic Technologists Student Representative during their second

year. The representative will have all the privileges, including voting privileges, of a NSRT member except to hold office in the NSRT. The representative is expected to attend all business sessions during the Annual Conference of the NSRT, elicit opinions from classmates on voting regarding pertinent issues, and disseminate information from the business sessions back to students.

If no volunteers are found for either of these representations, a representative will be drawn by chance. If more than one volunteer is found, then the representative is selected either by majority vote of students or by chance.

Students have the opportunity to represent the Program at the NSRT Student Bowl held during the Annual Conference. Three members will be selected to participate in the student bowl for each team sponsored by the Program. Alternates will also be selected.

Other opportunities may arise for students to act as a representative for the Program.

RECOGNITION FOR OUTSTANDING ACHIEVEMENT (Policy 722.8.20.20)

Annually the Program will recognize the achievements of a second year student who has demonstrated exceptional abilities while enrolled in the Program. Annually, a radiologic technologist will be recognized who has improved the quality of education for the Program.

Student of the Year Award

Each year the Program will recognize one (or more) second year students (in the event that differences in total points are less than 0.01, a tie will be declared) for achievements while in the Program. All second year students in the Program are eligible for the award.

CRITERIA FOR STUDENT OF THE YEAR AWARD

GPA	30%
Daily evaluations by technologists for the 2nd year	30%
Technologists nominations	20%
Student nominations	20%

Program officials will provide nomination forms with suggested criteria for selection of the outstanding student to technologists and students and compile the results. The award will be presented during graduation ceremonies. The immediate past recipient will be asked to present the award to the new recipient.

Superior Technologist Achievement in Radiology (STAR) Award

The Program will recognize yearly a radiologic technologist for the quality of education provided to students in the Program. All radiologic technologists employed at one of the clinical education settings, or employed as an instructor are eligible for the recognition. Recipients of the STAR award for the previous three years are ineligible to receive the award.

CRITERIA FOR *STAR* AWARD FOR TECHNOLOGISTS

Nominations from first year students:	30%
Nominations from second year students:	60%
Nominations from technologists:	10%

Program officials will provide nomination forms with suggested criteria for selection of the outstanding technologist to technologists and students and compile the results. The award will

be presented during graduation ceremonies. The immediate past recipient will be asked to present the award to the new recipient.

STUDENT SUPERVISION (Policy 722.8.20.25)

Students, during clinical experiences, will be supervised at all times. A qualified technologist shall be assigned to each imaging area where a student is assigned regardless of the level of the student's competency. The supervising technologist is in charge at all times and is responsible for the assigned student's performance. The technologist is ultimately responsible for all decisions made regarding the care of the patient as associated with supervising the student.

An appropriately certified health professional must provide for adequate supervision of a student's patient care activities. Once competency has been achieved, independent performance of basic patient care activities will be allowed depending on the patient's condition (i.e., transportation of the patient, vital signs).

The student will be directly or indirectly supervised, depending upon his or her demonstrated competency for a procedure. Until the student achieves the Program's required competency in a given procedure, all clinical assignments should be carried out under the direct supervision of a technologist.

Students shall have the immediate availability of a qualified technologist, while in the performance of patient care responsibilities regardless of the level of the student's achievement.

The ratio of clinical staff technologist to student shall be maintained at 1:1. An exception to this 1:1 ratio may occur when an uncommon procedure is performed. At that time more than one student may temporarily be assigned to a technologist for this procedure. Each student also has a responsibility to assure that adequate supervision is maintained when performing radiographic procedures. Repeated abuse of the supervision policy by a student will lead to progressive corrective action with possible dismissal from the Program. Clinical staff failing to follow these guidelines will be subject to disciplinary actions as determined by the Assistant Director of Imaging Services with input from the Program Director.

Graduates of a radiation sciences program that do not have an ARRT or equivalent certification may not supervise students. Graduate students that are ARRT eligible will not supervise students until after receipt of notification of successfully passing the ARRT examination.

To ensure continued understanding and compliance with this policy, newly hired technologists at all clinical sites will be required to read the Responsibilities of the Radiologic Technologist in Student Education and Supervision form found at the end of this policy and sign the accompanying acknowledgement form.

All Regional West Medical Center imaging staff will complete the Supervision of the Radiologic Technologist Student presentation and test on Regional West Medical Center's online learning center, SWANK, on a yearly basis. Technologists at the off-campus clinical sites will read the Responsibilities of the Radiologic Technologist in Student Education and Supervision form found at the end of the policy and sign the accompanying acknowledgement form on a yearly basis.

Definitions:

Qualified Radiologic Technologist:

A qualified radiologic technologist is defined as a technologist who has received primary certification in radiography, nuclear medicine, radiation therapy, magnetic resonance imaging, ultrasound or post-primary certification in an advanced modality. The Qualified Radiologic Technologist shall review, sign, and send to the Program Director the attached Responsibility of Supervision form when hired and on a yearly basis.

Immediately Available:

Immediately availability is defined as the technologist present in a room or in a location adjacent to where the imaging procedure is being performed. Immediately availability is required in all situations where ionizing radiation, magnetic resonance or ultrasound imaging is in use.

Direct Supervision:

Direct supervision of a student will be necessary until the student has demonstrated competence for the specified procedure.

The qualified technologist shall accomplish at least the following responsibilities when directly supervising a student:

1. The technologist reviews the request for examination in relation to the student's competence in performing the procedure.
2. The technologist evaluates the condition of the patient in relation to the student's competence in performing in the procedures
3. The technologist shall determine the level of assistance the student needs in doing the procedure and assist accordingly.
4. The technologist shall be physically present during the procedure including the observation of the positioning of the patient, technique selection and the use of radiation protection measures where applicable.
5. The technologist reviews and approves the images produced by the student.

Students attempting to perform examinations where competency has not been demonstrated and without direct supervision may be subject to corrective action.

Indirect Supervision:

Students, after demonstrating competency for a particular radiographic procedure, may perform the procedure with indirect supervision of the supervising technologist. The qualified technologist, as an indirect supervisor, shall still be immediately available to assist the student. A list of examinations, where the student has shown competence, shall be posted in the clinical area. The student and the technologist are responsible for assuring that only exams where the student has demonstrated competency are performed under indirect supervision.

Repeated Imaging:

The presence of a qualified technologist is required during the repeat of any unsatisfactory image performed by a student, regardless of the required level of supervision, to assure patient safety and proper educational practices. The technologist must be physically present during the production of the repeated image and must approve the student's correction(s) prior to re-exposure and assure the image is acceptable.

Student Restrictions:

In order to assure that the student is not substituted for or given the responsibilities of paid staff, the following limitations are placed on the student during his or her clinical experience. The student:

1. Shall not do any radiographic procedure without the immediate availability of a technologist.
2. Shall repeat radiographs only in the presence of a technologist after the radiographer has reviewed the corrective action to produce a diagnostic image.
3. Shall not perform radiographic procedures on isolation patients without direct supervision from a technologist.
4. Shall demonstrate competency in performing an imaging procedure as described in the clinical education courses before attempting any imaging procedure on a patient without direct supervision.
5. Shall not be required to remain after scheduled hours in the clinical assignment.
6. Shall have all radiographs accomplished under the supervision of a technologist and reviewed by a technologist or radiologist for completeness and accuracy of the exam.
7. Shall not be reassigned from the posted clinical area to meet department staffing needs, without permission from the Program Director or Clinical Instructor.
8. The student shall not hold image receptors during radiographic exposures
9. The student should not hold patients during radiographic exposures.

REGIONAL WEST MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY

RESPONSIBILITIES OF THE RADIOLOGIC TECHNOLOGIST IN STUDENT EDUCATION AND SUPERVISION FORM (Page 1 of 2)

An important responsibility of the qualified radiologic technologist is to provide adequate supervision and assistance in the clinical education of students enrolled in Regional West Medical Center School of Radiologic Technology.

Qualified Radiologic Technologist: A qualified radiologic technologist is defined as a technologist who has received primary certification in radiography, nuclear medicine or radiation therapy or certification in an advanced modality.

Guidelines:

The qualified radiologic technologist should expect students to be assigned to him or her, possibly on a daily basis, and the technologist is required to appropriately supervise the activities of the student. The technologist in a supervisory capacity is responsible for being immediately available through the entire day for the student. If the technologist passes his/her supervision of the student to another technologist, then the student must be informed.

Student to technologist ratio will be 1:1. An exception to this 1:1 ratio may occur when an uncommon procedure is performed. At that time more than one student may temporarily be assigned to a technologist.

There are several terms, which are important to understand when supervising students:

Immediately Available:

Students shall have a qualified technologist immediately available in the performance of patient care, regardless of the level of the student's achievement. Immediately available is defined as the qualified technologist being present in a room or location adjacent to where imaging procedures are being performed. Immediate availability is required in all situations where ionizing radiation, magnetic resonance or ultrasound is in use on patients.

Direct Supervision:

Direct supervision is necessary when the student has not demonstrated competency in a particular radiographic examination. A qualified technologist must review the request for examination in relation to the student's achievement. The technologist evaluates the condition of the patient in relation to student's achievements. The technologist shall determine the level of assistance the student shall need in doing the examination and assist accordingly. The technologist shall directly observe the positioning of the patient and technique selection by the student and correct mistakes made by the student before the exposure. The technologist shall physically be present during the procedure including the observation of the positioning of the patient, technique selection and use of radiation protection measures where applicable. The technologist reviews and approves the medical images taken.

RESPONSIBILITIES OF THE RADIOLOGIC TECHNOLOGIST IN STUDENT EDUCATION AND SUPERVISION FORM

Indirect Supervision:

Indirect supervision is allowed when the student has demonstrated competency in a particular radiographic examination. The qualified technologist still has the responsibility to be immediately available for these students. The technologist or a radiologist must review and approve the medical images taken by the student.

Repeated Images:

The presence of a qualified technologist is required during the repeat of any unsatisfactory image performed by a student regardless of level of supervision to assure patient safety and proper educational practices. The technologist must be physically present during the conduct of a repeat image and must approve the student's correction action prior to re-exposure.

Students shall not hold image receptor during radiographic exposures.

Students should not hold patients during radiographic exposures.

The Radiography Program at Regional West is essential in providing qualified future technologists for Regional West and the surrounding region. It is important to provide an environment where students learn proper radiographic procedures, quality patient care, and high standards of professionalism.

ACKNOWLEGEMENT

I acknowledge I have read and understand this information and am aware that failure to follow these guidelines may result in corrective action.

_____ _____

Signed Date

DRUG FREE CAMPUS (Policy 722.8.20.30)

Regional West Medical Center School of Radiologic Technology has a responsibility to provide an educational environment free of drugs and alcohol.

Definitions:

As used herein, the “premises” shall mean property whether owned, leased, or in any other manner under control of Regional West Health Services or any facility designated as a clinical educational setting.

As used herein, the phrase “as a part of Program Activities” shall mean any activity under the auspices of Regional West Medical Center School of Radiologic Technology.

The term “substance” in this statement refers to illicit drugs or chemical compounds that are controlled by local, state, or federal law.

Drug Free Campus

The illegal possession, use or distribution of illicit drugs or alcohol by students and employees is a violation of Program policy as well as State and Federal laws. In order to fulfill its obligations under the Drug Free Workplace Act of 1988, 41 U.S.C. § 701 and the Drug Free Schools and Communities Act of 1989, 20 U.S.C. § 1145g, the Program has formulated standards of conduct for both its employees and its students which prohibit the following acts:

1. use, possession, manufacture, distribution, or sale of illegal drugs or drug paraphernalia on Program premises or while on Program business or at Program activities, or in Program supplied vehicles either during or after working hours;
2. unauthorized use or possession or manufacture, distribution, or sale of a controlled substance as defined by the Federal Controlled Substances Act, 21 U.S.C. §§ 801 et seq., or Nebraska Drug Control Laws, Neb. Rev. Stat. §§ 28-401 et seq., on Program premises, or while engaged on Program business or attending Program activities, in Program supplied vehicles, either during or after working hours;
3. unauthorized use, manufacture, distribution, possession, or sale of alcohol on Program premises or while on Program business or at Program activities, in Program supplied vehicles, either during or after working hours;
4. storing in a locker, desk, vehicle, or other place on Program owned or occupied premises, any unauthorized controlled substances, drug paraphernalia or alcohol;
5. use of alcohol off Program premises that adversely affects a student's work or academic performance, or an employee's or student's safety or the safety of others;
6. possession, use, manufacture, distribution or sale of illegal drugs off Program premises that adversely affects the student's academic performance, or an employee's or student's safety or the safety of others;
7. violation of State or Federal laws relating to the unauthorized use, possession, manufacture, distribution or sale of alcohol, controlled substances or drug paraphernalia;

Description of Applicable Legal Sanctions under Federal or State Law for Unlawful Possession or Distribution of Illicit Drugs and Alcohol

Conviction of a crime related to the unlawful possession or distribution of illicit drugs or alcohol may result in a fine, prison sentence or both.

The information on the following pages summarizes selected provisions of Federal, State, and local laws which provide criminal and civil penalties for unlawful possession or distribution of drugs and alcohol.

FEDERAL LAWS
Federal Penalties and Sanctions for Illegal Possession of Controlled Substances:

- **21 U.S.C. § 844(a)**
  1st Conviction: Up to 1 year imprisonment and fine of at least $1,000 or both.
  After 1 prior drug conviction: At least 15 days in prison, not to exceed 2 years and fine of at least $2,500.
  After 2 or more prior drug convictions: At least 90 days in prison, not to exceed 3 years and fine of at least $5,000.
  Special sentencing provisions for possession of crack cocaine: Mandatory minimum 5 years in prison, maximum 20 years and minimum fine of $1,000, if:
    - 1st conviction and the amount of crack possessed exceeding 5 grams.
    - 2nd crack conviction and the amount of crack possessed exceeding 3 grams.
    - 3rd or subsequent crack conviction and the amount of crack possessed exceeding 1 gram.
- **21 U.S.C. § 853(a) (2) and 881(a) (7)**
  Forfeiture of personal and real property used to possess or to facilitate possession of a controlled substance if that offense is punishable by more than 1 year imprisonment. (See special sentencing provisions re: crack.)
- **21 U.S.C. § 881(a) (4)**
  Forfeiture of vehicles, boats, aircraft or any other conveyance used to transport or conceal a controlled substance.
- **21 U.S.C. § 844(a)**
  Civil fine of up to $10,000.
- **21 U.S.C. § 862**
  Denial of Federal benefits, such as student loans, grants, contracts and professional and commercial licenses, up to 1 year for first offense, up to 5 years for second and subsequent offenses.
- **18 U.S.C. § 922(g)**
  Ineligible to receive or purchase a firearm.
- **Miscellaneous**
  Revocation of certain Federal licenses and benefits, e.g., pilot licenses, public housing tenancy, etc., are vested within the authorities of individual Federal agencies.

Note: These are only Federal penalties and sanctions. Additional State penalties and sanctions may apply.

Three charts (Charts 1-3) on federal trafficking penalties can be viewed at the end of this policy. The charts were taken from United States Department of Justice, Drug Enforcement Administration, Drugs of Abuse (2004 edition). These charts summarize trafficking penalties under Federal law for various types of drugs.

NEBRASKA LAWS

State Penalties and Sanctions for Illegal Possession of Controlled Substances

The framework for the regulation of most drugs, also called controlled substances, is set out in the Uniform Controlled Substances Act. In addition, there are other Nebraska State laws which establish penalties for various drug related offenses which are summarized below. Charts containing a summary of sanctions under Nebraska law for possession or distribution of various drugs can be at the end of this policy. (Charts 4-8)

Crimes Involving Minors: Any person 18 years of age or older who distributes, delivers or sells controlled substances to a person under the age of 18 years shall be punished by the next higher penalty classification for a first offense or second offense involving drugs such as heroin, speed, cocaine, LSD, or pentazocine. The law also provides for an enhanced penalty for anyone 18 years of age or older to employ, use, persuade, or coerce any person under the age of 18 years to manufacture, transport, distribute, carry, deliver, dispense, or possess with intent to do the same of a controlled substance or a counterfeit controlled substance. Neb. Rev. Stat. § 28-416(4) and (5) (Supp.1999).

Tax Provisions: Anyone who possesses or sells the following amounts of controlled substances must pay the appropriate taxes to the Nebraska Department of Revenue and have the stamps attached to the controlled substances:

- Marijuana is taxed at $100 for each ounce or portion of an ounce.
- Any controlled substance which is sold by weight or volume (i.e., cocaine, crack, methamphetamine, etc.) is taxed at $150 for each gram or portion of a gram.
- Any controlled substance which is not sold by weight (i.e., LSD, Quaaludes, methamphetamine in tablets, PCP, etc.) is taxed at $500 for each 50 dosage units or portion thereof.
- Failure to have the proper tax stamps attached to the controlled substance carries a criminal penalty of up to five years imprisonment or a $10,000 fine or both. A penalty equal to 100% of the unpaid tax will also be assessed and both the tax and the penalty may become a lien upon the property owned by the person against whom the tax is assessed. Neb. Rev. Stat. §§ 77-4301 to 77-4316 (Reissue 1996).

Property Forfeiture: Property used to manufacture, sell or deliver controlled substances can be seized and forfeited to the state. Property subject to forfeiture may include cash, cars, boats, and airplanes. Neb. Rev. Stat. § 28-431 (Cum. Supp. 1998).

Being Under the Influence of Any Controlled Substance for Unauthorized Purpose: It is a violation of Nebraska law to be under the influence of any controlled substance for a purpose other than the treatment of a sickness or injury as prescribed or administered by a person duly authorized by law to treat sick and injured human beings. Neb. Rev. Stat. § 28-417(1) (g) (Reissue 1995).

Drug Paraphernalia Offenses: It is a violation of Nebraska law to use, or to possess with intent to use, drug paraphernalia to manufacture, inject, ingest, inhale or otherwise introduce into the human body a controlled substance. Neb. Rev. Stat. § 28-441(1) (Reissue 1995). "Drug paraphernalia" is defined to include such things as hypodermic syringes, needles, pipes and bongs and other items used, intended for use or designed for use with controlled substances. Neb. Rev. Stat. § 28-439 (Reissue 1995). It is unlawful to deliver or manufacture drug paraphernalia. Neb. Rev. Stat. § 28-442 (Reissue 1995). It is a violation of Nebraska law for a

person 18 years of age or older to deliver drug paraphernalia to a person under the age of 18 who is at least 3 years his or her junior. Neb. Rev. Stat. § 28-443 (Reissue 1995).

A violation of Neb. Rev. Stat. § 28-441 is punishable by a fine of not more than $100 for first offense, not less than $100 and not more than $300 for second offense, and not less than $200 and not more than $500 on third or subsequent conviction. Neb. Rev. Stat. §§ 28-441 and 29-436 (Reissue 1995). The penalty for violation of Neb. Rev. Stat. § 28-442 is not more than six months imprisonment or $1,000 fine or both. Neb. Rev. Stat. § 28-442 (Reissue 1995) and § 28-106 (1) (Cum. Supp. 1998). The penalty for violation of Neb. Rev. Stat. § 28-443 is imprisonment for not more than one year, or $1,000 fine, or both. Neb. Rev. Stat. § 28-443 (Reissue 1995) and § 28-106 (1) (Cum. Supp. 1998).

Imitation Controlled Substances: It is a violation of Nebraska law to knowingly, intentionally manufacture, distribute, deliver or possess with intent to distribute or deliver an imitation controlled substance. "Imitation controlled substance" is a substance which is not a controlled substance but which is represented to be an illicit controlled substance. Neb. Rev. Stat. § 28-445 (Reissue 1995). First offense violations of this law are punishable by three months of imprisonment, or $500 fine, or both. A second offense violation of this statute is punishable by not more than six months imprisonment, or $1,000 fine, or both. Neb. Rev. Stat. § 28-445 (Reissue 1995) and § 28-106 (1) (Cum. Supp. 1998).

Controlled Substance Analogue: For purposes of Nebraska's Uniform Controlled Substance Act, analogue controlled substances (often called "designer drugs") are treated as controlled substances. Such an analogue is defined as (a) substantially similar in chemical structure to the chemical structure of a controlled substance or (b) having a stimulant, depressant, analgesic or hallucinogenic effect on the central nervous system that is substantially similar to or greater than the effect of a controlled substance. Neb. Rev. Stat. § 28-401 (36) (Supp. 1999).

Selected Nebraska Alcohol Offenses

Minor in Possession: It is against the law for a person under the age of 21 years to possess alcohol. Neb. Rev. Stat. § 53-180.02 (Reissue 1998). Violation of this law is punishable by three months of imprisonment, or $500 fine, or both. Neb. Rev. Stat. § 53-180.05 (1) (Reissue 1998) and § 28-106 (1) (Cum. Supp. 1998). As part of sentencing a judge may order an offender to become part of a public work detail under the supervision of the County Sheriff for not more than 10 days in lieu of the above penalties. Neb. Rev. Stat. § 53-180.05 (1) (Reissue 1998).

Procuring Alcohol: It is a violation of Nebraska law to sell, give away, dispose of, exchange, or deliver, or permit the sale, gift or procuring of any alcoholic liquors to or for any minor or to any person who is mentally incompetent. Neb. Rev. Stat. § 53-180 (Reissue 1998). Violation of this law is punishable by not more than 1 year imprisonment, or $1,000 fine, or both. Neb. Rev. Stat. § 53-180.05 (1) (Reissue 1998) and § 28-106 (1) (Cum. Supp. 1998).

Consumption on Public Property: It is a violation of Nebraska law for any person to consume alcoholic liquors in the public streets, alleys, parking areas, roads or highways, or inside vehicles while upon the public streets, alleys, parking areas, roads, or highways; or upon property owned by the state or any governmental subdivision thereof, unless authorized by the governing bodies having jurisdiction over such properties. Neb. Rev. Stat. § 53-186 (Supp. 1999). A violation of this statute is punishable on the first offense by a fine of up to a maximum of $100; a second offense

within two years is punishable by a fine not less than $100 and not more than $300; a third offense within two years is punishable by a fine of not less than $200 and not more than $500. Neb. Rev. Stat. § 53-136 (Reissue 1998) and § 29-436 (Reissue 1995).

Driving While Intoxicated: Driving while under the influence of intoxicating liquors or drugs is a violation of Nebraska law. Neb. Rev. Stat. § 60-6,196 (Supp. 1999). Violation of this law is punishable on first offense by not more than 60 days, not less than 7 days imprisonment and not more than $500 fine but not less than $400 fine. Neb. Rev. Stat. § 28-106 (1) (Cum. Supp. 1998). In addition, an offender's driver's license is revoked for six months and the offender is ordered not to drive any motor vehicle for any purpose for a like period. Neb. Rev. Stat. § 60-6,196 (2) (a) (Supp. 1999). Suspended sentence of probation includes mandatory requirement that probation or suspension be conditioned on order that offender will not drive any motor vehicle for any purpose for sixty days. Neb. Rev. Stat. § 60-6,196 (2) (a) (Supp. 1999).

Penalties for second offense result in a mandatory thirty days imprisonment and $500 fine. Neb. Rev. Stat. § 28-106 (1) (Cum. Supp. 1998). As part of the judgment of conviction the offender is ordered not to drive any motor vehicle for any purpose for a period of one year and the offender's operator's license is revoked for a like period. Neb. Rev. Stat. § 60-6,196 (2) (b) (Supp. 1999). If an offender is placed on probation or the sentence is suspended, one of the mandatory conditions of probation or sentence suspension is that the offender must be ordered not to drive any motor vehicle in the state for any purpose for a period of six months, and the probation order shall include as one of its conditions confinement in the city or county jail for forty-eight hours or the imposition of not less than two hundred forty hours of community service. Neb. Rev. Stat. § 60-6,196 (2) (b) (Supp. 1999).

Third or subsequent convictions result in not more than five years imprisonment or ten thousand dollars fine, or both. Neb. Rev. Stat. § 28-105 (Cum. Supp. 1998). Offenders in this class may not drive any motor vehicle in the state for any purpose for a period of fifteen years and their operator's license is revoked for like period. Neb. Rev. Stat. § 60-6,196 (2) (d) (Supp. 1999). Probation or suspension of sentence for this offense must be conditioned so that the offender is ordered not to drive any motor vehicle in the state for any purpose for a period of one year and probation must be conditioned on an offender's confinement in the city or county jail for ten days or the imposition of not less than four hundred eighty hours of community service. Neb. Rev. Stat. § 60-6,196 (2) (d) (Supp. 1999).

Local laws may also make it a crime to operate a motor vehicle under the influence of alcohol or to commit certain acts involving the consumption or possession of alcohol, e.g. "open container" laws.

DESCRIPTION OF HEALTH RISKS ASSOCIATED WITH USE OF ILLICIT DRUGS AND ABUSE OF ALCOHOL

Identified health risks to individuals using illicit drugs include the following:

> Most drugs of abuse can cause psychological dependence and result in many psychological problems (family, social, occupational, recreational) as reviewed in the diagnostic criteria above. A drug, which is injected through contaminated or shared needles, may carry the risk of hepatitis, endocarditis, or AIDS.

Use of drugs of undetermined potency or content ("street drugs") may result in exposure to unanticipated psychoactive substances or other substance toxic to humans. Withdrawal of addicting sedatives or depressant agents usually results in stimulation and agitation while depressive symptoms usually accompany stimulant withdrawal.

Marijuana (pot) causes mood changes, reduced coordination, motivation, concentration and short-term memory, and may cause panic reactions. Long term use may lead to addiction, brain damage, impaired sexual development and infertility and may cause lung cancer (contains more cancer-causing agents than tobacco).

Cocaine is a highly addictive brain stimulant which may acutely cause heart attacks, cardiac arrest, or stroke (may increase temperature, heart rate, and blood pressure, or may cause cardiac standstill). Restlessness and irritability followed by depression is common. Long term effects include nasal drainage, weight loss, seizures, depression or paranoia. "Crack" is a smokable freebase form of cocaine, which may rapidly lead to addiction. Other stimulants (amphetamines, methylphenidate, Ritalin®, and others) may be addicting and can result in health risks similar to those listed for cocaine.

Hallucinogens (LSD, mescaline and peyote, phencyclidine or PCP, and others), although not addicting, may cause altered perceptions, anxiety, panic, "flashbacks" and unpredictable, sometimes violent (especially with PCP) behavior.

Barbiturates and other sedative-hypnotic drugs (including benzodiazepines such as Valium® or Xanax®) are addicting and have sedative effects similar to alcohol. An overdose, especially when combined with other sedatives such as alcohol, may depress breathing and heartbeat and can be fatal. Withdrawal from barbiturates may be life-threatening.

Narcotic agents (opium, heroin, morphine, codeine, oxycodone, or other related drugs) are often highly addicting drugs, which have depressant risks and effects similar to alcohol and sedative-hypnotics. Withdrawal, which resembles the "flu," is not usually life-threatening.

United States Department of Justice, Drug Enforcement Administration, Drugs of Abuse (2011 edition) can be found at the end of this document. It contains information on the health risks associated with various drugs covered by the Federal Controlled Substances Act. The summary of health risks associated with alcohol is taken from United States Department of Education, What Works: Schools Without Drugs (1989 edition).

Alcohol:

Identified health risks to individuals using alcohol include the following:

Alcohol is a central nervous systems depressant. It acutely impairs judgment and coordination and may cause coma and death, especially when used with other depressant drugs. Alcohol is addicting and may cause life-threatening symptoms upon acute withdrawal. Long term effects include permanent brain damage, liver swelling, inflammation and cirrhosis, hypertension, cardiac enlargements, pancreatitis, gastritis, ulcer formation, impotence, and increased susceptibility to infections. Maternal alcohol use during pregnancy may cause mental retardation and physical defect in children.

Alcohol consumption causes a number of marked changes in behavior. Even low doses significantly impair the judgment and coordination required to drive a car safely, increasing the likelihood that the driver will be involved in an accident. Low to moderate doses of alcohol also increase the incidence of a variety of aggressive acts, including spouse and child abuse. Moderate to high doses of alcohol cause marked impairments in higher mental functions, severely altering a person's ability to learn and remember information. Very high doses cause respiratory depression and death. If combined with other depressants of the central nervous system, much lower doses of alcohol will produce the effects just described.

Repeated use of alcohol can lead to dependence. Sudden cessation of alcohol intake is likely to produce withdrawal symptoms, including severe anxiety, tremors, hallucinations, and convulsions. Alcohol withdrawal can be life-threatening. Long-term consumption of large quantities of alcohol, particularly when combined with poor nutrition, can also lead to permanent damage to vital organs such as the brain and the liver.

Mothers who drink alcohol during pregnancy may give birth to infants with fetal alcohol syndrome. These infants have irreversible physical abnormalities and mental retardation. In addition, research indicates that children of alcoholic parents are at greater risk than other youngsters of becoming alcoholics.

Drug and Alcohol Counseling

The American Medical Association has determined that substance dependence and substance abuse are medical diseases. Substance dependence is diagnosed when at least three of the following symptoms are present for at least one month or repeatedly over a longer time:

1. substance often taken in larger amounts or over a longer period than the person intended initially.
2. persistent desire or unsuccessful effort to cut down, control, or abstain from substance abuse.
3. a great deal of time is spent in activities necessary to get the substance and in taking the substance.
4. frequent intoxication or withdrawal symptoms when expected to fulfill major obligations at work, school, or home (e.g., does not go to classes because hung over, shows signs of intoxication during clinical rotation).
5. important social, occupational, or recreational activities are reduced or abandoned due to substance use.
6. continued substance use despite persistent or recurrent social, psychological, or physical problems caused or exacerbated by use of the substance (e.g., legal problems such as arrests for driving while intoxicated, serious marital/family discord, cocaine-induced depression or paranoia.)
7. increased tolerance for the substance, need for markedly increased amounts to achieve intoxication or desired effect.

Substance dependence can be diagnosed as mild, moderate, severe in partial remission, or in full remission (no use of the substance or symptoms of dependence in the past six months).

Psychoactive substance abuse is defined as a maladaptive pattern of substance use that persists for a least one month or that recurs repeatedly over longer time. This use continues despite

persistent social, occupational, psychological, or physical problems that are directly related to substance intake. Substance abuse is the appropriate diagnosis when significant impairment is observed, but less than three of the criteria for dependence are met.

Students and staff are advised of the existence of local substance abuse treatment facilities and programs through Regional West Health Services to assist in any drug or alcohol counseling, treatment or rehabilitation.

Policy Violation:
Anyone who violates this policy will be subject to disciplinary action. Following an appropriate investigation and subject to the procedures which are a part of the personnel policies governing the Medical Center, students and staff can be subject to any one or a combination of the following disciplinary sanctions:

1. Disciplinary action, including reprimand, suspension, or termination.
2. Required substance abuse counseling.
3. Required participation in inpatient substance abuse.
4. Required attendance at designated educational programs on substance abuse.

Excluded are prescribed drugs when used in the manner, combination and quantity intended unless job performance could be affected. Students who must use an over-the-counter or prescription drug that causes adverse side effects or may affect ability to perform clinical or didactic responsibilities in a safe and productive manner must notify his or her supervisor prior to starting the clinical or didactic shift. The Imaging Services Department Director and the Director of Human Resources and/or Vice President of Support Services, after proper inquiry, will decide if the student can remain at clinical or didactic class and what restrictions, if any, are deemed necessary.

Compliance with the above stated policy is a condition of enrollment for all student of Regional West Medical Center School of Radiologic Technology. Each student will sign an acknowledgement stating he or she has received a copy of this policy (See attached form). Further, any student who is convicted under a criminal drug statute for a violation occurring in the educational setting or who pleads guilty or nolo contendere (not contested) to such charges must notify the Director of Human Resources within five (5) days of such conviction or plea. Failure of a student to comply with this policy will result in disciplinary action, up to and including termination from the Program for a first offense.

Students convicted of, or who plead guilty or nolo contendere (not contested) to such drug-related violations are subject to termination and/or mandatory attendance and successful completion of a drug-abuse-assistance or similar program as a condition of continued enrollment.

Students or staff who receive a criminal drug statute conviction for a violation occurring on the school premises must notify the Program Director or appropriate reporting authority within five (5) days of learning of the conviction.

The regulations guiding enforcement of this policy shall be in keeping with applicable laws.

Policy Review Frequency:
Regional West Medical Center School of Radiologic Technology will provide access to the policies to all staff and students on the Programs website, www.rwhs.org/sort.

First year students will be provided a copy of this policy in the student handbook. Second year students and staff will receive a copy of this policy at the beginning of classes in August, annually.

Additionally, as a condition of the enrollment in the Regional West Medical Center School of Radiologic Technology, students shall agree to abide by the terms outlined in this policy.

It shall be the policy of the Regional West Medical Center School of Radiologic Technology to review at least biennially, its entire program pertaining to the prevention of the use of controlled substance by students and staff:

1. To determine the effectiveness of this policy and to implement such changes to the Program as are deemed needed.
2. Ensure the disciplinary sanctions described in the policy are consistently enforced.

The Educational Advisory Committee will undertake such a study as is deemed appropriate to determine whether the policy as herein above referred to is accomplishing its intended goals.

REGIONAL WEST MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY

DRUG FREE CAMPUS ACKNOWLEDGEMENT FORM

I acknowledge understanding and receipt of policy prohibiting the unlawful possession, use, or distribution of illicit drugs and alcohol on the Program premises or as a part of any of the Program's activities.

I, the undersigned, do, by affixing my signature hereto, acknowledge that I understand the absolute prohibition of the engaging in, possession, use, manufacture, or distribution of, illicit drug and alcohol on the Program premises or as a part of any of the Program's activities, as defined by policy.

I further understand, by affixing my signature hereto, that referral of me for criminal prosecution may be imposed upon me for any violations of these standards.

I further agree to be bound by these standards and acknowledge that I have been fully notified and that all policies have been explained to my satisfaction and full understanding by appropriate Program personnel.

I further understand that compliance with these standards is mandatory and is a condition of my enrollment/involvement in the Program.

Dated this _____ day of _____, 20____

_____

Signature of student/employee

Link to Document Containing: Drugs of Abuse Uses and Effects and Federal Trafficking Penalties
(double clicking on image below will open document in Adobe)

Chart 1

Source: Drug Enforcement Agency. Drugs of Abuse. N.p.: Drug Enforcement Agency, 2011. United States Drug Enforcement Administration. U.S. Department of Justice, 13 Mar. 2014. Web. 29 Jan. 2015.

FEDERAL TRAFFICKING PENALTIES

DRUG/SCHEDULE	QUANTITY	PENALTIES	QUANTITY	PENALTIES
Cocaine (Schedule II)	500 - 4999 gms mixture	**First Offense:** Not less than 5 yrs, and not more than 40 yrs. If death or serious injury, not less than 20 or more than life. Fine of not more than $5 million if an individual, $25 million if not an individual. **Second Offense:** Not less than 10 yrs, and not more than life. If death or serious injury, life imprisonment. Fine of not more than $8 million if an individual, $50 million if not an individual.	5 kgs or more mixture	**First Offense:** Not less than 10 yrs, and not more than life. If death or serious injury, not less than 20 or more than life. Fine of not more than $10 million if an individual, $50 million if not an individual. **Second Offense:** Not less than 20 yrs, and not more than life. If death or serious injury, life imprisonment. Fine of not more than $20 million if an individual, $75 million if not an individual. **2 or More Prior Offenses:** Life imprisonment.
Cocaine Base (Schedule II)	28-279 gms mixture		280 gms or more mixture	
Fentanyl (Schedule II)	40 - 399 gms mixture		400 gms or more mixture	
Fentanyl Analogue (Schedule I)	10 - 99 gms mixture		100 gms or more mixture	
Heroin (Schedule I)	100 - 999 gms mixture		1 kg or more mixture	
LSD (Schedule I)	1 - 9 gms mixture		10 gms or more mixture	
Methamphetamine (Schedule II)	5 - 49 gms pure or 50 - 499 gms mixture		50 gms or more pure or 500 gms or more mixture	
PCP (Schedule II)	10 - 99 gms pure or 100 - 999 gms mixture		100 gm or more pure or 1 kg or more mixture	

		PENALTIES
Other Schedule I & II drugs (and any drug product containing Gamma Hydroxybutyric Acid)	Any amount	**First Offense:** Not more that 20 yrs. If death or serious injury, not less than 20 yrs, or more than life. Fine $1 million if an individual, $5 million if not an individual. **Second Offense:** Not more than 30 yrs. If death or serious injury, not more than 15 yrs. Fine $2 million if an individual, $10 million if not an individual.
Other Schedule III drugs	Any amount	**First Offense:** Not more than 10 years. If death or serious injury, not more that 15 yrs. Fine not more than $500,000 if an individual, $2.5 million if not an individual. **Second Offense:** Not more than 20 yrs. If death or serious injury, not more than 30 yrs. Fine not more than $1.5 million if an individual, $5 million if not an individual.
All other Schedule IV drugs	Any amount	**First Offense:** Not more than 5 years. Fine not more than $250,000 if an individual, $1 million if not an individual. **Second Offense:** Not more than 10 yrs. Fine not more than $500,000 if an individual, $2 million if not an individual.
Flunitrazepam (Schedule IV)	Less than 1 gm	
All Schedule V drugs	Any amount	**First Offense:** Not more than 1 yr. Fine not more than $100,000 if an individual, $250,000 if not an individual. **Second Offense:** Not more than 4 yrs. Fine not more than $200,000 if an individual, $500,000 if not an individual.

Chart 2

Source: Drug Enforcement Agency. Drugs of Abuse. N.p.: Drug Enforcement Agency, 2011. United States Drug Enforcement Administration. U.S. Department of Justice, 13 Mar. 2014. Web. 29 Jan. 2015.

FEDERAL TRAFFICKING PENALTIES — MARIJUANA

DRUG	QUANTITY	1st OFFENSE	2nd OFFENSE *
Marijuana (Schedule I)	1,000 kg or more mixture; or 1,000 or more plants	• Not less than 10 years, not more than life • If death or serious injury, not less than 20 years, not more than life • Fine not more than $4 million if an individual, $10 million if other than an individual	• Not less than 20 years, not more than life • If death or serious injury, mandatory life • Fine not more than $8 million if an individual, $20 million if other than an individual
Marijuana (Schedule I)	100 kg to 999 kg mixture; or 100 to 999 plants	• Not less than 5 years, not more than 40 years • If death or serious injury, not less than 20 years, not more than life • Fine not more than $2 million if an individual, $5 million if other than an individual	• Not less than 10 years, not more than life • If death or serious injury, mandatory life • Fine not more than $4 million if an individual, $10 million if other than an individual
Marijuana (Schedule I)	More than 10 kgs hashish; 50 to 99 kg mixture More than 1 kg of hashish oil; 50 to 99 plants	• Not more than 20 years • If death or serious injury, not less than 20 years, not more than life • Fine $1 million if an individual, $5 million if other than an individual	• Not more than 30 years • If death or serious injury, mandatory life • Fine $2 million if an individual, $10 million if other than individual
Marijuana (Schedule I)	1 to 49 plants; less than 50 kg	• Not more than 5 years • Fine not more than $250,000, $1 million other than individual	• Not more than 10 years • Fine $500,000 if an individual, $2 million if other than individual
Hashish (Schedule I)	10 kg or less		
Hashish Oil (Schedule I)	1 kg or less		

*The minimum sentence for a violation after two or more prior convictions for a felony drug offense have become final is a mandatory term of life imprisonment without release and a fine up to $8 million if an individual and $20 million if other than an individual.

CHART 2

SANCTIONS UNDER NEBRASKA LAW FOR UNLAWFUL POSSESSION OR DISTRIBUTION OF ANABOLIC STEROIDS MARIJUANA, HASHISH OR OTHER SUBSTANCES CONTAINING TETRAHYDROCANNABINOLS

DRUG	QUANTITY	PENALTY FOR "SIMPLE" POSSESSION	PENALTY FOR MANUFACTURE, DISTRIBUTION, DELIVERY, DISPENSATION, POSSESSION WITH INTENT TO MANUFACTURE, DISTRIBUTE, DELIVER OR DISPENSE
Anabolic Steroids[1] Schedule III (d)	any detectable amount (a.d.a.)	NMT[2] 5 YRS or $10,000 fine or both	NLT[3] 1 YR - NMT 20 YRS or $25,000 fine or both
Hashish[4] Schedule I(c)(23)	a.d.a.	NMT 5 YRS or $10,000 fine or both	NLT 1 YR - NMT 20 YRS or $25,000 fine or both
Concentrated Cannabis[4] Schedule I(c)(23)	a.d.a.	NMT 5 YRS or $10,000 fine or both	NLT 1 YR - NMT 20 YRS or $25,000 fine or both
Marijuana[5] Schedule I(c)(10)	a.d.a. to 1 oz.	1st offense - $300 fine and possible assignment to controlled substances course	NLT 1 YR - NMT 20 YRS or $25,000 fine or both
		2nd offense - NMT 5 days and $400	
		3rd and subsequent offenses - NMT 7 days and $500	
	MT 1 oz. - LT 1 lb.	NMT 3 months or $500 or both	
	MT 1 lb.	NMT 5 YRS or $10,000 or both	
Synthetically Produced Cannabinoids[6] Schedule I (c)(35)	a.d.a.	NMT 5 YRS or $10,000 fine or both	NLT 1 YR - NMT 20 YRS or $25,000 fine or both[7]

[1] "Anabolic steroid shall mean any drug or hormonal substance, chemically and pharmacologically related to testosterone (other than estrogens, progestins, and corticosteroids), that promotes muscle growth and includes any controlled substance in Schedule III (d) of section 28-405." Neb. Rev. Stat. § 28-401 (31) (Supp. 2010).

[2] Not More Than.

[3] Not Less Than.

[4] "Hashish or concentrated cannabis shall mean: (a) The separated resin, whether crude or purified, obtained from a plant of the genus cannabis; or (b) any material, preparation, mixture, compound, or other substance which contains ten percent or more by weight of tetrahydrocannabinols." Neb. Rev. Stat. § 28-401(27) (Supp. 2010).

[5] "Marijuana" is defined at Neb. Rev. Stat. § 28-401(13) (Supp. 2010).

[6] Nomenclature for these cannabinoids is not internationally recognized and may change, so as long as the chemical structure of a drug fits into this drug's enumerated categories, it shall be included. *See* Neb. Rev. Stat. § 28-405 Schedule I (c)(35) (Supp. 2011).

[7] All penalties in this column are for a Class III felony. Neb. Rev. Stat. § 28-416 (2)(b) (Supp. 2011).

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CHART 3
SANCTIONS[1] UNDER NEBRASKA LAW FOR UNLAWFUL POSSESSION OR DISTRIBUTION OF ILLICIT DRUGS

DRUG	QUANTITY	PENALTY FOR "SIMPLE" POSSESSION	PENALTY FOR MANUFACTURE, DISTRIBUTION, DELIVERY, DISPENSATION, POSSESSION WITH INTENT TO MANUFACTURE, DISTRIBUTE, DELIVER OR DISPENSE
Methamphetamine "Speed" Schedule[2] II (c) (3)	any detectable amount (a.d.a.) - LT 10 grams	NMT 5 YRS or $10,000 fine or both	NLT 1 YR - NMT 50 YRS
	10 grams - LT 28 grams		NLT 3 YRS - NMT 50 YRS
	28 grams - LT 140 grams		NLT 5 YRS - NMT 50 YRS
	140 grams or more		NLT 20 YRS - NMT life
Heroin Schedule I(b)(11)	a.d.a. LT 10 grams	NMT 5 YRS or $10,000 fine or both	NLT 1 YR - NMT 50 YRS
	10 - LT 28 grams		NLT 3 YRS - NMT 50 YRS
	28- LT 140 grams		NLT 5 YRS - NMT 50 YRS
	140 grams or more		NLT 20 YRS - NMT life
Cocaine or Cocaine Base ("crack cocaine") Schedule II(a)(4)	a.d.a.-LT 10 grams	NMT 5 YRS or $10,000 fine or both	NLT 1 YR - NMT 50 YRS
	10-LT 28 grams		NLT 3 YRS - NMT 50 YRS
	28-LT 140 grams		NLT 5 YRS - NMT 50 YRS
	140 grams or more		NLT 20 YRS - NMT life
Phencyclidine "PCP, angel dust" Schedule II(d)(4)	a.d.a.	NMT 5 YRS or $10,000 fine or both	NLT 1 YR - NMT 50 YRS
Lysergic Acid Diethylamide "LSD" Schedule I(c)(9)	a.d.a.	NMT 5 YRS or $10,000 fine or both	NLT 1 YR - NMT 20 YRS or $25,000 fine or both
Fentanyl "China White" Schedule II(b)(5)	a.d.a.	NMT 5 YRS or $10,000 fine or both	NLT 1 YR - NMT 20 YRS or $25,000 fine or both
"Exceptionally Hazardous Drugs"[3]: Narcotics such as Opium, Morphine, Codeine, Amobarbital, Secobarbital, or Pentobarbital Schedule II (a)(1)(vii), (xiii); (d)(1)-(3)	a.d.a.	NMT 5 YRS or $10,000 fine or both	NLT 1 YR - NMT 50 YRS
Schedule I, II, or III drugs not classified as exceptionally hazardous, e.g. Mescaline, Peyote, Psilocybin, Salvia, Schedule I(c) (11)-(13), (34)	a.d.a.	NMT 5 YRS or $10,000 fine or both	NLT 1 YR - NMT 20 YRS or $25,000 fine or both
Any controlled substance classified in Schedule IV or V such as Pentazocine, brand name "Talwin", or Buprenorphine	a.d.a.	NMT 5 YRS or $10,000 fine or both	NMT 5 YRS or $10,000 fine or both

[1] See Neb. Rev. Stat. § 28-416 (Supp. 2011).

[2] All references are to the controlled substances schedules enumerated in Neb. Rev. Stat. § 28-405 (Supp. 2011).

[3] "Exceptionally hazardous drug" is defined by Neb. Rev. Stat. § 28-401 (28) (Cum. Supp. 2010).

Revised 11/2011

CHART 4
COMMONLY ABUSED DRUGS AND POTENTIAL HEALTH CONSEQUENCES

Substances: Category and Name	Examples of Commercial and Street Names	DEA Schedule*/ How Administered**	Acute (Intoxicating) Effects/Health Consequences
Cannabinoids			Euphoria; relaxation; slowed thinking and reaction time; distorted sensory perception; impaired balance and coordination; increased heart rate and appetite; impaired learning and memory; anxiety; panic attacks; psychosis/cough, frequent respiratory infections; possible mental health decline; addiction
Hashish	Boom, gangster, hash, hash oil, hemp	I/smoked, swallowed	
Marijuana	Blunt, dope, ganja, grass, herb, joint, bud, Mary Jane, pot, reefer, sinsemilla, skunk, weed	I/smoked, swallowed,	
Depressants			Sedation/drowsiness; reduced anxiety; feelings of well-being; lowered inhibitions; slurred speech; poor concentration; confusion; dizziness; impaired coordination and memory/lowered blood pressure; slowed breathing; tolerance; withdrawal; addiction; increased risk of respiratory distress and death when combined with alcohol **Also, for barbiturates**–euphoria; unusual excitement; fever; irritability/life-threatening withdrawal in chronic users **Also, for flunitrazepam**–visual and gastrointestinal disturbances; urinary retention; memory loss for the time under the drug's effects **Also, for GHB**–nausea/vomiting; loss of reflexes/headache; loss of consciousness; seizures; coma; death **Also, for methaqualone**–euphoria; poor reflexes; slurred speech/depression; coma
Barbiturates	Amytal, Nembutal, Seconal, Phenobarbital; barbs, reds, red birds, phennies, tooies, yellows, yellow jackets	II, III, V/injected, swallowed	
Benzodiazepines (other than flunitrazepam)	Ativan, Halcion, Librium, Valium, Xanax; candy, downers, sleeping pills, tranks	IV/swallowed	
Flunitrazepam***	Rohypnol; forget-me pill, Mexican Valium, R2, Roche, roofies, roofinol, rope, rophies	IV/swallowed, snorted	
GHB***	Gamma-hydroxybutyrate; G, Georgia home boy, grievous bodily harm, liquid ecstasy	I/swallowed	
Methaqualone	Quaalude, Sopor, Parest; ludes, mandrex, quad, quay	I/injected, swallowed	
Dissociative Drugs			Feelings of being separate from one's body and environment; impaired motor function; nausea; anxiety/tremors, numbness, memory loss **Also, for ketamine**–analgesia/delirium; respiratory depression and arrest; death **Also, for PCP and analogs**–analgesia; aggression; violence; slurred speech; hallucinations/psychosis
Ketamine	Ketalar SV; cat Valium, K, Special K, vitamin K	III/injected, snorted, smoked	
PCP and analogs	Phencyclidine; angel dust, boat, hog, love boat, peace pill	I, II/swallowed, smoked, injected	
Hallucinogens			Altered states of perception and feeling; hallucinations; nausea **Also, for LSD**- persisting perception disorder (flashbacks) **Also, for LSD and mescaline**–increased body temperature, heart rate, and blood pressure; loss of appetite/sleeplessness, numbness, weakness, tremors **Also, for psilocybin**–nervousness; paranoia; panic
LSD	Lysergic acid diethylamide; acic, blotter, boomers, cubes, microdot yellow sunshines, blue heaven	I/swallowed, absorbed through mouth tissues	
Mescaline	Buttons, cactus, mesc, peyote	I/swallowed, smoked	
Psilocybin	Magic mushrooms, purple passion, shrooms, little smoke	I/swallowed	

Chart 4 continued

Substances: Category and Name	Examples of Commercial and Street Names	DEA Schedule*/ How Administered**	Acute (Intoxicating) Effects/Health Consequences
Opioids and Morphine Derivatives			
Codeine	Empirin with Codeine, Fiorinal with Codeine, Robitussin A-C, Tylenol with Codeine; Captain Cody, Cody, schoolboy; (with glutethimide) doors & fours, loads, pancakes and syrup	II, III, IV/injected, swallowed	*Euphoria; drowsiness/sedation; dizziness; nausea; impaired coordination; confusion/constipation; respiratory depression and arrest; addiction* **Also, for codeine, fentanyl, methadone, and other opioid pain relievers**—*weakness; dry mouth; itching; sweating; clammy skin/lowered pulse and blood pressure; tolerance; unconsciousness; coma; increased risk of death when combined with alcohol or other CNS depressants*
Fentanyl, and fentanyl analogs	Actiq, Duragesic, Sublimaze; Apache, China girl, China white, dance fever, friend, goodfella, jackpot, murder 8, TNT, Tango and Cash	I, II/injected, smoked, snorted	**Also, for codeine**—*pain relief; but less analgesia, sedation, and respiratory depression than morphine* **Also, for fentanyl**—*80 to 100 times more potent analgesic than morphine*
Heroin	diacetylmorphine; brown sugar, dope, H, horse, junk, skag, skunk, smack, white horse	I/injected, smoked, snorted	**Also, for heroin and opium**—*feelings of heaviness in the body/endocarditis; hepatitis; HIV; fatal overdose*
Opium	laudanum, paregoric; big O, black stuff, block, gum, hop	II, III, V/swallowed, smoked	
Morphine	Roxanol, Duramorph; M, Miss Emma, monkey, white stuff	II, III/injected, swallowed, smoked	
Oxycodone HCL	Oxycontin; Oxy, O.C., killer	II/swallowed, snorted, injected	**Also, for oxycodone**—*muscle relaxation; twice as potent an analgesic as morphine/high abuse potential*
Hydrocodone, bitartrate, acetaminophen	Oxycontin, Percocet; Vicodin; vike, Watson-387; Demerol, demmies, pain killer	II, III, IV/chewed, swallowed, snorted, injected, suppository	
Stimulants			
Amphetamine	Biphetamine, Dexedrine, Adderall; bennies, black beauties, crosses, hearts, LA turnaround, speed, truck drivers, uppers	II/swallowed, snorted, smoked, injected	*Increased heart rate, blood pressure, body temperature, and metabolism; feelings of exhilaration; increased energy and mental alertness; reduced appetite; anxiety; panic; paranoia; irritability; violent behavior/weight loss; insomnia; heart failure; strokes; seizures; addiction* **Also, for amphetamine**—*rapid breathing; loss of coordination; restlessness; delirium; impulsive behavior; aggressiveness/tolerance; hallucinations*
Cocaine	Cocaine hydrochloride; blow, bump, C, candy, Charlie, coke, crack, flake, rock, snow, toot	II/injected, smoked, snorted	**Also, for cocaine**—*nausea; panic attacks/chest pain; respiratory failure; abdominal pain; headaches; malnutrition; nasal damage from snorting* **Also, for methamphetamine**—*aggression; psychotic behavior/cardiac and neurological damage; impaired memory; tolerance; dental problems*
Methamphetamine	Desoxyn; meth, ice, crank, chalk, crystal, fire, glass, go fast, speed	II/swallowed, snorted, smoked, injected	
MDMA (methylenedioxy-methamphetamine)	Adam, clarity, ecstasy, Eve, lover's speed, peace, STP, X, XTC	I/swallowed	**For MDMA only**—*mild hallucinogenic effects; increased tactile sensitivity; empathic feelings; lowered inhibitions/impaired memory and learning; hyperthermia; cardiac toxicity; renal failure; liver toxicity*
Methylphenidate (safe & effective for treatment of ADHD)	Concerta, Ritalin; JIF, MPH, R-ball, Skippy, the smart drug, vitamin R	II/injected, swallowed, snorted	**For methylphenidate only**—*increased or decreased blood pressure; loss of appetite/digestive problems; weight loss*
Tobacco			
Nicotine	Cigarettes, cigars, bidis, and smokeless tobacco (snuff, spit tobacco, chew)	Not scheduled/smoked, snorted, taken in snuff and spit tobacco	*Increased blood pressure and heart rate/lung and heart disease; stroke; cancer of the mouth, pharynx, larynx, esophagus, stomach, pancreas, cervix, kidney, bladder, and leukemia; birth defects; addiction*

Chart 4 continued

Substances: Category and Name	Examples of Commercial and Street Names	DEA Schedule*/ How Administered**	Acute (Intoxicating) Effects/Health Consequences
Other Compounds			
Anabolic steroids	*Anadrol, Oxandrin, Durabolin, Depo-Testosterone, Equipoise;* roids, juice, gym candy, pumpers	III/injected, swallowed, applied to skin	*No intoxication effects*/hypertension; blood clotting and cholesterol changes; liver cysts and cancer; kidney cancer; hostility and aggression; acne; in adolescents, premature stoppage of growth; in males, prostate cancer, reduced sperm production, shrunken testicles, and breast enlargement; in females, menstrual irregularities, development of beard, and other masculine characteristics
Dextromethorphan (DXM)	*Found in some cough and cold medication; Robotripping, Robo, Triple C*	Not scheduled/swallowed	*Dissociative effects, distorted visual perceptions, euphoria, slurred speech, confusion/tremors;* numbness; memory loss
Inhalants	*Solvents (paint thinners, gasoline, glues), gases (butane, propane, aerosol propellants, nitrous oxide), nitrites (isoamyl, isobutyl, cyclohexyl);* laughing gas, poppers, snappers, whippats	Not scheduled/inhaled through nose or mouth	*(Varies by chemical) Stimulation; loss of inhibition; headache; nausea or vomiting; slurred speech; loss of motor coordination; wheezing/* cramps; muscle weakness; depression; memory impairment; damage to cardiovascular and nervous systems; unconsciousness; sudden death

*Schedule I and II drugs have a high potential for abuse. They require greater storage security and have a quota on manufacturing, among other restrictions. Schedule I drugs are available for research only and have no approved medical use; Schedule II drugs are available only by prescription (unrefillable) and require a form for ordering. Schedule III and IV drugs are available by prescription, may have five refills in 6 months, and may be ordered orally. Most Schedule V drugs are available over the counter.

**Taking drugs by injection can increase the risk of infection through needle contamination with staphylococci, HIV, hepatitis, and other organisms.

***Associated with sexual assaults.

Source: National Institute on Drug Abuse, www.drugabuse.gov/DrugPages/DrugsofAbuse.html and http://www.nida.nih.gov/DrugPages/PrescripDrugsChart.html (last visited Nov. 21, 2011)

Chart 4 2011; Revised 11/2011

SEXUAL HARASSMENT AND CRIMES OF A SEXUAL NATURE (Policy 722.8.20.35)

Regional West Medical Center School of Radiologic Technology does not tolerate sexual harassment and inappropriate sexual conduct from managers, supervisors, co-workers, and non-employees such as students, physicians, customers, clients, vendors, consultants, etc., in the work place. Sexual harassment can involve males or females being harassed by members of either sex and may be conducted by employees or non-employees such as customers, vendors, or consultants.

Definitions:

Consent (in regards to sexual activity): The intelligent, knowing, and voluntary giving of permission and do not include coerced submission. "Consent" shall not be deemed or construed to mean the failure by the alleged victim to offer physical resistance to the offender. Giving in is not the same as consent.

Dating Violence: Violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim; and where the existence of such relationship shall be determined based on a consideration of the following factors: the length of the relationship, the type of the relationship and the frequency of interaction between the persons involved in the relationship.

Domestic Violence: The term domestic violence includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim share a child in common, by a person cohabitating with or has cohabitated with the victim as a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's act under the domestic or family violence laws of the jurisdiction.

Sexual Assault: an offense classified as a forcible or non-forcible sex offense that may include the definition of rape, fondling, incest, or statutory rape.

Stalking: Engaging in a course of conduct directed at a specific person that would cause a reasonable person to fear for his or her own safety or the safety of others; or suffer substantial emotional distress.

Sexual harassment: The unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, where:

- Submission to such conduct is made either explicitly or implicitly condition of enrollment.
- Submission to or rejection of such conduct is used as the basis for decisions affecting an individual's enrollment.
- Such conduct has the purpose or effect of creating an intimidating, hostile, or offensive working enrollment.
- Pornographic or sexually-oriented materials are displayed, stored, or transmitted using Program equipment or facilities.

THE VIOLENCE AGAINST WOMEN

The Violence Against Women Act (VAWA) is a federal law that was implemented in 1994 in recognition of the severity of the crimes associated with domestic violence, sexual assault, and stalking, as part of the Violent Crime Control and Law Enforcement Act of 1994. VAWA was reauthorized in 2000, 2005, and 2013 to strengthen the law.

The Violence Against Women Act provides protection to women against crimes of sexual violence. The act obliges colleges and institutions to report and conduct educational programs under its Campus Sexual Violence Act (Campus SaVE Act), which amended the Clery Act.

The 2013 VAWA Reauthorization Act added a non-discrimination provision that prohibits discrimination on the basis of sex by organizations that receive federal funding. The Act allows an exception for "sex segregation or sex-specific programming" when it is deemed to be "necessary to the essential operations of a program".

SEXUAL ASSAULT COMPLAINT PROCEDURE

All students are expected to conduct themselves in a professional and business-like manner at all times. Students should recognize these actions defined above are unacceptable whether or not the incidents occur on the school premises or in any clinical educational setting and whether or not the incidents occur during didactic or clinical hours

Regional West Medical Center School of Radiologic Technology is committed to maintaining a safe and secure work and academic environment free of any form of sexual misconduct including domestic violence, dating violence, sexual assault, stalking, and sexual harassment. A violation of the Violence Against Women's Act shall constitute grounds for disciplinary action, up to and including, dismissal from the Program.

<u>Domestic Violence, Dating Violence, Sexual Assault and Stalking</u>
If a student is subject to sexual violence, domestic violence, sexual assault, and/or stalking:

1. Get to a safe place and obtain medical attention.

2. Report the situation to someone in a position of authority or the police department immediately by calling 911 in an emergency situation or in a nonemergency Scottsbluff Police Department at 632-7176 for a sworn law enforcement response.

   In addition to contacting the Police Department, the Regional West Medical Health Services Campus Security should also be notified.at 630-1449 in order to provide an immediate response for victim assistance and investigative processes.

3. Preserve all evidence of the offense. The timely reporting of the incident is important for necessary evidence collection and preservation. Victims should make every effort to save anything that might contain the perpetrator's DNA, therefore a victim should not:
   - Bathe or shower
   - Use the restroom
   - Change clothes
   - Comb hair
   - Clean up the crime scene

- Move anything the offender may have touched

Even if the victim has not yet decided to report the crime, receiving a forensic medical exam and keeping the evidence safe from damage will improve the chances that the police can access and test the stored evidence at a later date.

4. Request assistance for personal safety

5. Obtain order of protection or a no contact order

6. Take advantage of the services available

Any student reporting victimization of one of these crimes of a violent and sexual nature will be provided with their right to:

- Be assisted by campus authorities if reporting a crime to law enforcement
- Change academic or clinical situations to avoid a hostile environment
- Obtain or enforce a no contact directive or restraining order
- Have a clear description of the Program's disciplinary process and know the range of possible sanctions
- Receive contact information about existing, counseling, health, mental health, victim advocacy, legal assistance and other services available both on-campus and in the community
- The victim is not obliged to report the assault
- The student has a right to file a criminal complaint and the student has a right to go to court and file a petition requesting an injunction for protection against domestic violence, repeat violence, dating violence, or stalking. The student should contact legal assistance to initiate any of these processes.

Contact	Phone
Regional West Security Office	(308) 630-1449
Scottsbluff Police Department	Emergency 911 Non-emergency (308) 632-7176
Student Assistance Program	1-800-779-6125
Panhandle Mental Health Center	(308) 635-3171
Nebraska Legal Services	(308) 632-2016

The student may file a complaint with anyone in a supervisory, instructional, or administrative position who will in turn immediately contact a representative from the Human Resources Department of the Sponsoring Organization.

If the student feels uncomfortable about discussing the incident with a supervisory, instructional, or administrative position, the student should feel free to bypass the person and file a complaint with a representative from the Human Resources Department of the Sponsoring Organization.

Investigation and Resolution.

After receiving a complaint of the incident or behavior the representative from the Human Resources Department of the Sponsoring Organization will initiate an investigation to gather information about the incident. If the representative from the Human Resources Department of the Sponsoring Organization is unable to initiate an investigation, due to a conflict or for any

other reason, the Vice President of Human Resources shall designate another individual to act as representative from the Human Resources Department of the Sponsoring Organization for the matter.

The guidelines shall, at a minimum, provide the person subject to the complaint with information as to the nature of the complaint, and shall further provide that the person filing the complaint and the person who is the subject of the complaint have equal rights to be interviewed, identify witnesses and provide documentation pertaining to the complaint.

The standard for evaluating complaints shall be determined by a preponderance of the evidence. At the completion of the investigation, a recommendation will be made to the appropriate management regarding the resolution of the matter. The recommendation is advisory only.

After the recommendation has been made, a determination will be made by appropriate management regarding the resolution of the matter. If warranted, disciplinary action up to and including dismissal from the Program.

Other appropriate actions will be taken to correct problems and remedy effects.

When discriminatory conduct or sexual harassment involves a crime of violence or a non-forcible sex offense, FERPA permits the institution to disclose to the alleged victim the final results (limited to the name of the alleged perpetrator, any violation found to have been committed, and any sanction imposed) of a disciplinary proceeding against the alleged perpetrator, regardless of whether the institution concluded that a violation was committed. With respect to an institutional disciplinary proceeding alleging a sex offense, the Clery Act requires that the accuser and the accused must be informed of the outcome.

In the event a student is found to have engaged in sexual harassment of another student, the institution shall disclose to the student who was harassed, information about the sanction imposed on the student who was found to have engaged in harassment when the sanction directly relates to the harassed student.

Disciplinary Procedures

Regional West Health Service has a zero tolerance for criminal acts committed on campus and especially these acts involving domestic violence, dating violence, repeat violence, sexual violence, sexual assault, and /or stalking.

Reports of criminal activity will be investigated by the Scottsbluff Police Department as well as the Campus Security Department once knowledge of the act occured or upon reporting by the victim. The results of the investigation will be forward to the Vice President of Human Resources for appropriate action.

The following disciplinary proceeding will apply to any incident of alleged domestic violence, dating violence, repeat violence, sexual violence, sexual assault, and /or stalking including:

1. The investigation will be conduction by law enforcement personnel who received appropriate training in the areas of these types of crimes for the possible of criminal activity

2. A prompt and equitable investigation and resolution by representative from the sponsoring organization's Human Resource Department will also be necessary to assure that the student rights are protected.

Upon completion of the investigation a disciplinary meeting will be conducted which protect the safety of the victim and promotes accountability.

An individual filing a complaint of alleged discrimination or sexual harassment shall have the opportunity to select an independent advisor for assistance, support, and advice and shall be notified of this opportunity by a representative from the sponsoring organization's Human Resources Department. It shall be the choice of the individual filing the complaint to utilize or not utilize the independent advisor. The independent advisor may be brought into the process at any time at the request of the alleged victim. The means and manner by which an independent advisor shall be made available shall be determined by the Sponsoring Organization.

An individual against whom a complaint of alleged discrimination or sexual harassment is filed shall have the opportunity to select an independent advisor for assistance, support, and advice and shall be notified of this opportunity by a representative from the sponsoring organization's Human Resources Department. It shall be the choice of the individual against whom the complaint is filed to utilize or not utilize the independent advisor. The independent advisor may be brought into the process at any time at the request of the alleged perpetrator. The means and manner by which an independent advisor shall be made shall be determined by the Sponsoring Organization.

In any disciplinary hearings conducted the burden of proof shall be determined by a preponderance of the evidence.

The outcome of the disciplinary proceeding will be conducted so both the accuser and the accused are simultaneously informed in writing of:

1. The outcomes of any disciplinary proceeding that arises from and allegation of domestic violence, dating violence, repeat violence, sexual violence, sexual assault, and /or stalking
2. Information to both the accused and the victim regarding how to appeal the results of the disciplinary proceeding
3. Any change in the results before the proceeding and disposition is final
4. When the results will become final

Incidences of domestic violence, dating violence, sexual assault and stalking will be disclosed in the Annual Security Report that maintains crime statistics provide a report of the crime has been made to the Regional West Medical Center Security office or The Scottsbluff Police Department. The names of victims are confidential and will not be disclosed.

SEXUAL HARASSMENT COMPLAINT PROCEDURE AND INVESTIGATION OF COMPLAINT

Regional West Medical Center School of Radiologic Technology is committed to maintaining an environment free of sexual harassment and requires a student who is subjected to sexual harassment or inappropriate sexual conduct to make a timely report to enable Regional West Medical Center School of Radiologic Technology to:

- Make his or her uneasiness or disapproval directly and immediately known to the harasser:

- Make a written record of the date, time, and nature of the incident(s) and the names of any witnesses; and

An aggregation of a series of incidents can constitute sexual harassment even if one of the incidents considered on its own would not be harassing.

Report the possible sexual harassment incident to the Program Director, Imaging Services Department Director or Regional West Medical Center Director of Human Resources who will promptly investigate and correct any behavior which may be in violation of this policy and recommend appropriate corrective action. If the student feels he or she cannot go to the Director of Human Resources with his or her complaint, the student should report the incident to the COO.

Instructors, Program officials, Clinical Instructors, and management of the sponsoring organization of clinical educational settings are responsible for creating an atmosphere free of sexual harassment. Sexual harassment violates an individual's fundamental rights and personal dignity. Each student is expected to be respectful and professional in his or her conduct in the classroom and clinical educational settings.

If the student experiences any job-related harassment based on sex, they should promptly report the incident to the Program Director, Imaging Services Department Director, or Regional West Medical Center Director of Human Resources who will investigate the matter and take appropriate corrective action. If the student feels he or she cannot go to the Director of Human Resources with his or her complaint, the student should report the incident to the COO.

If Regional West Medical Center School of Radiologic Technology determines that a student's behavior is in violation of this policy, appropriate corrective action will be taken against the offending student, up to and including termination from the Program.

Prompt Attention
Complaints of discrimination or sexual harassment are taken seriously and will be dealt with promptly, thoroughly, impartially, and equitably. Where discrimination is found to have occurred, the Program and Sponsoring Organization or Clinical Educational Setting where the event occurred will act to stop the discrimination or sexual harassment, to prevent its recurrence, to remedy its effects, if any, and to discipline those responsible.

Confidentiality
The Program recognizes that confidentiality is important. However, confidentiality cannot be guaranteed. The administrators, faculty or staff responsible for implementing this policy will respect the privacy of individuals reporting or accused of discrimination or sexual harassment to the extent reasonably possible and will maintain confidentiality to the extent possible.

Examples of situations where confidentiality cannot be maintained include, but are not limited to, necessary disclosures during an investigation, circumstances where the Program, Sponsoring Organization or Clinical Educational Setting is required by law to disclose information (such as in response to legal process), or when an individual is in harm's way.

EDUCATION PROGRAMS

All new students shall be given a copy of this policy and the Program shall maintain documentation that each student received the policy.

- The Program shall provide this policy to its students at least annually and may do so electronically.
- The Program shall include this policy and complaint procedure on its website and in its general catalog and Student Handbook.
- The Program shall have an on-going sexual harassment training program for students.

Attach are education programs available, but the Program is not restricted to only these educational material.

http://youtu.be/j70ha1PUlqk

http://youtu.be/C_8QgL3kAMQ

http://www.michigan.gov/documents/mdch/Dating_Violence_brochure_2_175591_7.pdf

http://www.americanbar.org/content/dam/aba/migrated/publiced/domviol.authcheckdam.pdf

EDUCATION FOR BYSTANDER INTERVENTION:

An active bystander is someone who intervenes to interrupt behaviors in social situations that could lead to sexual violence. Effective intervention is a community responsibility of every person. Individuals are encouraged to speak out against attitudes that promote sexual violence and become more supportive of survivors. There are five stages to effective bystander intervention:

1) notice the problem,
2) understand that the problem demands action,
3) feel responsibility to act,
4) choose what form of assistance to provide, and
5) respond.

Tips for Safe Bystander Intervention:

Offer Support if you suspect that the person is being abused or has been sexually assaulted, stalked or sexually harassed
Speak out against all forms of sexual violence and harassment
Be an Advocate for preventing sexual violence and harassment
Model the behavior that values respect for others and promotes positive and pro-social behavior

1. Remember intervention doesn't have to be confrontational. Simply turning on the lights or turning off the music at a party can call attention to a situation.
2. "Everyone plays a role in intervention." If you don't speak up and challenge inappropriate behavior once you become aware, in a sense you are helping to perpetuate the problem.

3. Remain calm and speak up, say something like… “You need to just ease up” or; “she already said no to you once so why don’t you just stop”!

4. Ask the perpetrator “what are you doing to this person”? Or “You should think about what you’re doing to yourself and your future”.

5. Ask others in the area for assistance with group intervention.

6. It’s not OK to just turn and look the other way anymore; you should do, or say something to safely intervene.

7. Assist the person by walking them to their car or to a safe area until assistance arrives if authorities have been contacted.

8. Call 911.

9. Don’t be afraid to tell a friend when they are acting inappropriately.

10. Be willing to challenge inappropriate conversation or jokes directed at dating/domestic violence.

Risk Reduction Education
Critical to ending violence and maintain a safe campus is recognizing and avoiding abusive behavior. Abuse can surface in many ways (emotional, verbal, psychological, sexual and physical). Some warning signs of abuse are:

- Frequent yelling directed at a partner
- Blaming partner for own faults
- Name-calling
- Consistently accusing partner of infidelity
- Kicking, holding, slapping and scratching
- Forcible sex (e.g., wanting sex after hitting)

Sexually implicit or explicit communications can include are not limited to the following forms:

- Written form, such as cartoons, posters, calendars, notes, letters, e-mail;
- Verbal form, such as comments, jokes, foul or obscene language of a sexual nature, gossiping or questions about another’s sex life, or repeated unwanted requests for dates
- Physical gestures and other non-verbal behavior
- Unwelcome touching such as grabbing, fondling, kissing, massaging or brushing up against another’s body

Retaliation
Regional West Medical Center School of Radiologic Technology prohibits retaliation against individuals who file a complaint or who participate in the complaint process.

Retaliation against an individual who in good faith complains of alleged discrimination or sexual

harassment or provides information in an investigation about behavior that may violate this policy is against the law, will not be tolerated, and may be grounds for discipline. Retaliation in violation of this policy may result in discipline up to and including expulsion.

Any student bringing a discrimination or sexual harassment complaint or assisting in the investigation of such a complaint will not be adversely affected in terms and conditions of employment and/or academic standing, nor discriminated against, terminated, or expelled because of the complaint.

Intentionally providing false information is grounds for discipline.

"Retaliation" may include, but is not limited to, such conduct as:

- the denial of adequate personnel to perform duties;
- frequent replacement of members of the staff;
- frequent and undesirable changes in the location of an office;
- the refusal to assign meaningful work;
- unwarranted disciplinary action;
- unfair work performance evaluations;
- a reduction in pay;
- the denial of a promotion;
- a dismissal;
- a transfer;
- frequent changes in working hours or workdays;
- an unfair grade;
- an unfavorable reference letter.

If a student perceives retaliation for making a complaint or the student’s participation in the investigation, the student should contact Regional West Medical Center Director of Human Resources. The situation will be promptly investigated.

False Reports

Because discrimination and sexual harassment frequently involve interactions between persons that are not witnessed by others, reports of discrimination or sexual harassment cannot always be substantiated by additional evidence. Lack of corroborating evidence or "proof" should not discourage individuals from reporting discrimination or sexual harassment under this policy.

However, individuals who make reports that are later found to have been intentionally false or made maliciously without regard for truth, may be subject to disciplinary action under the applicable Program disciplinary procedures. This provision does not apply to reports made in

good faith, even if the facts alleged in the report cannot be substantiated by subsequent investigation.

Students will be asked to sign an acknowledgment form stating that they have received a copy of this policy and understand the complaint procedure at the beginning of the Program. (See attached form).

Employees of Regional West Medical Center are subject to Policy 201.0.06 regarding Sexual Harassment.

REGIONAL WEST MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY

ACKNOWLEDGMENT OF RECEIPT OF SEXUAL HARASSMENT AND CRIMES OF A SEXUAL NATURE POLICY

I have received a copy of Regional West Medical Center School of Radiologic Technology Sexual Harassment and Crimes of Sexual Nature Policy and understand how to use the complaint procedure if I feel it is necessary to do so in the future.

_____ _____

Student Signature Date

THE CARE OF PATIENTS AND STUDENT'S RIGHTS (Policy 722.8.20.40)

Regional West Medical Center and the other clinical educational settings identified by the Program expect the students in the Program to provide quality medical care to all patients at all times.

THE STUDENT'S RESPONSIBILITY TO WORK WITH PATIENTS / EMPLOYEES WITH INFECTIOUS / COMMUNICABLE DISEASES

1. In accordance with the Americans with Disabilities Act, students in the Regional West Medical Center School of Radiologic Technology will not discriminate against any patient, employee, student or applicant because he/she may have an infectious/communicable disease. Persons in the clinical educational setting and classroom with an infectious/communicable disease will be treated the same as persons with any other illness.

2. Regional West Medical Center School of Radiologic Technology recognizes the rights and concerns of patients and students who may have an infectious/communicable disease. The Program also recognizes the obligation to provide a safe environment for students, employees, patients, and the public, and acknowledges that patients' and students' health conditions are personal and confidential.

3. No student shall be required to submit to tests to determine whether he or/she has an infectious/communicable condition as a requirement to begin or maintain enrollment at Regional West Medical Center School of Radiologic Technology except for the infectious/communicable diseases stated in Hospital Policy #206.0.01. A student with infectious/communicable conditions shall not be denied continued enrollment in the Program as long as he or she is able to meet acceptable performance standards and medical evidence indicates his or her condition is not a threat to themselves or others. If possible, an effort will be made to modify duties based on medical recommendations. Such determination will be made on a case-by-case basis.

4. There is no medical evidence for the support of a student refusing to work with patients, employees or other students who may have infectious/communicable diseases or other related conditions. Nevertheless, the concerns of a student will be taken seriously and will be addressed with appropriate information and/or counseling. Should the student, after receiving information and counseling, refuse to perform the assigned work, he or she will be subject to corrective action in the same manner as any other student who refuses to comply with direction in the clinical educational setting.

5. A student will have direct supervision in any occasion where the patient has been identified as having a disease process that places the patient in an isolation category.

THE STUDENT'S RESPONSIBILITY DUE TO PERCEIVED CONFLICT WITH CULTURAL VALUES, ETHICS, OR RELIGIOUS BELIEFS

1. If a student accepts an offer of enrollment in the Program, he or she is expected to perform all aspects of the position regardless of the treatment he or she must give, the duty required, or the medical condition of the patient. Any refusal to perform a clinical assignment relating to the care of a patient can result in corrective action that may include dismissal from the Program.

2. A student may request to be excused from participating in an aspect of care due to conflicting cultural values, ethics or religious beliefs. The request must be approved before the student is excused from participating in the aspect deemed to be a conflict. These situations may include assisting in the actual procedure of therapeutic abortions, participation in religious/cultural rites or beliefs held within the institution (baptisms, etc.), or other similar situations.

To be excused, a student must make a formal request to the Program director, which would include a description of the conflict and the aspects of the clinical assignment he/she cannot perform. If the Program director is not available, the chief Clinical Instructor or the Imaging Services Assistant Department Director should be contacted for such a request. If the conflict cannot be resolved by the Program Director, chief Clinical Instructor or the Imaging Services Assistant Department Director to the satisfaction of the student, the student should follow the Corrective Action Policy an attempt to resolve the issue.

3. Patient care or unit work group performance will not be compromised by accommodation of the student's request. Reasonable efforts will be made to provide accommodation to the student. If it is determined that an accommodation cannot be provided, the student is expected to continue to perform all aspects of his or her clinical education responsibilities

Refer to Regional West Medical Center Policy 500.4.01, Patients' Rights and Responsibilities.

STUDENT SELF SCHEDULING (Policy 722.8.20.45)

Students have the responsibility to schedule themselves for clinical assignments in the Program.

First year students beginning the Program will primarily have didactic class until approximately November/December. After this introductory period, two days per week will be set aside for didactic education. The remaining three days are clinical education days.

The students shall schedule themselves in a cooperative manner to enable all students to meet clinical requirements. Each student shall rotate in terms of priority for scheduling each week. This priority shall be on a week by week basis. As an example, the first priority student chooses the areas where he or she desires clinical assignments during a particular week. The second priority student gets second choice for the week. The third priority student has the third choice and so forth. In the next week, the students move up a position so that each student successively has a turn scheduling him or herself first during a rotation. This rotation format continues throughout the year. An example of this scheduling format is found at the end of this policy.

First and second year student groups shall alternate months in priority for Fridays and weekend scheduling. During each month, one first year and one second year student may select one particular weekend day if there are sufficient technologists to supervise students. If an opening is not filled after the initial selections, a student then may schedule him or herself for an open weekend day. Makeup days on Friday and weekends are allowed only after all students have had an opportunity to choose a location for a clinical assignment

When the student schedules himself or herself in MRI, Nuclear Medicine, Radiation Therapy, Angiography, CT, Ultrasound, Cath Lab, DXA, or mammography the days should be consecutive when possible. When initially scheduling for the clinical sites outside of Regional West Imaging Services Department, the first year student must schedule consecutive days at the site when possible.

The students must complete the self-scheduling process at least two weeks before the beginning of the next month and submit it to the designated Program official for review.

Students will be scheduling themselves for all rotations including weekends. Students are restricted from scheduling themselves for more than 10 hours per day or 40 hours in any week unless the student is voluntarily completing make up days. This includes clinical and didactic training. The instructor will determine didactic class periods.

The school week begins on Sunday and ends on Saturday. First year students may routinely schedule themselves for days off on Fridays, Saturdays, or Sundays. Second year students may routinely schedule themselves for days off on Mondays, Fridays, Saturdays, or Sundays. Scheduling a day off for any other day of the week must have the prior approval of the Program Director or a Clinical Instructor. Second year students may not schedule themselves off for a Friday through Monday in excess of three times per term.

Weekday scheduling provides the student with experience in routine daily radiographic procedures. Examinations of the gastrointestinal and genitourinary tracts, portables, and surgery are available for student participation during this shift. Patients during the daytime shift tend to be readily cooperative, enabling the student to perform radiographic studies with relative ease.

Students will be scheduling themselves for on-campus daytime clinical rotation shifts from 7:00 AM to 4:00 PM or 8:00 AM to 5:00 PM (the later time assures that the assigned technologist will be available for supervision in that location), with an hour lunch break. The Program Director or Clinical Instructors must approve any variation in the above shifts.

When on clinical assignment in Alliance, Torrington, or Bridgeport the clinical rotation shift is from 7:30 AM to 3:30 PM with an hour lunch break. The Program Director or Clinical Instructor must approve any variation in the above shift.

Regional West Medical Center School of Radiologic Technology views the scheduling of the student on weekend shifts as essential in the development into a technologist.
Weekend shifts provide clinical education with patients that are not normally accomplished during the daytime shift. The patients done during these shifts tend to be trauma patients or patients of a critical nature requiring a higher level of critical thinking to adapt to out of ordinary situations. The student learns efficiency during this shift since additional personnel are not available. The student on this shift learns to accept greater responsibility for completing assignments than found during the weekday shift. With this philosophy, the graduate is better able to make the transition from student to technologist.

The weekend clinical rotation shifts are 7:00 AM to 4:00 PM with an hour for lunch.

Clinical education is essential to the learning student. The continuous exposure to procedures, use of organizational skills and the ability to accept responsibility increases the confidence of the student. The student performs much in the same capacity as a technologist, but always with supervision. The student exposed to this type of training needs little adjustment with the transition to the postgraduate work place.

Time outside of didactic class is to be used for clinical education. The student will be responsible for scheduling him or herself in the various areas of clinical education. The student will be required to spend a minimum number of days in each area, but can exceed the required number of days.

After completing the minimum days in each area, the student will be responsible for scheduling him or herself for three days of clinical education per week and two days of didactic education with following exceptions: approved vacation days, or time off approved by the Program Director or Clinical Instructor in assigned area.

The student will be required to document the number of days spent in each area of clinical education on the Clinical Tally Sheet accessed on www.onlineradschool.com. It is required that the student submit these Clinical Tally Sheet on a monthly basis.

The student must keep a tally of patients' exams in all clinical educational settings where the student participated in the exam. The student must also record the portable exams accomplished. These logs must be entered into www.onlineradschool.com Clinical Tally sheet and be completed by the fifth day of the following month.

EXAMPLE OF SELF SCHEDULING

Month 1 (First Years Priority)

1st Years-Numbers
2nd Years - Letters

Sunday 1st & 2nd Year Clinical Day		Monday 2nd Year Clinical Day	Tuesday 2nd Year Clinical Day	Wednesday 1st Year Clinical Day	Thursday 1st Year Clinical Day	Friday 1st & 2nd Year Clinical Day		Saturday 1st & 2nd Year Clinical Day	
1	1st years first	2	3	4	5	6	1st years first	7	1st years first
Student 1	Student A	Student 1	Student 1	Student A	Student A	Student 1	Student A	Student 1	Student A
Student 2	Student B	Student 2	Student 2	Student B	Student B	Student 2	Student B	Student 2	Student B
Student 3	Student C	Student 3	Student 3	Student C	Student C	Student 3	Student C	Student 3	Student C
Student 4	Student D	Student 4	Student 4	Student D	Student D	Student 4	Student D	Student 4	Student D
Student 5	Student E	Student 5	Student 5	Student E	Student E	Student 5	Student E	Student 5	Student E
Student 6	Student F	Student 6	Student 6	Student F	Student F	Student 6	Student F	Student 6	Student F
8	1st years first	9	10	11	12	13	1st years first	14	1st years first
Student 2	Student B	Student 2	Student 2	Student B	Student B	Student 2	Student B	Student 2	Student B
Student 3	Student C	Student 3	Student 3	Student C	Student C	Student 3	Student C	Student 3	Student C
Student 4	Student D	Student 4	Student 4	Student D	Student D	Student 4	Student D	Student 4	Student D
Student 5	Student E	Student 5	Student 5	Student E	Student E	Student 5	Student E	Student 5	Student E
Student 6	Student F	Student 6	Student 6	Student F	Student F	Student 6	Student F	Student 6	Student F
Student 1	Student A	Student 1	Student 1	Student A	Student A	Student 1	Student A	Student 1	Student A
15	1st years first	16	17	18	19	20	1st years first	21	1st years first
Student 3	Student C	Student 3	Student 3	Student C	Student C	Student 3	Student C	Student 3	Student C
Student 4	Student D	Student 4	Student 4	Student D	Student D	Student 4	Student D	Student 4	Student D
Student 5	Student E	Student 5	Student 5	Student E	Student E	Student 5	Student E	Student 5	Student E
Student 6	Student F	Student 6	Student 6	Student F	Student F	Student 6	Student F	Student 6	Student F
Student 1	Student A	Student 1	Student 1	Student A	Student A	Student 1	Student A	Student 1	Student A
Student 2	Student B	Student 2	Student 2	Student B	Student B	Student 2	Student B	Student 2	Student B
22	1st years first	23	24	25	26	27	1st years first	28	1st years first
Student 4	Student D	Student 4	Student 4	Student D	Student D	Student 4	Student D	Student 4	Student D
Student 5	Student E	Student 5	Student 5	Student E	Student E	Student 5	Student E	Student 5	Student E
Student 6	Student F	Student 6	Student 6	Student F	Student F	Student 6	Student F	Student 6	Student F
Student 1	Student A	Student 1	Student 1	Student A	Student A	Student 1	Student A	Student 1	Student A
Student 2	Student B	Student 2	Student 2	Student B	Student B	Student 2	Student B	Student 2	Student B
Student 3	Student C	Student 3	Student 3	Student C	Student C	Student 3	Student C	Student 3	Student C
29	1st years first	30	31	Month 2 Day 1	Month 2 Day 2	Month 2 Day 3	2nd years first	*Month 2 Day 4*	2nd years first
Student 5	Student E	Student 5	Student 5	Student E	Student E	Student 5	Student E	Student 5	Student E
Student 6	Student F	Student 6	Student 6	Student F	Student F	Student 6	Student F	Student 6	Student F
Student 1	Student A	Student 1	Student 1	Student A	Student A	Student 1	Student A	Student 1	Student A
Student 2	Student B	Student 2	Student 2	Student B	Student B	Student 2	Student B	Student 2	Student B
Student 3	Student C	Student 3	Student 3	Student C	Student C	Student 3	Student C	Student 3	Student C
Student 4	Student D	Student 4	Student 4	Student D	Student D	Student 4	Student D	Student 4	Student D

Month 2 (Second Year Priority)

1st Years-Numbers
2nd Years - Letters

Sunday 1st & 2nd Year Clinical Day	Monday 2nd Year Clinical Day	Tuesday 2nd Year Clinical Day	Wednesday 1st Year Clinical Day	Thursday 1st Year Clinical Day	Friday 1st & 2nd Year Clinical Day	Saturday 1st & 2nd Year Clinical Day
Month 1 Day 29 / 1st years first Student 5 / Student E Student 6 / Student F Student 1 / Student A Student 2 / Student B Student 3 / Student C Student 4 / Student D	**Month 1 Day 30** Student 5 Student 6 Student 1 Student 2 Student 3 Student 4	**Month 1 Day 31** Student 5 Student 6 Student 1 Student 2 Student 3 Student 4	**1** Student E Student F Student A Student B Student C Student D	**2** Student E Student F Student A Student B Student C Student D	**3** / 2nd years first Student E / Student 5 Student F / Student 6 Student A / Student 1 Student B / Student 2 Student C / Student 3 Student D / Student 4	**4** / 2nd years first Student E / Student 5 Student F / Student 6 Student A / Student 1 Student B / Student 2 Student C / Student 3 Student D / Student 4
5 / 2nd years first Student F / Student 6 Student A / Student 1 Student B / Student 2 Student C / Student 3 Student D / Student 4 Student E / Student 5	**6** Student 6 Student 1 Student 2 Student 3 Student 4 Student 5	**7** Student 6 Student 1 Student 2 Student 3 Student 4 Student 5	**8** Student F Student A Student B Student C Student D Student E	**9** Student F Student A Student B Student C Student D Student E	**10** / 2nd years first Student F / Student 6 Student A / Student 1 Student B / Student 2 Student C / Student 3 Student D / Student 4 Student E / Student 5	**11** / 2nd years first Student F / Student 6 Student A / Student 1 Student B / Student 2 Student C / Student 3 Student D / Student 4 Student E / Student 5
12 / 2nd years first Student A / Student 1 Student B / Student 2 Student C / Student 3 Student D / Student 4 Student E / Student 5 Student F / Student 6	**13** Student 1 Student 2 Student 3 Student 4 Student 5 Student 6	**14** Student 1 Student 2 Student 3 Student 4 Student 5 Student 6	**15** Student A Student B Student C Student D Student E Student F	**16** Student A Student B Student C Student D Student E Student F	**17** / 2nd years first Student A / Student 1 Student B / Student 2 Student C / Student 3 Student D / Student 4 Student E / Student 5 Student F / Student 6	**18** / 2nd years first Student A / Student 1 Student B / Student 2 Student C / Student 3 Student D / Student 4 Student E / Student 5 Student F / Student 6
19 / 2nd years first Student B / Student 2 Student C / Student 3 Student D / Student 4 Student E / Student 5 Student F / Student 6 Student A / Student 1	**20** Student 2 Student 3 Student 4 Student 5 Student 6 Student 1	**21** Student 2 Student 3 Student 4 Student 5 Student 6 Student 1	**22** Student B Student C Student D Student E Student F Student A	**23** Student B Student C Student D Student E Student F Student A	**24** / 2nd years first Student B / Student 2 Student C / Student 3 Student D / Student 4 Student E / Student 5 Student F / Student 6 Student A / Student 1	**25** / 2nd years first Student B / Student 2 Student C / Student 3 Student D / Student 4 Student E / Student 5 Student F / Student 6 Student A / Student 1
26 / 2nd years first Student C / Student 3 Student D / Student 4 Student E / Student 5 Student F / Student 6 Student A / Student 1 Student B / Student 2	**27** Student 3 Student 4 Student 5 Student 6 Student 1 Student 2	**28** Student 3 Student 4 Student 5 Student 6 Student 1 Student 2	**29** Student C Student D Student E Student F Student A Student B	**30** Student C Student D Student E Student F Student A Student B	**Month 3 Day 1** / 1st years first Student 3 / Student C Student 4 / Student D Student 5 / Student E Student 6 / Student F Student 1 / Student A Student 2 / Student B	***Month 3 Day 2*** / 1st years first Student 3 / Student C Student 4 / Student D Student 5 / Student E Student 6 / Student F Student 1 / Student A Student 2 / Student B

STUDENT EMPLOYMENT (Policy 722.8.20.50)

A student in the Program who is also hired as an employee at any of the clinical education settings may not perform competency checkouts, lab checkouts, other types of labs, or other student related clinical activities while acting as an employee.

TEMPORARY MEDICAL RADIOGRAPHER

The Program Director shall make information available and assist interested students in making application for a State of Nebraska Temporary Medical Radiographer License. The student shall complete the form and obtain from the Program Director documentation of enrollment in a radiographer program and proof of completion of at least 12 months in the program. This Temporary Medical Radiographer License is valid for eighteen months. The student, in the role of a Temporary Medical Radiographer, is limited to routine radiographic procedures for the Thorax, Extremities, Skull and Sinuses, Spine and Pelvis, and Abdomen. The Temporary Medical Radiographer is restricted from performing procedures in computerized tomography, the use of mammographic or fluoroscopic equipment or the use of contrast media.

The required form may be found at:
http://dhhs.ne.gov/publichealth/Pages/crl_medical_radiogr_tempradiogr.aspx

The student, desiring to work as a graduate student in Nebraska between the time of graduation and notification of successfully passing the ARRT Radiographer Examination, must apply for a Temporary Medical Radiographer License before graduating from the program.

GRADUATE TECHNOLOGISTS

Graduate technologists planning to work as a radiographer in the State of Nebraska must complete the application for a state license as medical radiographer through the Division of Professional and Occupational Licensure with the Department of Health. Other states may vary in the requirements needed for obtaining a state certification or license.

The Program director shall make available to pending graduates, information regarding the application for a Medical Radiographer License. If a student intends to work as a radiographer in Nebraska after graduation, but before getting results back from the ARRT exam, application for a Temporary Medical License is necessary while the student is still enrolled in the program.

The required form may be found at:
http://dhhs.ne.gov/publichealth/Pages/crl_medical_radiogr_medradiogr.aspx

Graduates employed by Regional West Medical Center may not supervise students until the graduate receives confirmation of successfully passing the ARRT radiographer examination.

RETRAINING OF FORMER TECHNOLOGISTS (Policy 722.8.20.55)

Former technologists seeking on-campus education through Regional West shall apply for enrollment as a student in the Program. If accepted into the Program, advance placement will be determined on a case by case basis

APPLICATION PROCESS

TRANSFER POLICY (Policy 722.8.21.15)

Transferring into the Program:
A student desiring transfer to Regional West Medical Center School of Radiologic Technology must have all pertinent information and previous educational records (including college and Radiography Program transcripts) sent to the Program Director prior to any determination of acceptance.

Students transferring into the Program must complete the Program's application form. References submitted must include his or her current Program Director and at least one of the clinical instructors from the former Program.

A transfer shall be approved on an individual basis with emphasis on performance and references. Courses with grades of 80% or better shall be deemed as transferable into the Program. Grades lower than 80% in the radiography Program courses will require remedial training and retesting in those areas by the student.

The Educational Advisory Committee shall meet to determine whether to accept the student into the Program.

Acceptance shall also be dependent on the number of students in the current cohort and availability of vacant positions within the Program. The acceptance of a transfer student shall be subject to the limits of class size as determined by JRCERT.

If accepted into the Program, the student will need to have appropriate background checks and pre-admittance drug testing performed and submit required immunization records prior to admission.

The student will be placed into the appropriate year of training dependent on previous classes. Generally, if the student has completed the Anatomy and Positioning, he or she will be placed in the second year class. All classes or their equivalents must be completed before graduation. The student transferring into the Program shall comply with Program and Sponsoring Institution policies and pay tuition appropriate for the term enrolled in the Program.

The transfer student must successfully complete all course requirements prior to scheduled graduation. This shall include requirements for clinical education courses.

Transferring out of the Program:
A student who wishes to transfer out of the Regional West Medical Center School of Radiologic Technology Program should contact the Program Director about transfer of grades and other needed materials. Grades will be sent to colleges or universities only upon written request by the student.

CONSIDERATION OF A REQUEST FOR READMISSION (Policy 722.8.21.20)

In certain circumstances a student dismissed from the Program may seek readmission to the Program.

A student may be dismissed from the Program due to various circumstances including failing a course, continued poor didactic or clinical performance, disciplinary intervention, or because of continuous or recurring illness.

INADEQUATE DIDACTIC AND/OR CLINICAL PERFORMANCE INCLUDING COURSE FAILURE

The student's academic performance in the Program is constantly monitored. Students failing a course or failing to demonstrate progressive improvement in didactic or clinical performance will be dismissed from the Program.

A student may request readmission to the Program by seeking an interview with the Educational Advisory Committee [EAC]. During the interview with the EAC, the student shall provide written documentation of the student's reasoning for seeking readmission. The student must provide written documentation of objectives and realistic goals to the EAC indicating the steps the student will take to improve academic and/or clinical performance.

The EAC will vote on whether to consider the student's application for re-entry into the Program. Approval of the student's application shall be by majority vote of the EAC. The outcome of this vote simply allows or disallows recognizing the student's application in the application process, but does not guarantee that the student will be selected as an incoming student.

Further course failures will result in immediate termination from the Program. Student recidivism in didactic or clinical performance will lead the Educational Advisory Committee to follow the Corrective Action Policy that may lead to termination.

If a second termination occurs, the student has no recourse in seeking any further readmission to the Program.

DISCIPLINARY INTERVENTION

A student terminated as a disciplinary action generally will not be readmitted to the Program. The Educational Advisory Committee may by a majority vote agree to hear a student's request for reapplication, taking into consideration the nature of the violation of school or hospital policy.

If the EAC votes to evaluate the student's request for readmission, the student shall appear before the Educational Advisory Committee.

During the interview with the EAC, the student shall provide written documentation of the student's reasoning for seeking readmission. The EAC will vote on whether to consider the student's application for re-entry into the Program. Approval of the student's application shall be by majority vote of the EAC. The outcome of this vote simply allows or disallows recognizing the student's application in the application process, but does not guarantee that the student will be selected as an incoming student.

If there are further violations of school or hospital policies such that the student's actions indicate recidivism, the EAC will follow the Corrective Action Policy that may include immediate termination.

If a second termination occurs, the student has no recourse in seeking any further readmission to the Program.

LONG TERM OR RECURRING ILLNESS

A student terminated from the Program due to a long-term or recurring illness may apply for readmission to the Program.

Consideration for readmission is dependent upon the student's demonstration that he or she is capable of meeting the technical standards of the Program or if an accommodation is necessary, by documentation from a Licensed Independent Practitioner. The EAC may request an interview with the student if it is deemed necessary.

The EAC will vote on whether to consider the student's application for re-entry into the Program. Approval of the student's application shall be by majority vote of the EAC. The outcome of this vote simply allows or disallows recognizing the student's application in the application process, but does not guarantee that the student will be selected as an incoming student.

If the student's illness returns such that a medical leave again becomes necessary, the EAC will, with the guidance of the student's physician, determine whether the student can continue in the Program.

If the Educational Advisory Committee votes to allow a student's application, the student will apply to the Program as any other new applicant.

1. The terminated student must complete a new application form.

2. The terminated student will be required to complete the observation period and associated questions.

3. The terminated student must submit any new transcripts for courses taken since dismissal from the Program.

4. The terminated student must provide references

5. The terminated student will be interviewed by the selection committee.

6. If the terminated student is selected to enter the Program, the student will need to complete background checks and pre-enrollment drug/alcohol testing.

7. The readmitted student is subject to current Program and hospital policies.

Students readmitted to the Program under this policy continue to be subject to the Corrective Action Policy.

If the EAC votes not to allow the student's application, the student may not seek readmission for at least one year.

Other causes for dismissal from the Program not identified in this policy will be evaluated by the EAC to determine if the student is eligible to apply for readmission.

PROCEDURES FOR STUDENT WITHDRAWAL (Policy 722.8.21.25)

A student withdrawing from the Program either voluntarily, or dismissed because of academic or disciplinary actions, or because of health reasons must return the property of Regional West to the Program Director. The student's grades shall not be released to any party until all portions of the withdrawal policy are completed.
The following are the proper procedures for student withdrawal:

1. Written notification to the Program Director (with voluntary withdrawal).

2. Return of all books loaned to the student for use while in the Program.

3. Turn in radiation monitor badge, identification badge, and parking sticker.

4. Settle any outstanding bills with the Program

Until these steps are completed, release of any grades to any other institution or the student cannot be made

No reimbursement will be provided for books, uniforms, or any other supplies purchased by the students for this Program.

Full tuition refunds will be made for the term if the student withdraws or discontinues the Program within two weeks after the beginning of the term. No tuition refunds will be made if the student discontinues the Program any time after two weeks from the beginning of the term. Refunds are figured from the official beginning of the term as stated by the Program and the last day of attendance of the student. The Program shall make all refunds due within sixty (60) days following the student's drop date.

Students who withdraw during the tuition refund period should be aware they may have to repay all or a portion of any outside financial aid they have received. Students who receive Title IV funds will be subject to the student refund procedure requirements of the Higher Education Reauthorization Act of 1998. Details regarding this requirement are available at the University of Nebraska - Kearney or Chadron State College Financial Aid Offices.

Joint classes with UNK, CSC, WNCC, EWC or other academic institutions where tuition and fees have been assessed, are subject to the appropriate institution's policies for reimbursement.

REGIONAL WEST MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY

STUDENT WITHDRAWALCHECKLIST

(optional use)

NAME _____ Date_____

CHECK LIST

_____Written notification of withdrawal

_____Books loaned out to student

_____Parking Permit

_____ Mailbox cleaned out

_____Radiation Badge turned in

_____ID Badge turned in

_____ North Locker cleaned out (Imagines Services Department)

_____ South Locker cleaned out (St. Mary's Plaza)

Program Director or Chief Clinical instructor to sign off on these items

REGIONAL WEST MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY

NOTIFICATION OF VOLUNTARY STUDENT WITHDRAWAL

(optional use)

I, _____, wish to voluntarily withdraw from Regional West Medical Center School of Radiologic Technology.

My last day to attend Regional West Medical Center School of Radiologic Technology will be _____.

Signature	Printed Name	Date

PROGRAM FACULTY

FACULTY OF THE PROGRAM (Policy 722.8.22.05)

The faculty members of the Program are an essential component of the Program. Each faculty member must perform the responsibilities assigned to assure that the quality of the Program remains high.

Faculty recruitment and employment practices for the Program will be non-discriminatory with respect to any legally protected status, such as race, color, religion, gender, age, disability, and national origin.

The Program historically recruits faculty members from within the Imaging Services department. The Program posts a vacancy or opening for an instructor (clinical or didactic). An individual, interested in the position, informs the Program Director. The Program Director will provide a copy of the qualification requirements, expectations and application form to the applicant. The Educational Advisory Committee will review the applicants to determine if an applicant meets the needs of the Program. If there are no qualified applicants, the Program will consider advertising for the position. A copy of the application is located in Program Procedures.

Recruitment of a fulltime faculty or Program official will follow the sponsoring organization's recruitment standards.

Full time didactic instructors must have a baccalaureate degree and two years of experience in radiology or other appropriate specialty in health care.

Part time didactic instructors must have three years of experience in radiology or other appropriate specialty in health care or a baccalaureate or associates degree and one year of experience in radiology or other appropriate specialty in health care.

Clinical instructors must document three years of clinical experience in radiography or document possession of a baccalaureate degree or associates degree and two years of clinical experience in radiography.

Instructors, who are registered technologists, are expected to maintain their certification with the American Registry of Radiologic Technologists or equivalent and license as a Medical Radiographer within the state employed, if appropriate.

The Program shall file an instructor's qualification form (furnished by the Department of Education,) with the State of Nebraska Department of Education Private Postsecondary Career Schools, no later than thirty (30) days following assignment.

Faculty members have specific responsibilities as identified in the position descriptions. A faculty member failing to accomplish the position responsibilities may be subject to discipline by the Program Director, Imaging Service Assistant Department Director or the Educational Advisory Committee. A faculty member disagreeing with the decision made about his or her performance may initiate the Formal Review in the Correction Policy as described in hospital policy.

POSITION DESCRIPTIONS (Policy 722.8.22.20)

Regional West Medical Center employs individuals to perform administrative, clerical and didactic and clinical instruction duties in Regional West Medical Center School of Radiologic Technology.

The Imaging Service Department at Regional West Medical Center identifies Job Description or responsibilities for the following individuals as they relate to the Radiography Program:

- Program Director
- Clinical Coordinator
- Full time Didactic Instructor
- Part Time Didactic Instructor
- Clinical Instructor
- Clinical Staff
- Medical Advisor

These job descriptions or responsibilities shall be in compliance with the most current Joint Review Committee on Education in Radiologic Technology Standards for a Radiography Program and the Nebraska Statutes for instructors in Post-secondary Career Schools

In some circumstance individuals holding these positions voluntarily take on these responsibilities in addition to the job responsibilities for which the person was originally employed by Regional West.

In some circumstance individuals voluntarily holding these positions are not employees of Regional West.

Regardless of whether the person volunteers or is employed for one of the above positions, the individual has an obligation for completing the job description or responsibilities as identified by policy.

For employees of Regional West Medical Center the performance of these duties is documented and evaluated annually during the Imaging Services Performance Review. Documentation of this review is kept in the employee's file in the Imaging Services Department.

During the Instructor Evaluation process:

- All instructors will accomplish a self-evaluation and meet with the Program Director annually
- At the end of each didactic course the instructor is evaluated by each student.
- Once a quarter, Clinical Instructors are evaluated by each student.

Documentation of these teaching evaluations is kept at the School.

FACULTY CREDENTIALS

Carolyn Anglesey
Radiologic Technology
Clinical Instructor
Radiographer, Certification, Regional West Medica Center Hospital School of Radiolgoic Technology, Scottsbluff NE, 1990
Additional Studies: Chadron State College, Community College of Southern Nevada
American Registry of Radiologic Technology Certification: Radiography, Mammography, Computed Tomography

Stephanie Cannon
Radiologic Technology
Program Director
B.S., University of Nebraska Medical Center, Omaha NE, 2000
Radiographer, Certificate, Regional West Medical Center Hospital School of Radiologic Technology, Scottsbluff, NE 1999
AS, Western Nebraska Community College, Scottsbluff, NE 1999
American Registry of Radiologic Technology Certification: Radiography

Sylvia Dolberg
Radiologic Technology
Didactic Instructor
M.B.A, Baker College, Flint MI, 2008
B.S., Kearney Sate College, Kearney NE, 1993
Radiographer, Certificate, Regional West Medical Center Hospital School of Radiologic Technology, Scottsbluff NE, 1988
AS, Western Nebraska Community College, Scottsbluff NE, 1988
American Registry of Radiologic Technology Certification: Radiography, Computed Tomography, Cardiovascular Interventional

Leicy Franklin
Radiologic Technology
Clinical Instructor
B.S., University of Nebraska Medical Center, Omaha, NE, 2014
B.S., University of Nebraska - Kearney, Kearney, NE, 2013
A.S. Alegent Health School of Radiologic Technology, Omaha, NE, 2013
American Registry of Radiologic Technology Certification: Radiography, Computed Tomography

Kelli French
Radiologic Technology
Clinical Instructor
Radiographer, Certificate, Regional West Medical Center Hospital School of Radiologic Technology, 2005
Additional Studies: Western Nebraska Community College
American Registry of Radiologic Technology Certification: Radiography

Jessica Fuller
Radiologic Technology
Clinical Instructor
A.A.S, Farris State University, Big Springs, MI, 2012
American Registry of Radiologic Technology Certification: Radiography, Computed Tomography

Pam Gall
Radiologic Technology
Clinical Instructor
Radiographer, Certificate, St. Mary's School of Radiologic Technology, Scottsbluff, NE 1973
American Registry of Radiologic Technology Certification: Radiography,
International Society of Clinical Densitometry: Densitometry

Debra Hilzer
Radiologic Technology
Clinical Instructor
Radiographer, Certificate, Western Nebraska General Hospital School of Radiologic Technology, Scottsbluff NE, 1975
Additional Studies: Nebraska Western Junior College
American Registry of Radiologic Technology Certification: Radiography

Alyssa Horton
Radiologic Technology
Clinical Instructor
Radiographer, Certificate, Regional West Medical Center School of Radiologic Technology, 2013
A.S. Western Nebraska Community College, Scottsbluff, NE 2011
Additional Studies: Chadron State College, Chadron, NE University of Wyoming, Laramie, WY
American Registry of Radiologic Technology Certification: Radiography, Computed Tomography

Sarah Houk
Radiologic Technology
Didactic Instructor
B.S., University of Nebraska Medical Center, Omaha NE, 2006
Radiographer, Certificate, Regional West Medical Center Hospital School of Radiologic Technology, Scottsbluff NE, 2003
A.S., Western Nebraska Community College, Scottsbluff NE, 2003
Additional Studies: University of Nebraska Kearney
American Registry of Radiologic Technology Certification: Radiography, Vascular Interventional

Levi Keener
Radiologic Technology
Didactic Instructor
M.H.A. Ashford University, Clinton IA, 2014
B.S., University of Nebraska Medical Center, Omaha NE, 2009
Radiographer, Certificate, Regional West Medical Center Hospital School of Radiologic Technology, Scottsbluff NE, 2008
A.S., Western Nebraska Community College, Scottsbluff NE, 2005
Certificate, Focus on the Family Leadership Institute, Colorado Springs CO, 2006
American Registry of Radiologic Technology Certification: Radiography, Computed Tomography, Magnetic Resonance Imaging

Katy Oliverius
Radiologic Technology
Clinical Instructor
B.S., University of Nebraska - Kearney, Kearney NE, YEAR???
Radiographer, Certificate, Regional West Medical Center School or Radiologic Technology, 2009
American Registry of Radiologic Technology Certification: Radiography, Mammography

Randy Prouty
Radiologic Technology
Chief Clinical Instructor
B.S., St. Joseph's College, Standish, ME, 2007
A.A., Western Nebraska Community College, Scottsbluff NE, 1980
Radiographer, Certificate, West Nebraska General Hospital School of Radiologic Technology, Scottsbluff NE, 1982
American Registry of Radiologic Technology Certification: American Registry of Radiologic Technologists: Radiography,

Karen Prouty
Radiologic Technology
Didactic and Clinical Instructor
Radiographer, Certificate, West Nebraska General Hospital School of Radiologic Technology, Scottsbluff NE, 1983
Additional Studies: Chadron State College, Western Nebraska Community College
American Registry of Radiologic Technology Certification: Radiography, Bone Density

Kara Pruneda
Radiologic Technology
Clinical Instructor
B.S., University of Nebraska Medical Center, Omaha, NE, 2010
A.S. Western Nebraska Community College, Scottsbluff, NE 2007
Radiographer, Certificate, Regional West Medical Center School of Radiologic Technology, 2009
American Registry of Radiologic Technology Certification: Radiography, Computed Tomography, Magnetic Resonance Imaging

Rachel Rusch
Radiologic Technology
Didactic Instructor
B.S., University of Nebraska Medical Center, Omaha NE, 2001
Radiographer, Certificate, Regional West Medical Center School of Radiologic Technology, Scottsbluff NE, 2000
Additional Studies: Western Nebraska Community College
American Registry of Radiologic Technology Certification: Radiography, Nuclear Medicine
Certification from the Nuclear Medicince Technology Certification Board

Renee Salas
Radiologic Technology
Clinical Instructor
A.S., Western Nebraska Community College, 1999
Sonographer, Certificate, Laramie County Community College, 2004
Radiographer, Certificate, Regional West Medical Center Hospital School of Radiologic Technology, 2002
Additional Studies: Central Texas College
American Registry of Radiologic Technology Certification: Radiography,

Doug Schoeneman
Radiologic Technology
Didactic Instructor
Radiographer, Certificate, Regional West Medical Center School of Radiologic Technology, 1995
Western Nebraska Community College, Scottsbluff NE,
American Registry of Radiologic Technology Certification: Radiography, Computed Tomography

Janelle Scott
Radiologic Technology
Clinical Instructor
B.S., University of Nebraska Medical Center, Omaha NE, 2015
Radiographer, Certificate, Regional West Medical Center School of Radiologic Technology, 2014
A.S. Western Nebraska Community College, Scottsbluff NE, 2012
American Registry of Radiologic Technology Certification: Radiography, Computed Tomography

Amber Smith
Radiologic Technology
Clinical Instructor
A.S., Southeast Community College, Lincoln, NE 2004
American Registry of Radiologic Technology Certification: Radiography, Mammography

Randi Stichka
Radiologic Technology
Clinical Instructor
B.S., Fort Hays State University, Hays, KS, 2007
A.S.S., Fort Hays State University, Hays, KS, 2007
American Registry of Radiologic Technology Certification: Radiography, Mammography

Lanna Zulkoski
Radiologic Technology
Didactic Instructor
B.S., University of Nebraska - Kearney, Kearney NE, 2000
Radiographer Certifciate, Regional West Medical Center School of Radiologic Technology, Scottsbluff, NE, 2000
Breast Sonographer, Certificate, Burwin Institute, Canada, 2003
American Registry of Radiologic Technology Certification: Radiographer, Mammography, Breast Sonography

STUDENT HEALTH SCREENING (Policy 722.8.23.05)

Students in the Radiography Program at Regional West must be in good health to provide quality health care to patients in the clinical situation. To assure that students are in good physical health, a health screening and an immunization record are required. Students are required have health insurance to assist in any accrued health costs while in the Program

HEALTH SCREENING

New students will receive a Health Screening as part of the enrollment process. The Health screening will include:

1. Pre-enrollment drug test
    - Cannot be completed any more than 30 days prior to start of enrollment
2. Assessment of blood pressure, weight, and height.
3. Blood draw for antibody verification (titer)
4. Latex exposure history
5. OSHA medical questionnaire for respirator usage
6. New enrollment PPD or chest x-ray
7. Hepatitis B, MMR (Rubeola, Rubella, and Mumps), T-dap, Influenza, and Varicella immunizations as needed

The services described above will be provided by Regional West Medical Center at no cost to the student. Screening beyond these services is the responsibility of the student, either by his or her personal health plan or self-pay. These services will be provided for the student only - not to any of his or her dependents.

VACCINATION RECORD

A completed vaccination record must be submitted to the Program Director before the first week of classes. A Licensed Independent Practitioner (LIP) must verify the date of immunizations or immunity by his or her signature.

Students will have blood drawn to test for proof of immunity. All of the vaccinations listed below are required. If a student is found to have a negative titer or fails to provide proof of vaccination, vaccinations will be administered by RWHS Safety and Occupational Health Department.

Required vaccinations and proof needed for each:

1. T-dap (adolescent/adult)
    - documentation of date of last vaccination
2. Rubeola (measles)
    - documentation of dates of vaccination and positive titer*
3. Rubella
    - documentation of dates of vaccination and positive titer*
4. Mumps
    - documentation of dates of vaccination and positive titer*
5. Varicella (chicken pox)

- documentation of dates of vaccination or year immune, and positive titer*

6. PPD - 1 in last year and 1 in last 12 weeks
    - may be initiated during time of drug testing for first year students
7. Hepatitis B – positive HBsAB titer*
    - If never received Hepatitis B vaccinations
        - Choice 1: Complete vaccination schedule and have titer drawn through RWMC Occupational Safety and Employee Health Department
        - Choice 2: Decline vaccination by completing declination form provided by RWMC Occupational Safety and Employee Health Department

*If it is determined through a blood test that a student is not immune to an infectious or communicable disease, a vaccine booster will be offered at no expense to the student.

HEALTH INSURANCE

Each student will assume responsibility for managing his or her own health care and for meeting health requirements. Each student is expected to obtain health insurance coverage while enrolled in the Program. Payment of the premium for health insurance shall be the student's responsibility.

Proof of insurance must be submitted to the Program Director. Please complete the Understanding of Health Insurance Form below and return it to the Program Director along with Proof of your medical insurance.

STUDENT HEALTH RECORDS

Student health records shall be maintained by the Program Director and Occupational Safety and Employee Health department and shall become a part of the student's permanent record.

All information in the student's health record is confidential. Latex allergy, influenza vaccine and immune statuses may be released to the Infection Control nurse or student's clinical supervisor on a need to know basis. Other information from a student's health record will be released only within the context of legal demands from insurance or regulatory agencies.

REGIONAL WEST MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY

UNDERSTANDING OF HEALTH INSURANCE FORM

I, the undersigned, have provided proof of health insurance coverage for myself to the Program Director upon entering Regional West Medical Center School of Radiologic Technology.

I understand that the School of Radiologic Technology at Regional West Medical Center will not accept any financial responsibility for health care costs incurred by me.

I understand that I will be financially responsible for all health care costs incurred while in the program.

Printed Name_____

Signed_____Date_____

Please Attach Copy of Proof of Medical Insurance Coverage.

LIMITED HEALTH CARE (Policy 722.8.23.10)

Regional West Medical Center School of Radiologic Technology provides limited health care for students while attending clinical or didactic classes.

This limited health care includes:

- Health Screening as described in the Student Health Screening Policy
- Counseling Services through Connections EAP as described in the Student Assistance Policy
- Vaccinations as outlined in the full Limited Health Care Policy and Student Health Screening Policy
- Emergency Physician Services for Routine Illnesses or Minor Injury as described below.

http://www.rwhs.org/careers/school-radiologic-technology/policies

Emergency Physician Services for Occurrence of Illness or Minor Injury

A student who becomes ill or injured while attending clinical or didactic classes is to be referred to the Program Director or a supervisor. The Program Director or supervisor shall determine the student's fitness for attendance. At the discretion of the Program Director, or supervisor the student will be referred to the Emergency Room or other specialists.

A student, on his or her own, or with assistance with a Program official may subscribe to the limited health care provided by Regional West. This can occur when the student is injured or becomes ill outside the assigned clinical hours.

Regional West Medical Center will make its student health facility available to Program students from 6:00 AM to midnight seven days a week in the Emergency Department of Regional West Medical Center.

In the Emergency Room the student is triaged to determine:

(1) the extent of the illness or injury
(2) the need for treatment and
(3) if the student is well enough to return to clinical or didactic class.

This service is limited to an initial visit and one follow-up visit for the same ailment.

Emergency health care, non-illness health care (i.e., health checkups, pap smears, etc.) and accidents not typically treated in a physician's office, diagnostic tests and/or medications are all excluded from this service.

If the illness or injury is of a minor nature and the needed treatment is in accordance with that described in the Limited Health Care Services, the necessary treatment will be provided without charge to the student (excluding supplies and diagnostic procedures). If anything of a more serious nature occurs, the student will be referred to his/her personal physician for care.

The student shall be admitted for health care using the normal hospital policy. The student upon receiving the bill from the hospital for care shall present a copy to the Program Director who will forward it to the financial department to strike off the portion of the bill that is covered under this policy.

Injury
This includes incidents and/or accidents of a serious nature requiring suturing, immediate medications, or determination of a communicable condition.

A personnel injury report is to be initiated by the student or the Program Director for all injuries occurring while attending clinical or didactic classes.

Illness/Communicable Disease
When a student is found to have an infectious/communicable disease or physical condition precluding the safe performance of assigned duties and responsibilities, he or she will be immediately removed from class or clinical assignment. Students who come to assigned clinical areas and are ill may be sent home at the determination of the Program Director or a supervisor.

Exposure of an individual to communicable disease increases the risk of acquiring the disease and may require evaluation by LIP. Examples of symptoms indicating possible communicable diseases include but are not limited to: (a) fever, chills (b) acute skin eruptions (c) purulent drainage (d) jaundice (e) sore throat (f) productive cough (g) “flu” symptoms (h) diarrhea.

Any student experiencing symptoms of illness prior to the start or during his/her clinical shift or class is required to notify the Program Director, instructor, or clinical instructor. When a supervisor has received notification from the student stating that he/she is ill, the supervisor will use the “Student Illness Report” (see attached example) to document the student’s symptoms and determine if there is a possible communicable illness.

If the determination is that the student has a possible communicable illness, the student will not be allowed to come to class or clinical assignment or, if at class or clinical, will be sent home. The completed “Student Illness Report” will be faxed, for trending and analysis, to the Occupational Safety/Employee Health office, 630-1180. The original “Student Illness Report” will be maintained in the Program’s student records.

Students are to maintain contact with the Program Director or his/her designee on a daily basis as long as symptoms remain. If seen by a LIP who has determined the student must be out of class for a determined length of time, a statement from that LIP taking him/her out of class must be provided to the supervisor or designee.

Students absent from classes exceeding three (3) consecutive scheduled days due to illness or injury shall be required to obtain a Licensed Independent Practitioner’s permit to return to classes. The student must present a written permit to return form to the Program Director before attending any clinical or didactic classes.

An exception to the three consecutive day rule is when the hospital has identified an influenza outbreak. The student with influenza symptoms may return to school without a LIP’s note once the student has met the criteria specified by hospital policy.

STUDENT ILLNESS REPORT

Initial Symptoms	Check if symptom present	May return to school using good hygiene and standard precautions
1. Systemic Symptoms		
Fever > 100° F/Chills		After fever ceases and able to physically perform job
Body Aches		Dependent on diagnosis, severity/combination of symptoms
Headache		Dependent on diagnosis, severity/combination of symptoms
Swollen Glands		Dependent on diagnosis, severity/combination of symptoms
Lethargy		Dependent on diagnosis, severity/combination of symptoms
2. Gastrointestinal Symptoms		
Diarrhea loose and watery stools three or more times a day with or without discomfort		After diarrhea ceases and able to physically perform job
Vomiting		After vomiting ceases and able to physically perform job
Abdominal Pain/Cramping		After abdominal pain/cramping ceases and able to physically perform job
3. **Respiratory Symptoms**		
Sore Throat		Dependent on diagnosis, severity/combination of symptoms
Sneezing		Dependent on diagnosis, severity/combination of symptoms
Cough/Congestion		Dependent on diagnosis, severity/combination of symptoms
Difficulty Breathing		Dependent on diagnosis, severity/combination of symptoms
4. Skin rashes/Lesions		
Rash area of irritated or swollen skin		Dependent on diagnosis, severity/combination of symptoms
Itching		
Progressing		
Blisters/Drainage		
Mouth/Lip sores		
Area of body involved		
Employee Description of Rash		
5. Other Symptoms		
Confirmed Influenza (must be confirmed by laboratory testing)		Stay home 24 hours after no fever without fever reducing medications (for example Ibuprofen, Tylenol, etc.)
Influenza-like Illness Symptoms (Fever >100 & cough or sore throat)		Stay home 24 hours after no fever without fever-reducing medications (for example Ibuprofen, Tylenol, etc.) Refer to RWHS Paid Time Off – Extended Illness Bank Policy (204.0.02) regarding return to work process
Scalp Severe itching, nits attached to hair		24 hours after effective treatment is initiated
Eyes irritated, swollen red, drainage		24 hours after effective treatment is initiated

Comments

Based on the symptoms described by the employee, the employee was instructed to

- ☐ For confirmed influenza: Stay home 24 hours after no fever without fever reducing medications
- ☐ For Influenza-like Illness: Employee told to stay home 24 hours after no fever without use of fever reducing medications
- ☐ Remain at home; keep in contact with department as specified by department policy
- ☐ Leave work

Print Student Name _____

Student Signature _____

EMAIL THIS FORM ASAP TO email to stephanie.cannon@rwhs.org

Regional West Medical Center
4021 Avenue B | Scottsbluff, NE 69361 | 308.635.3711

HEPATITIS B IMMUNIZATION FORM

THE DISEASE

Hepatitis B is a viral infection of the liver which is the most serious of the possible hepatitis diseases. There is no specific treatment for this disease. Most people with Hepatitis B recover completely, but approximately 5-10% become chronic carriers of the virus. Of these people, most have no symptoms but can continue to transmit the disease to others. Some may develop chronic active hepatitis and cirrhosis. Hepatitis B also appears to be a causative factor in the development of liver cancer. Thus, immunization against Hepatitis B can prevent acute hepatitis and also reduce sickness and death from chronic active hepatitis, cirrhosis and liver cancer.

THE VACCINE - Recombivax HB

Recombivax HB is a non-infectious viral vaccine derived from Hepatitis B surface antigen (HbsAG) produced in yeast cells. The vaccine prepared from recombinant yeast cultures, is free of associations with human blood products. A high percentage of healthy people who receive two doses of vaccine and a booster achieve high levels of surface antibody (anti-HBs) and protection against Hepatitis B. Persons with immune system abnormalities, such as dialysis patients, have less response to the vaccine, but over half of those receiving it do develop antibodies.

Full immunization requires three doses of vaccine over a six-month period, although some persons may not develop immunity even after three doses. There is no evidence that the vaccine has ever caused Hepatitis B. However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical hepatitis in spite of immunizations. The duration of immunity is unknown at present and the need for booster doses is not yet defined.

POSSIBLE VACCINE SIDE EFFECTS

Although future information may reveal additional problems, the incidence of known side effects is very low. Recombivax is generally well tolerated. No serious side effects have been reported with the vaccine. The most common adverse reaction is a local reaction at the injection site and minor systemic complaints that include fatigue/weakness, headache, fever and malaise. Low-grade (less than 101 °F) fever occurs occasionally; fever over 102°F is uncommon. Infrequent complaints may include nausea, vomiting, dizziness, arthralgia, and rash. Neurological disorders such as paresthesia and Guillain-Barre syndrome were not observed in clinical trials with Recombivax HB. These conditions do not appear to happen any more frequently than in the general population.

VACCINATION DURING PREGNANCY

On the basis of limited experience, there is no apparent risk of adverse effects to developing fetuses when Hepatitis B vaccine is administered to pregnant women (CDC, unpublished data). HBV infection affecting a pregnant woman may result in severe disease for the mother and chronic infection for the newborn. Therefore, neither pregnancy nor lactation should be considered a contra-indication to vaccination of women. (MMWR 11-20-91). If you are pregnant, discuss vaccination with your attending physician.

The foregoing information reflects knowledge generally available, and found in the package insert. This information may change at any time.

REGIONAL WEST MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY

HEPATITIS B IMMUNIZATION FORM

I have read the information provided and the VIS dated _____. I have been informed that the area in which I work has been considered at risk for exposure to Hepatitis B.

1. I have read the information provided and my questions have been answered, and I choose to receive the Hepatitis B vaccine.

_____ _____ _____ _____
Signed (Student) Date Witness Date

2. I have read the information provided but have already received or am receiving the Hepatitis B vaccine.

_____ _____ _____ _____
Signed (Student) Date Witness Date

3. I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.*

_____ _____ _____
Signed (Student) Date Social Security Number

_____ _____
Witness Date

*This consent form will be kept in your Student Health File and updated on a regular basis.

STUDENT ASSISTANCE PROGRAM (Policy 722.8.23.20)

A Student Assistance Program is provided to all Regional West Medical Center School of Radiologic Technology students.

Assistance in all areas of personal problems will be available through Connections EAP. In accordance with general personnel policies, whose underlying concept is a regard for the student as an individual, the hospital will provide the opportunity for students to seek assistance with personal problems. It is recognized that a student with personal problems may not be as effective in the Program and may become more effective if those personal problems are resolved.

Students may self-refer or be referred to Connections EAP when the student requests help or when problems result in unsatisfactory didactic and/or clinical performance. These problems may include, but are not limited to, the following areas:

1. Personal problems
2. Alcohol related problems
3. Drug related problems

Students will be able to receive help with problem identification and resolution.

Appropriate counseling for alcohol and/or drug abuse will be available through the Regional West. Other identified problems will be referred to appropriate resources for assistance.

The objective of this policy is to retain students who may have personal problems by helping them identify and resolve those problems before the situation requires dismissal from the program

Regional West will provide assistance in the following manner:

1. Assure that the Connections EAP services are available to students.

2. Ensure that all students are guaranteed confidentiality when requesting assistance or being referred to Connections EAP. Documentation of unsatisfactory performance will not include any notation as to diagnosis or supposition of the personal problem.

3. Documentation will include only academic/clinical performance information, action taken and referral note. Counseling sessions will be kept confidential and will not become part of the student permanent record.

Contact information for Connections EAP is as follows:
1-800-779-6125
http://www.connectionseap.com/

OBLIGATION TO ORGANIZATIONAL CODE OF ETHICS (Policy 722.8.24.02)

Regional West Medical Center has established an organizational code of ethics in recognition of our ethical responsibility to patients, families, staff, physicians, and the community we serve. Reflective of our mission and values, this code provides the ethical foundation for policies, procedures and activities within the organization.

It is the expectation of Regional West that students will know and incorporate this Code of Ethics into their everyday performance.

VALUE - RESPECT FOR ALL PERSONS

A. We will treat each individual with the basic dignity and respect due all human beings.
B. We will ensure that care, treatment and services are not negatively affected when a staff member requests to be excused from participating in an aspect of the care, treatment and services.
C. We will provide the highest possible quality, safe and effective care, treatment and services to all persons without discrimination and regardless of their ability to pay.
D. We will respect and value divergent cultures, spiritual and personal values, beliefs and preferences, and make every reasonable effort to accommodate their expression in our facility.

VALUE - GENUINE, EMPATHIC CARE

A. We will seek to understand and value the unique experiences and perspectives of each person we serve.
B. We will provide ongoing care and treatment, plan for other service(s), and discharge as needed congruent with the patient and/or family to meet their needs, goals and desires and to avoid provision of service(s) which is/are unnecessary, ineffective, or unwanted.
C. We will treat our customers as we would want to be treated.

VALUE - INTEGRITY IN RELATIONSHIPS

A. We will fairly and accurately represent our capabilities and ourselves in our marketing endeavors. The marketing materials accurately represent the hospital and address the care, treatment and services that the hospital can provide, directly or by contractual arrangement. When necessary, legal counsel will be consulted for verification of appropriateness and accuracy.
B. We will maintain strict confidentiality regarding all patient information and related issues. Sharing of information among care providers will be done solely in the patient's best interest and never in a manner that may harm or embarrass.
C. We will seek to resolve any conflict fairly and objectively and will provide adequate mechanisms for customers to resolve conflicts with us.

VALUE – COMPETENCY

A. Our staff and physicians will maintain the highest essential qualifications and credentials for their respective professions.
B. We will bill fairly and accurately for those services rendered. If requested, we will provide our customers with an itemized bill including dates of service. If our customer has a question

about a charge, we will make every attempt to review the issue quickly and resolve the conflict or discuss the question without real or perceived harassment.

C. We will seek to avoid any conflict of interest in our business endeavors within the organization, or between the organization and the community; especially conflicts which may impede patient care. Furthermore, we will provide mechanisms by which to address conflicts of interest, which inadvertently arise.

OBLIGATION TO ORGANIZATIONAL CODE OF CONDUCT (Policy 722.8.24.04)

Hospitals are subject to hundreds of regulatory and legal requirements that control every part of their operation. These facilities are under increased scrutiny to assure legal compliance of rules and regulations that included billing the patient.

Because it is next to impossible to know all of the regulatory and legal requirements that affect health care, it is important to maintain a program that regularly familiarizes employees and students with the regulatory and legal requirements. A compliance program is an organized, regular program of learning about and obeying the regulatory and legal requirements that affect our work. Regional West Medical Center's compliance program is overseen by a compliance officer and a compliance committee.

The code of conduct requires you to report suspected violations of the regulatory and legal requirements, policies or procedures that you witness. You should report incidents that you witness or have knowledge of that violate hospital policy or state or federal law.

Everyone, including the members of the Board of Directors, the medical staff, all employees, students and volunteers are required to be involved in the program. All employees and students must follow the Code of Conduct. The code basically requires you to;

- obey the regulatory and legal requirements at all times
- attend training as asked by your instructors
- follow standards and procedures explained in training
- report suspected violations and misconduct
- ask questions when you are unsure about how to carry out responsibilities

CODE OF CONDUCT

BECOME AND REMAIN EDUCATED AND INFORMED REGARDING LEGAL ASPECTS OF RESPONSIBILITIES

Each student is expected to be sufficiently knowledgeable about the legal aspects of his or her responsibilities and activities to be able to avoid inadvertent violation of statutes and regulations. At minimum, this expectation requires the individual to attend orientation, training and educational opportunities offered by Regional West Health Services.

Finally, each student is expected to notify his or her supervisor whenever he or she has a question or has identified a need for additional information or education in regard to compliance matters.

REPORT CONDUCT SUSPECTED TO BE ILLEGAL

Each student is expected to report conduct that is known or suspected to be illegal or a violation of Regional West Health Services policy. Persons making reports are encouraged to reveal their identity for the purpose of follow-up, but anonymous reports are acceptable. The identity of reporting individuals and the content of reports shall be treated as confidential information and shall be disclosed only to persons within Regional West Health Services charged with investigative and enforcement responsibilities, to others with a legitimate need to know or to governmental agents during investigations upon a showing of proper authority.

Reporting under this policy is for potential violation of laws, regulations or compliance policies and plans, and is not for personal grievances regarding compensation, benefits or working conditions; personal grievances should be submitted pursuant to existing employee grievance procedures.

The reports may be made by calling the Regional West Corporate Compliance Hotline, or by writing or talking to your supervisor or the Compliance officer. **Hotline Phone Number 308-630-1025**

Regional West Compliance Officer: Paul Hofmeister

The report may be made anonymously, although your name is preferred since this will make an investigation more successful. All reports to the hotline are logged and investigated.

COMPLY WITH THE LAW AND AVOID ENGAGING IN ILLEGAL OR POTENTIALLY ILLEGAL CONDUCT

Each student is expected to comply with applicable laws related to their job responsibilities, and refrain from knowingly participating in illegal activities or failing to meet affirmative legal duties. An important step in meeting this duty is being sufficiently informed about the law affecting the individual's responsibilities to be able to identify potential legal issues and seek guidance as required.

False claims constitute one example of illegal conduct that Regional West Health Services, through this Compliance Program and otherwise, seeks to prevent from occurring.

ADHERE TO THE COMPLIANCE PLANS

Each student is expected to read and be familiar with the content of any Compliance Plan applicable to the responsibilities of such individual or entity. These will be distributed to appropriate individuals. It is further the responsibility of each employee, contractor and agent to seek consultation and assistance whenever the requirements of the Compliance Plan are unclear to the individual.

CARRY OUT DUTIES IN AN ETHICAL MANNER

Each student is expected to carry our his or her duties in furtherance of the commitment of Regional West Health Services to conduct itself, through the actions of its employees, contractors and agents, in an ethical manner reflecting its mission and purpose and not merely to avoid violations of law.

Although the primary purpose of the Compliance Program and this Code of Conduct is to avoid and prevent violation of regulatory and legal requirements and regulations, in undertaking a Compliance Program, the Board of Directors recognizes that avoidance and prevention or illegal acts and omissions is not the only goal.

RADIOGRAPHY PROGRAM CODE OF ETHICS (Policy 722.8.24.08)

Students must become aware of the ethical responsibilities in the profession of radiologic technology.

A universal guide to ethical behavior for radiologic technologists is the ASRT/ARRT Code of Ethics which follows:

Preamble

Ethical professional conduct is expected of every member of the American Society of Radiologic Technologists and every individual registered by the American Registry of Radiologic Technologists. As a guide, the ASRT and the ARRT have issued a code of ethics for their members and registrants. By following the principles embodied in this code, radiologic technologists will protect the integrity of the profession and enhance the delivery of patient care.

Adherence to the code of ethics is only one component of each radiologic technologist's obligation to advance the values and standards of their profession. Technologists also should take advantage of activities that provide opportunities for personal growth while enhancing their competence as caregivers. These activities may include participating in research projects, volunteering in the community, sharing knowledge with colleagues through professional meetings and conferences, serving as an advocate for the profession on legislative issues and participating in other professional development activities.

By exhibiting high standards of ethics and pursuing professional development opportunities, radiologic technologists will demonstrate their commitment to quality patient care.

Code of Ethics

- The radiologic technologist conducts himself, or herself, in a professional manner, responds to patient needs and supports colleagues and associates in providing quality patient care.

- The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.

- The radiologic technologist delivers patient care and service unrestricted by concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of sex, race, creed, religion or socio-economic status.

- The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purpose for which they were designed and employs procedures and techniques appropriately.

- The radiologic technologist assesses situations; exercises care, discretion and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.

- The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.

- The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice and demonstrates expertise in minimizing radiation exposure to the patient, self and other members of the health care team.

- The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.

- The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy and reveals confidential information only as required by law or to protect the welfare of the individual or the community.

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- The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues and investigating new aspects of professional practice

ATTENDANCE (Policy 722.8.24.10)

The student shall attend classes for the Radiography Program as indicated on class schedules. The student is required to notify Program officials of the inability to attend any class. Tardiness and early departure are also regulated

The start date for beginning of classes at Regional West Medical Center School of Radiologic Technology shall be in August, with the actual date to be determined by the Educational Advisory Committee.

Graduation from the Program will be two years after the beginning of the Program in August with the actual date to be determined by the Educational Advisory Committee.

ATTENDANCE PROCEDURE

A student shall clock in using Program software for all of the following: clinical experiences, didactic classes, mandatory Program meetings, or as designated by the Program Director.

A student should clock in using software at the scheduled time or slightly before scheduled time. If the student has difficulty clocking in on the computer system at the clinical educational setting or in the classroom, the student is responsible for notifying a Program Official to prevent being charged with an unexcused tardy.

Arrival and departure times will be determined by the time identified on the time card software. Students shall not clock in or out for other students or employees.

Students shall not use personal wireless devices to clock in or out unless directed to do so by a program official.

A copy of the student's attendance will be maintained for a permanent record.

Each student will take a one-hour lunch break for clinical or didactic assignments. During clinical assignments in Scottsbluff, the student is scheduled for a nine-hour day with one hour for lunch. When on clinical assignment in Alliance, Torrington, or Bridgeport an eight-hour day (to allow for driving time) is required with one hour lunch.

NOTIFICATION OF TARDY

Excused tardiness is allowed, but the student must discuss the tardiness with a Program Official, who will determine whether the tardy will be excused. An excused tardy will be indicated on the program software by Program Officials.

If a student finds it necessary to be late he or she is required to notify at the earliest possible time both a Program Official and the assigned clinical educational setting for the day. Leaving a message on answering machine, an e-mail or a text message is considered acceptable notification for the clinical educational setting. Phone numbers for clinical educational settings are given at the end of this policy. Consideration may be given to extenuating circumstances that prevent a student from giving timely notice.

The Student Time Off Request Form must be completed and emailed to a Program official for a tardy to be excused.

NOTIFICATION OF ABSENCE

If a student finds it necessary to be absent he or she is required to notify in advance or at the earliest possible time both a Program Official and the assigned clinical educational setting for that day. Leaving a message on answering machine, an e-mail or a text message is considered acceptable notification. Phone numbers for clinical educational settings are given at the end of this policy.

The Student Time Off Request Form must be completed and emailed to a Program official for any absence.

Consideration may be given to extenuating circumstances that prevent a student from giving timely notice. As a courtesy to the Program and other students, when a student is unable to attend a make-up day scheduled by the student, he or she should notify the Program officials of the absence at earliest convenience. So another student could use that day or is this just talking about the morning of!

MAINTAINING CONTACT

Students are to maintain contact with the Program Director or designee, for any period of absence beyond one day, except in cases where the student has provided medical documentation covering a specified period or the student has taken vacation days. Frequency of contact between a student and the Program Director or designee during extended absences is to be agreed upon by the student and the Program Director or designee or as specified by the medical certification covering a specified period.

ABSENCE WITHOUT NOTICE (No Call / No Show)
Upon three (3) consecutive scheduled days' absence without notice, a student is presumed to have voluntarily quit the Program, and will be terminated from the Program. Any single absence without notice may be subject to the Corrective Action Policy for failure to follow policy. Program officials may consider, at their discretion, extenuating circumstances surrounding a no call/no show absence.

VARIATIONS IN ATTENDANCE
In some instances the physical condition of a student may prevent attendance in clinical assignments but is still capable of reporting to didactic class. The student must provide to the Program Director written documentation from a licensed independent practitioner (LIP) to be excused from the clinical assignment. A written release from a LIP is necessary for the student to return to clinical attendance. The student must make up the lost clinical time prior to graduation. The student is expected to continue to attend the scheduled didactic classes as specified by policy or instructor while restricted from clinical education.

In some situations the student may be restricted in the amount of participation in the Clinical Educational Setting due to an injury. The student must provide written documentation from a LIP as to the level of restriction. A written release from a LIP is necessary to return from restrictions for the student in the clinical environment.

The Program Director may determine that due to level of LIP restriction, that the student compromises patient care and may restrict the student from clinical assignment until released by the LIP.

Excessive Absences
The Program Director will initiate a coaching session per the Corrective Action Policy with the student if the student exceeds the allowed number of absences in a school year.

The Program Director will initiate a coaching session per the Corrective Action Policy for an episode of a student failing to notify the Program Director or a Clinical Instructor of a change in the assigned area.

The purpose of the coaching session is to make the student aware that he or she has been absent frequently enough to draw attention to the variation or not keeping Program Officials informed of variation in the schedule and to be certain that the student understands this policy and the possible consequences of violation.

The coaching session will be documented in the student's permanent file and this documentation will reflect if appropriate that the student has been informed of available Student Assistance Program services and their phone number.

Habitual offenders (those who have an established pattern of absence occurrences) may also trigger initiation of the Corrective Action Policy.

Prescheduled times away from class using vacation days, bereavement, jury duty, etc. are not considered occurrences for the purpose of this policy.

Excessive Tardiness
The Program Director will initiate a coaching session with the student for having episodes of three (3) unexcused tardiness of within a month (1) month period.

The purpose of the coaching session is to make the student aware that he or she has been tardy frequently enough to draw attention for this variation and to be certain that the student understands this policy and the possible consequences of violation. The coaching session will be documented in the student's permanent file.

Overtime
A student shall not be required to be present in the clinical area beyond his or her scheduled shift. Occasions may arise where the student may voluntarily remain after scheduled hours. For example a student may volunteer to stay late to assist a technologist with a large influx of patients in the department or to observe an interesting case.

Any time that is in addition to the student's regularly scheduled hours, shall only be voluntary on the part of the student. A student who has didactic or clinical education beyond the regularly scheduled hours shall inform the Program Director. The Program Director shall then schedule the student to take time off to assure that the forty-hour week is not exceeded.

Students shall not abuse this privilege by remaining unnecessarily after hours. To assure the overtime hours are valid, the supervisory technologist for the shift must contact a Program Official by either phone, text message, or e-mail. Any overtime above 40 hours as a result of the attendance of meetings shall be compensated as time off during that same week if possible.

Overtime may not be accumulated by the student. Students are responsible for communicating with Program Officials about overtime obtained during any week. Utilization of overtime time by the student for time off must be approved by the Program Director.

If overtime hours are found at week's end because the student failed to report these hours, the hours will be subtracted from the time that the student left early during the week. If overtime still exists, then the student will be scheduled for appropriate amount of time off in the next week for compensation.

Early Departure
The Program Director will initiate a coaching session with the student for having three (3) episodes of early departure within a (1) month period. Failure to clock out is deemed an Early Departure.

The purpose of the coaching session is to make the student aware that he or she has been leaving early frequently enough to draw attention to this variation and to be certain that the student understands this policy and the possible consequences of violation.
The coaching session will be documented in the student's permanent file.

REVIEW OF RECORDS
Attendance, tardiness, and early releases records will be reviewed periodically by the Program Officials and students during the student's self-evaluation. Students may also review their attendance, tardy and early release records on the Program's software and request any correction of errors, if necessary.

CONTACT PHONE NUMBERS

If you cannot leave a message at a clinical educational setting please let a Program official know that contact with the clinical site was not made.

Instructors:

Name	Office Number	Cell Number
Stephanie Cannon, Program Director	(308)630-1153	(308)765-5009
Randy Prouty, Chief Clinical Instructor	(308)630-1142	(308)225-1497

Clinical Education Settings:

Location	Phone Number	
Regional West Medical Center – Imaging Services		
Randy Prouty - Hospital Cell	(308)225-1497	Voicemail
Diagnostic	(308)630-1142	
Computed Tomography (CT)	(308)630-1152	Voicemail
Interventional	(308)630-1351	Voicemail
Mammography	(308)630-2253	Voicemail
Nuclear Medicine	(308)630-1606	Voicemail
Magnetic Resonance Imaging (MRI)	(308)630-2550	Voicemail
Cardiac Cath Lab	(308)630-2223	Voicemail
Radiation Therapy	(308)630-1748	Voicemail
Ultrasound	(308)630-1748	Voicemail
RWPC - Orthopedics	(308)630-3780	Call after 8am
RWPC - Family Practice/Internal Medicine	(308)630-2125	voicemail
Box Butte General Hospital - Alliance, NE	(308)762-6660	Hospital switchboard
Community Hospital - Torrington, WY	(307)532-4181	Hospital switchboard
Morrill County Community Hospital - Bridgeport, NE	(308)262-1616	Hospital switchboard

STUDENT IDENTIFICATION / APPEARANCE (Policy 722.8.24.15)

The sponsoring institution's commitment to Service Excellence is also demonstrated through the professional appearance and attitude of Regional West Medical Center School of Radiologic Technology students and staff in the didactic and clinical environments. Students should be particularly sensitive to what patients and/or visitors believe to be appropriate attire and grooming

Professional appearance is expressed through the selection of clothing, shoes and accessories as well as the personal cleanliness and grooming of students in the Program. All work attire must be clean, pressed and in good repair. Torn, ripped, frayed, tight, sheer or revealing apparel is inappropriate in any Program related situation. A student who fails to follow this policy may be subject to Corrective Action.

IDENTIFICATION BADGES

Student Identification badges must be worn at all times while in the didactic or clinical environment. Badges must be worn above the waist so that it is easily visible with wearer's image facing forward for easy viewing by other individuals. Personal pins and/or decorations must be worn in the top portion of the badge holder only to prevent damage to the badge. The Program Director, with administrative approval, will determine any exceptions. A student's Identification badges must be taken home with the student at the end of this or her shift. Student Identification Badges are required to gain entrance to any Regional West Health Service property during a disaster or emergency situation.

Off-Campus clinical education settings may have addition identification requirements. Students are expected to follow these requirements.

DRESS CODE / APPEARANCE

CLOTHING

Permissible clothing in clinical and didactic environments are:

- **Scrubs of solid black color** provided at the student's expense and laundered by the student. Undershirts of any color are permitted. No visible print is permitted.
- Solid Black scrub jackets are permitted.
- Department provided scrubs when assigned in specific areas (i.e., portables, surgery, interventional)

A student will receive a set of Program patches from the Program. The student shall attach these patches on the **right sleeve of the scrub top** worn in both the classroom and clinical educational settings.

All clothing should be neat and clean. Clothing should be appropriate to represent the professional nature of radiologic technology. Clothing is to be modest and should not be inappropriately revealing, form fitting, or expose the midriff (front and back of body). Pant legs must be short enough so that the cloth does not touch the floor.

Regional West Department Provided Scrubs in Restricted Areas:
In work areas where the recommended practice is for staff to change from street clothes to special sanitary or aseptic clothing, Regional West will provide the clothing.

Scrub clothes will be hospital provided in the following clinical areas:

- Anesthesia
- Operating Room
- Outpatient Surgery
- Post Anesthesia Care Unit
- Central Supply
- Cardiac Cath Lab
- Interventional Radiology
- Perinatal.

Students should use Regional West Scrubs only when assigned to a clinical setting that requires aseptic clothing. (i.e., OR, Cath Lab, Interventional Radiology)

Hospital owned scrubs will not be distributed for use at outside activities or events, which are not sponsored by the hospital.

Hospital scrubs are not to be worn home or off campus.

CAPS / HATS
Caps/hats are not permitted except where required to meet standards of health or safety (i.e. surgery, Cath-Lab, and Interventional Radiology)

JEWELRY
Jewelry must be conservative and professional and not pose a safety hazard.

PIERCINGS
Earrings are the only visible body-piercing jewelry allowed. The maximum number of piercing per ear is three.

SHOES
Shoes must be clean, in good repair and practical for work responsibility and job area. No open toed shoes. Socks are required.

HAIR
Hair, including facial hair, must be neat, clean, dry, and of a naturally occurring hair color. Hair must be restrained if it poses a safety hazard or infection control issue.

NAILS
Fingernails must be clean, well-kept and in no way limit work duties. Nail polish must be kept in good repair. Employees providing direct patient care may not wear artificial nails, nail attachments, extenders, nail rings or studs on or attached to nails, and must keep natural nails clean and no longer than the fingertip. This is based on the Center for Disease Control recommendation.

TATTOOS
Tattoos that are excessive or have an inappropriate nature must be covered.

PERFUMES, COLOGNES, AND/OR SCENTS

Perfumes, colognes, and/or scents must not be offensive or disruptive to patients, visitors, co-workers or peers.

ACADEMIC STANDARDS (Policy 722.8.24.20)

Students enrolled in the Program are expected to make satisfactory academic progress toward completion of the Program requirements.

The Program sets academic standards for governing satisfactory academic progress. Failure to maintain such standards may result in academic probation or dismissal from the Program.

ACADEMIC INTEGRITY AND PROFESSIONAL CONDUCT

Freedom to learn depends upon appropriate opportunities and conditions in the classroom, laboratory, on campus and in clinical settings. Faculty, staff, students and visitors respect the conditions conducive to such freedom by conducting themselves in a responsible manner, abiding by the policies and procedures of Regional West Medical Center. Accordingly, the Program has developed general guidelines pertaining to academic integrity and personal conduct which provide and safeguard the rights of individuals to exercise fully their freedom to pursue academic goals without undue interference from others.

MINIMUM STANDARDS OF ACADEMIC INTEGRITY

In order to assure an understanding between students, faculty, and staff concerning what types of activity constitute violations of academic integrity, several definitions and examples are provided below. These examples are not intended to be all inclusive and the actions not listed here may also be considered violations. A violation of the standards of academic integrity is viewed as a very serious matter for the Program. Such a violation will, in most cases, lead to corrective action. Students who wish to appeal charges of violations of academic integrity and/or proposed disciplinary action may do so under the provisions of the Corrective Action Policy.

Instructors will also impose standards of conduct, which may be more rigorous than the minimum standards cited here. Students are obligated to follow these guidelines and to ask instructors for guidance in special circumstances.

CHEATING

A general definition of cheating is the use or attempted use of unauthorized materials or information for an academic exercise. Examples of cheating include:

1. Using unauthorized materials such as books, notes, calculators or other aids during an examination or other academic exercise;
2. Receiving unauthorized assistance from another person during an exam or exercise such as copying answers, receiving answer signals, conversation or having another person take an exam for you;
3. Providing assistance to another person during an exam or exercise, such as allowing answers to be copied, signaling answers, or taking an exam for someone else including text messaging via cell phones or any other electronic device;
4. Obtaining answers and/or other information without authorization from someone who has previously taken an examination;
5. Including all or a portion of previous work of another's assignment without authorization.

ACADEMIC MISCONDUCT

Academic misconduct is defined as the falsification of official documents and /or obtaining records, examinations, or documents without authorization. Several examples of academic misconduct are:

1. The unauthorized acquisition of all or part of an un-administered test;
2. Selling or otherwise distributing all or a part of an un-administered test;
3. Changing answer or grade on examination without authorization;
4. Falsification of information on an official program document such as a grade report, a transcript, an instructors grade book or an evaluation file or being an accessory to an act of such falsification;
5. Forging the signature of an authorizing official on documents such as letters of permission, petitions, transcripts, and /or other official documents;
6. Unauthorized entry into a building, office, file or computer data base to view, alter or acquire documents.
7. Providing previously an administered test to another student.

FABRICATION

Fabrication can be defined as the forgery or falsification of information for an academic exercise. Some examples of fabrication are:

1. Indicating a laboratory experiment has been repeated numerous times or done in a controlled environment when it has not, thus leading to an invented or uncorroborated conclusion;
2. Altering an original source document, misquoting or misrepresenting a source to support a point of view or hypotheses;
3. Changing and resubmitting academic work returned by an instructor, such as an examination, research paper or other types of assignments without first notifying the instructor

PLAGIARISM

Plagiarism is defined as the stealing and passing off as one's own words or ideas, the ideas of another without including and appropriate citation.

STANDARDS OF BEHAVIOR (Policy 722.8.24.25)

Students in the Radiography Program have responsibility for their behavior while in the classroom and clinical environment. Didactic and clinical instructors will periodically evaluate students' classroom and clinical behavior.

The standards of behavior for a student radiographer are:

I will demonstrate concerns for human dignity for my fellow classmates and the instructors by:

Treating classmates and instructors as I would like to be treated
Honoring each other's differences as individuals
Exercising teamwork
Refraining from swearing or using rude gestures
Respect for others during testing by minimizing talking other disruptive actions
Turning in course work on time

I will show empathy for others by:
Making eye contact when communicating with others
Speaking clearly
Being courteous in verbal, non-verbal and written communication
Answering and transferring telephone calls in a professional manner
Keeping the classroom areas tidy
Minimal tardiness at beginning of the day and after lunch
Not sleeping during class

I will demonstrate honesty, trust and confidentiality in dealing with others by:
Protecting the privacy and confidentiality of others
Listen to others questions, concerns and thoughts without interrupting.
Making no excuses and blaming no other person
Projecting a positive attitude

I will be qualified to meet or exceed customer needs by:
Following hospital, department, and Program policies and procedures
Being creative and cost effective in the use or resources
Logging off computers, turning out lights, closing doors at the end of the day
Refraining from damaging hospital, department, or Program equipment
Being committed to learning
Using critical thinking and problem solving skills
Participating in classroom activities including answering and asking questions
Refraining from cheating, fabrication, plagiarism, and falsifying records

CLASSROOM EXPECTATIONS
While students are in the classroom, students are expected to be benefit from the educational experience. Therefore to promote learning, student shall follow the follow expectations:

- Students are not allowed to play electronic games at any time during class.

- Students must limit cell phone usage and text messaging to break time or over lunch hour. Personal cell phones must be located in the student's locker except during lunch hour or breaks. Exceptions are at the discretion of the instructor.

- Students may not listen to I-Pods or other electronic devices while taking exams.

- Snacks and drinks are allowed in the classroom during class but must be limited to the following: snacks that may be eaten without silverware ("finger foods", granola bars, etc.); drinks should be in containers that would be unlikely to spill. (Exceptions may be made for school-sponsored activities.) No drinks may be taken into the computer room.

- Breakfast and lunch must be eaten before coming to class.

- Students must utilize lockers for storage of books, papers, coats and other personal items.

- At the end of each day, all student belongings must be stored in lockers or taken home by the student rather than leaving this material in the classrooms or clinical areas.

- Books or other educational materials belonging to the School and used by the student during the day must be returned to the appropriate storage area at the end of the day.

- Papers, posters, etc. may not be taped or affixed to walls or other surfaces with pins or tacks. Mounting strips may be used for short-term display. Bulletin boards should be used whenever feasible.

- Students must log off of computers in the School before leaving the computer.

- Corrective action may be implemented for a student's failure to comply with these expectations.

EXPECTATIONS OF STUDENTS IN THE CLINICAL EDUCATION SETTING

While in the clinical education settings, students are expected to benefit from the experience. Clinical education provides student opportunities to develop and hone necessary skills of a technologist. Students, while in the clinical setting, should begin developing a work ethic in preparation for employment after graduation. Therefore, the following requirements are identified:

- Students are not allowed to play electronic games at any time during clinical attendance.

- The student must not enter the clinical educational setting with the routine expectation to eat breakfast.

- Students must limit cell phone usage to break times or over lunch hour. Students may not access cell phones at any time when caring for patients.

- Students should participate in exams as opposed to other activities.

- Students are expected to participate in activities accomplished by the technologists at the clinical setting, including transporting patients, processing images, pulling previous images, cleaning rooms and other associated activities. Students should do these activities with the technologist. If students are assigned these activities without technologist participation or rather than doing patient exams, the student should inform the Program Director.

- Students should observe and participate in advanced imaging examinations when there are no diagnostic exams to be performed.

- Students should review positioning and technique selection with technologists.

- Students should plan for and do homework only when other clinical activities are not occurring.

Students who fail to comply with these requirements will be subject to corrective action.

EXPECTATONS FOR ATTENDANCE AT NSRT ANNUAL CONFERENCE

1. The Program will provide for the cost of registration, motel (for the days of the conference) and a meal allowance for meals not included with the conference activities. Students do not need to turn in meal receipts. All other expenses are the responsibility of the students.

2. Students are expected to attend a lecture for each of the time slots offered during the conference. The NSRT will provide an attendance form for lectures. After each lecture the student must assure an NSRT verifier signs the attendance form for the just completed lecture. The student shall turn in the form to the Program Director at the conclusion of the conference. Students, who fail to demonstrate attendance at a lecture for each one of the time slots, will be required to complete one written journal reading for each lecture where attendance is not documented.

3. Students are expected to set up and take down their own projects following the time interval specified by NSRT officials.

4. Students are expected to be in attendance for the entire student bowl competition. The students' presence indicates support for fellow students and demonstrates an inquisitive mind in pursuit of more knowledge.

5. Students need to checkout on Saturday by the time required by the motel.

6. Students are expected to be ambassadors of Regional West Medical Center and the Radiography Program. Therefore, students should be professional in their attire, actions and speech.

TECHNICAL STANDARDS (Policy 722.8.24.26)

In order to participate in this Program and to be an effective radiographer, students must be able to meet specific technical standards.

These technical standards include certain communication, physical, sensory, mental and behavioral requirements to ensure the safe performance of radiologic procedures.

Sensory Requirements - Perception of the patient and surrounding environment is necessary to perform competent health assessments and interventions, and equipment operation necessitating the functional use of vision, hearing, tactile and olfactory senses. Examples of these requirements include but not limited to, are:

- Sufficient vision and hearing to monitor condition of the patient during the radiographic procedure; ability to distinguish typical from non-typical sounds created by the radiographic equipment in operation

- Vision sufficient to allow accommodation between brightly lit and dimly lit environments

- Sufficient vision to discriminate between gray-scale tones and image brightness associated with the radiographic image and video display monitors

- Sufficient sight to read printed and computer text, observe the patient's condition from a distance, and manipulate equipment and accessories

- Ability to detect changes in environmental odors and temperatures

Communication Requirements - The applicant must have the ability to use multiple communication techniques (verbal, written, nonverbal, group processes, and information technology) that enable effective communication with others. Examples of these requirements include but not limited to, are:

- Speech sufficient to be understood by others; ability to understand the communication of others; understand and assess non-verbal communications

- Communicate proficiently in the English language (read, write, and speak) in order to relate with patients, patient's families and staff

- Must be able to report to members of the health care team by accurately collecting and documenting appropriate information

- Able to communicate with sensitivity as well as teach, explain, direct and counsel patients

Psychomotor Requirements – The applicant must possess gross and fine motor functions necessary to perform patient assessment and diagnostic interventions. Such interventions require coordination of both the gross and fine muscular movements, stamina and equilibrium. Examples of these requirements include but not limited to, are:

- Ability to maintain physical demands that require a full range of body motion including walking, raising arms above head and hand-eye coordination; sufficient gross and fine motor skills necessary to perform patient care and equipment adjustment

- The ability to stand and walk for prolonged periods of time, up to 8 hours per day

- Possess sufficient muscle strength, low back and knee stability to lift and carry grids, cassettes, positioning devices; wear lead aprons and other shielding devices needed in performing a radiographic procedure

- Ability to transport , move, lift or transfer patients from wheelchair or gurney to an x-ray table or to a patient bed

- Ability to hold and use a writing instrument and operate a computer keyboard for recording patient history or pertinent information

- Ability to move, adjust, and manipulate a variety of x-ray equipment (including the physical transportation of mobile x-ray machines) in order to arrange and align the equipment with respect to the patient and the image receptor according to established procedures and standards of speed and accuracy

- Ability to physically place patients in proper positions for the examination according to established procedures and standards for speed and accuracy

Intellectual-Conceptual, Integrative and Qualitative Abilities – The applicant must have sufficient psychological stability and knowledge of techniques/resources to be able to respond appropriately and efficiently in emergent situations in order to minimize dangerous consequences either patient related, staff related , or environment related. Examples of these requirements include but not limited to, are:

- Ability to calculate and select proper technical exposure factors according to the individual needs of the patient and the requirements of the procedure's standard for speed and accuracy and to ensure care and safety to the patient

- Ability to measure, calculate, reason, analyze, evaluate, synthesize, use problem solving and critical thinking skills to find practical solutions for didactically and clinically acquired information and observations

- Ability to comprehend three-dimensional structures and understand the spatial relationships of these structures

- Ability to understand complex problems and to collaborate and explore alternative solutions

Behavioral and Social Attributes – The applicant must possess the emotional health required for full use of one's intellectual abilities, demonstration of good judgment, prompt and sage completion of all responsibilities and development of mature and effective relationships with patients. Examples of these requirements include but not limited to, are:

- Exhibit social skills necessary to interact effectively with those of the same or a different culture with respect, politeness, and discretion

- Possesses the emotional health required for full utilization of intellectual abilities and support of the patient during radiographic procedures

- Able to tolerate physical and mental workloads, function effectively under stress, adapt to changing environments and conditions, displays flexibility and function in the face of uncertainties inherent in the clinical setting and with patients

- Possess moral reasoning and ethical behavior appropriate for a health care professional

The applicant will need to be able to perform each of these tasks with or without accommodation. However, the applicant must be able to perform in a reasonably independent manner with or without accommodations. The applicant must sign off on the application form, confirming that the applicant is capable of meeting the technical standards listed or that the applicant needs an accommodation. If an accommodation is necessary because of a disability, it is the applicant's responsibility to provide documentation and to request accommodation.

The Program will endeavor to satisfy requests for reasonable accommodations however, the Program cannot guarantee an accommodation. The Program Director will consult with hospital administration to determine whether the medical center can meet the applicant's need.

Determination of a reasonable accommodation will be considered on an individual basis and is an interactive collaboration with the Regional West, the applicant, the Educational Advisory

Committee, and the Program Director when indicated. Students with disabilities will adhere to the same admission, progression, dismissal and readmission policies as all students.

ILLNESS/HOLIDAYS/VACATIONS (Policy 722.8.24.30)

Students in the Radiography Program are allowed days off for breaks, holidays vacations, and illnesses.

All students must attend all didactic classes and clinical assignments unless previous arrangements have been made with the instructor, clinical instructor, or Program Director.

Prior arrangements are made using the Student Time Off Request Form. This form needs to be completed and emailed to a Program Official for approval.

Failure to arrange for an absence will be declared an unexcused absence possibly resulting in a failing grade, probation, suspension and/or dismissal from Program. Chronic offenders of above policy will be dismissed from Program.

The following are the days that may be taken off for students in the Program:

- Fifteen days are allowed for illness or vacation for each year. Six half days are allowed per year as part of those fifteen days.
- Two school breaks with another break possible for incoming second year students.
- Six Holidays

Illness:
A student is required to inform both the Program Director (630-1155) and the assigned clinical education setting for the day when illness or emergencies arise which will prevent attendance for the day whether clinical or didactic. Students must inform the Program Director or a supervisor of their illness or emergency as early as possible. Failure to do so will result in an unexcused absence with appropriate corrective action. The student must complete the Student Request for Time Off Form and submit electronically in order for the absence to be deemed excused.

Illnesses, which extend beyond three days requires a written statement from the attending Licensed Independent Practitioner (LIP) for the student to be able to resume classes.

A student is to maintain contact with the Program Director or his/her designee on a daily basis as long as symptoms remain. If seen by a LIP who has determined the student must be off class and/or clinical for a determined length of time, a statement from that LIP taking him/her out of class and/or clinical must be provided to the Program Director or designee. At the time that student is ready to return to class and/or clinical, he/she must provide a written release from a LIP.

When a student is found to have an infectious/communicable disease or physical condition precluding the safe performance of assigned duties and responsibilities, he or she will be immediately removed from class and/or clinical assignment.

A student who is ill with a communicable disease will not be allowed to attend clinically assigned areas until a written notification from the LIP is received. A student who comes to assigned clinical areas and is ill may be sent home at the determination of the Program Director, Medical Advisor or supervisor.

Vacation:
Vacation days must be requested in writing using the Student Request for Time Off Form and submitted to the Program Director for approval. Vacation requests for three sequential days or longer must be submitted to the Program Director in writing two weeks prior to the desired date. **The Student Request for Time Off form must be used in order for the time off to be deemed excused.**

Half days:
A student may take up to 6 half days (three full days) of the allowed fifteen days per year for illness or vacation. After the use of these six half days, the student must take off the entire day when calling ill or taking a vacation day. Exceptions will be made for a LIP order. For other circumstances, the student may make a request of the Educational Advisory Committee to consider a variance.

A student taking days off is responsible for contacting instructors and making up the class material missed.

A student requesting time off for vacation can cancel that request with no penalty. The request to cancel the vacation must be emailed to a Program Official.

This policy is not applicable for bereavement leave unless the student takes more time off than identified in the policy on leaves.

School Breaks:
Two school breaks are scheduled for students. Winter Break is the week between Christmas Eve and New Year's Day. Spring Break is the week following NSRT Annual Conference, the date of which varies, but usually is in early spring. These breaks are not part of the identified holidays, vacation or illness days.

One other break is available to incoming second year students the week after graduation each year. This break is contingent upon the completion of clinical course requirements as listed in the clinical education contract for a letter grade of an "A", and all didactic course assignments by August 1st. Students failing to meet the specific requirements will have scheduled clinical days during that week.

Holidays:
The Program's six holidays are:

New Year's Day	Memorial Day
Independence Day	Labor Day
Thanksgiving Day	Christmas Day

Note: Easter Sunday is not one of these six holidays. If a student wants this day off, then the student should not schedule himself or herself for this Sunday shift.

A student should not purposely schedule himself or herself for more vacation days than the allowed days left after previously used illness or vacation days.

A first year student exceeding the allowable amount of time off for the first year will have that time deducted from the fifteen days allowed of vacation or sick days in the second year.

A second year student exceeding the allowable amount of time off will make up the time at the end of the school term prior to receiving his or her signed certificate. If make-up is necessary in order for the student to receive his/her certificate, this will be straight time (one day in the clinical environment for each day to be made up). Any sick days taken in excess of the allowable days must be made up at the end of the school term.

A student may voluntarily make up time when exceeding the allowable vacation and/or illness time. The student should notify the Program Director or clinical instructor the date when time is to be made up. The student must e-mail or call the Program Director, or his designee, on the day of the makeup time. Makeup time will be allowed only in four hour or eight hour blocks. The student must notify the Program Director to make up time prior to that day. Students may not schedule themselves for makeup time during the above listed holidays.

LEAVE OF ABSENCE (Policy 722.8.24.35)

In special circumstances a student may request a leave from didactic and clinical classes.

Bereavement Leave:
Students will be granted up to three days leave upon the death of a member of the student's immediate family. Students will not be required to use allotted vacation days to take this leave. This leave will be granted within a seven day bereavement period of three days before and three days after the funeral, or as agreed upon by student and Program Director.

The student's immediate family shall be defined as: spouse, the student's or the student's spouse's children, step-children, adopted children, mother, mother-in-law, father, father-in-law, step-parents, brother, sister, brother-in-law, sister-in-law, step-siblings, grandparents, and grandchildren.

Students must complete the Student Request for Time Off Form in order for absences to qualify for bereavement leave.

Medical Leave:
Medical Leave is described as a period of time where the student is absent from didactic and/or clinical classes due to a medical necessity which has been demonstrated or documented by a Licensed Independent Practitioner [LIP]. Medical Leave must be requested using the Student Request for Time Off Form.

An LIP's verification must be provided prior to returning to classes. When the verification indicates the student is able to return to class, the student is expected to return to class on the date identified by the LIP. The Program Director may allow additional time if it is determined to be reasonable and warranted.

A student who has a long term or reoccurring illness that necessitates a medical leave which extends for longer than twelve months will be terminated from the Program. If the health of the

student improves so that the student feels capable of returning to the Program, the student will need to apply for reentry into the Program as a first year student.

The student who has taken a leave will be required to extend clinical/didactic education beyond the normally required two years to make up for the missed days to meet all clinical and didactic attendance requirements prior to graduating from the Program.

Depending on the length of time the student is away from the Program because of a leave and the point of the student's progress in the Program, it may be necessary for the student to restart the Program or to repeat a portion of the Program when returning from the leave. The need for restarting the Program will be determined on a case by case basis by the Educational Advisory Committee.

Pregnancy Leave:
The student may take leave for the safety of the fetus if a concern is raised about possible radiation risk or upon the recommendation of the student's physician.

The Student Request for Time Off Form must be completed along with the Pregnancy Policy's Request for Leave of Absence form in order to take a pregnancy leave.

The student may return to the Program and complete the Program if a leave of absence is taken due to a pregnancy leave.

The student will be required to extend clinical/didactic education beyond the normally required two years to make up for the missed days during the leave in order to meet all clinical and didactic requirements prior to graduating from the Program.

Depending on the length of time the student is away from the Program because of a leave and the point of the student's progress in the Program, it may be necessary for a student to restart the Program or repeat a portion of the Program when returning from the leave. The need for restarting the Program will be determined on a case by case basis by the Educational Advisory Committee.

STUDENT TIME OFF REQUEST FORM

REGIONAL WEST MEDICAL CENTER
SCHOOL OF RADIOLOGIC TECHNOLOGY
STUDENT TIME OFF REQUEST FORM

STUDENT INFORMATION

NAME:_____

TODAY'S DATE: _____

NUMBER OF DAYS REQUESTED: ____

STARTING ON: _____ ENDING ON: _____

I WILL RETURN ON:

TYPE OF REQUEST

☐ VACATION

☐ SICK (Place description of illness in comments)

☐ PREGNANCY LEAVE
(Attach Pregnancy Policy's Student Request for Leave of Absence Form)

☐ MEDICAL LEAVE
(Attach documentation from healthcare provider)

TARDY (explain in comments)

☐ FUNERAL/BEREAVEMENT LEAVE

☐ OTHER (explain in comments)

COMMENTS

_____
_____
_____
_____

Complete if requesting Pregnancy Leave or Medical Leave in excess of 3 days

During my leave I may be contacted at:

Phone: _____ Alternate Phone: _____

E-mail Address: _____

Mailing Address _____

_____

STUDENT UNDERSTANDING

I have a total of ____ days of vacation / sick time remaining. After this absence, I will have _____ days. Make-up time is required for absences exceeding allowed vacation/sick time.

Student Signature:_____

APPROVAL

APPROVED: ☐ YES ☐ NO

RECORDED IN WWW.ONLINERADSCHOOL.COM ☐ YES ☐ NO

Program Official:_____

This is an electronic form. Double click to open fillable pdf. It is to be submitted electronically to program officials.

DRUG / ALCOHOL TESTING (Policy 722.8.24.40)

Regional West Medical Center School of Radiologic Technology has an effective, fair and consistent drug/alcohol testing program. Compliance with this policy will be a condition of enrollment in the Program.

Confidentiality of testing information will be maintained. A positive result will be grounds for rescinding an offer for enrollment or Corrective Action up to and including termination for students currently enrolled. Refusal to be tested will result in discharge from the Program.

The following types of drug/alcohol testing are performed at Regional West Medical Center School of Radiology Technology.

PRE-ENROLLMENT DRUG/ALCOHOL TESTING

When a conditional student has been offered enrollment in the Program, he/she will be asked to read and sign Regional West Medical Center School of Radiologic Technology Pre-Enrollment Substance Testing Consent and Release Form. A drug and/or alcohol test is a condition of enrollment. This pre-enrollment drug/alcohol testing may not be accomplished any more than thirty (30) days prior to the first day of class. Refusal to be tested or failure to pass the drug/alcohol test will result in the withdrawal of the offer for enrollment.

RANDOM DRUG/ALCOHOL TESTING

Students may be subject to random testing while enrolled in the Program.

REASONABLE CAUSE/SUSPICION DRUG/ALCOHOL TESTING

Students are subject to Reasonable Cause/Suspicion Drug/Alcohol Testing. Where circumstances warrant, reasonable cause/suspicion may also include post-accident or incident investigation.

NOTE: A student involved in an accident/incident involving Regional West Medical Center owned or leased vehicles in which he or she was the operator of the Regional West Medical Center vehicle will be subjected to Drug/Alcohol testing.

CONSEQUENCES OF POSITIVE DRUG OR ALCOHOL TEST

When Regional West Medical Center receives a verified positive test result, Regional West Medical Center may allow, as an alternative to dismissal from the Program, the student to undergo an evaluation for chemical dependency by a Substance Abuse Professional (SAP) appointed by Regional West Medical Center to conduct such evaluations. This alternative may be offered on a case-by-case basis, at the sole discretion of Regional West Medical Center.

1. The course of conduct recommended by the SAP may, in the sole discretion of Regional West Medical Center, be accepted once as an alternative to Corrective Action (not applicable to conditional students), and as condition of continuing enrollment.

2. A Substance Abuse Student Agreement will be signed and established between the student, Human Resources and the SAP for evaluation and will require that the student follows the course of action set forth by the SAP. This may include additional drug and/or alcohol testing as a condition of continued enrollment.

3. He/she will not return to the classroom or clinical setting and will remain suspended until released by the SAP with a confirmed negative return-to-class drug and/or alcohol test

result. Failure to successfully comply with the agreement with the SAP will result in termination from the Program.

4. After successful completion of the SAP advised course of conduct, the student will be allowed to return to clinical or didactic class. Prior to returning to clinical or didactic class, the student and SAP must sign a Return to Class Agreement.

5. The student will be subject to follow-up drug and/or alcohol testing as a condition of any return to the Program. The student also may be required to participate in any post treatment follow-up program recommended by the designated SAP. This follow-up program may include unannounced testing over a period of one (1) year. The student will still be subject to all the other standard provisions of the Drug / Alcohol Testing policy during this follow-up period.

6. Although no medical information will be provided to Regional West Medical Center, an appropriate signed release will be required so that the information necessary to determine the student's satisfactory completion of obligations and adherence to the recommended course of action can be monitored.

7. The student will be placed on suspension until released by the SAP. The days of suspension will be deducted from the number of days off provided to the student for the year. Should the student fail to maintain satisfactory progress or discontinue the SAP advised course of conduct, the student will be subject to termination from the Program.

DEFINITIONS

Conditional Student
A Conditional Student is defined as a student prior to background and drug/alcohol test who has completed all other requirements for a successful application and is being offered enrollment in the Program.

Student
A Student is defined as any person enrolled in Regional West Medical Center School of Radiologic Technology

Accident
An Accident shall be defined as any time a student has a school related injury that is comparable to an OSHA reportable injury or worker's compensation reportable accident, or that results in the recommendation of medical treatment beyond first aid.

Incident
An Incident shall be defined as anytime a student is involved in a reportable incident that results in harm to a patient or that results in direct adverse impact on a customer, or a situation that a designated management representative determines could have resulted in harm to a patient, customer, employee, or student.

Random Testing
Random Testing shall be defined as an unscheduled drug/alcohol test. Students subject to a random test shall be selected from a computer generated list from Regional West Medical Center Occupational Safety and Employee Health.

Reasonable Cause/Suspicion
Reasonable Cause/Suspicion may be found in the following circumstances:

1. An identifiable behavior, physical sign or signs, and/or performance indicators (including a workplace accident) detected by an authorized observer

2. An identified event where drugs are missing from an area.

Authorized Observer
An authorized observer is any level manager. Students should report a concern about an employee or student possibly under the influence of a drug or alcohol to their supervisor, manager or directors. (See attached procedures)

TESTING PROCEDURES

Pre-Enrollment Drug/Alcohol Testing Procedure

PURPOSE: Conditional students must pass a drug/alcohol test before they may be enrolled in the Program.

1. When a conditional student has been offered conditional enrollment, he / she will be asked to read and sign Regional West Medical Center Pre-enrollment Substance Testing Consent and Release Form

2. The student will schedule an appointment for a pre-employment drug/alcohol test with the person responsible for drug/alcohol testing. The conditional student may not schedule the pre-enrollment drug/alcohol testing sooner than thirty (30) days prior to the first day of the Program.

3. The conditional student may provide information, which may be relevant to the drug test to the testing facility. Such information may include identification of prescription or non-prescription drugs currently or recently used or any other relevant medical information. To the extent feasible, all precautions will be taken to ensure that the testing will only measure, and the records concerning the testing will only make use of, information regarding drugs in the body.

4. If a passing or “negative” result has been obtained, the conditional student will remain eligible to begin enrollment, assuming all other conditions of enrollment are met.

5. If a positive result has been obtained, (see Positive Drug/Alcohol Testing Procedures Below), the conditional student will be deemed “not qualified”, and the offer of enrollment will be rescinded. The conditional student will not be eligible to apply for future enrollment for a minimum of one (1) year at which time a pre-enrollment drug/alcohol test will again be initiated.

NOTE:
Students undergoing pre-enrollment testing must have a photo ID with them for identification at the test site and must arrive with a full bladder. Any failure to comply with these requirements may result in the immediate withdrawal of the conditional offer of enrollment

Reasonable Cause/Suspicion Drug/Alcohol Testing Procedure

1. When an authorized observer identifies behavior or work performance indicators that denote reasonable cause/suspicion, the observer may institute reasonable cause/suspicion drug/alcohol testing.

2. The observer shall complete the reasonable cause/suspicion checklist form to aid in his or her determination of reasonable cause/suspicion, and to determine the specific physical, behavioral, or performance indicators of drug/alcohol use that they observed. This checklist must be completed within 24 hours of the reported event.

3. A House Supervisor, or another supervisor, if available, may also be requested to review the suspected student's behavior.

4. The observer shall immediately call the Program Director, and Director of Human Resources or the Security Manager to notify him/her about the reasonable cause/suspicion. If the Director of Human Resources or Security Manager determines a drug/alcohol test is needed, Human Resources will then arrange for a test. If a Human Resources representative is not available, the House Supervisor will arrange for a drug/alcohol test

5. At that time a supervisor will remove the suspected student from the classroom or clinical setting. Security will escort him/her to the test site for reasonable cause/suspicion drug/alcohol testing.

6. The student may provide any information, which may be relevant to the drug test to the testing facility. Such information may include identification of prescription or non-prescription drugs currently or recently used or any other relevant medical information. To the extent feasible, all precautions will be taken to ensure that the testing will only measure, and the records concerning the testing will only make use of, information regarding drugs in the body.

7. Any student suspected of drug or alcohol use will not be allowed to return to clinical or didactic class until a passing drug/alcohol test result has been obtained.

8. The student will be offered alternative transportation home from the test site, class room or clinical site and encouraged not to drive him or herself. The supervisor shall arrange for alternative transportation for the student by calling Security, Human Resources, or a designated person in the Imaging Services department.

Random Drug/Alcohol Testing Procedure

Random selections from the pool of all employees and students may be made periodically throughout the year. Regional West Medical Center will be notified of the student selected by certified return receipt mail. It will be the responsibility of Regional West Medical Center to carry out the random testing procedure as outlined in the following steps:

1. When notified of the students that have been selected, Regional West Medical Center will assure that the selected students are tested within one (1) hour of being notified of their selection.

2. Occupational Safety and Employee Health will make appointments for the drug/alcohol test of the selected student by contacting the student or supervisor.

3. When the appointment has been made, the selected student will have one (1) hour to appear to the appropriate collections site. Failure to submit to a test shall be deemed as a positive result and the student will be terminated.

4. After completion of a random test, the selected student may return to work.

Refusal To Test / Tampering

Refusal to submit to the types of drug and alcohol tests employed by Regional West Medical Center will be grounds for termination of enrollment in the Program.

A refusal to test is defined to be conduct which would obstruct the proper administration of a test. A delay in providing the requested specimen could be considered a refusal.

If a student cannot provide a sufficient specimen or adequate breath, he/she will be evaluated by a physician of Regional West Medical Center's choice. If the physician cannot find a legitimate medical explanation for the inability to provide a specimen, it will be considered a refusal to test. In that circumstance, the student will be subject to termination from the Program.

Any tampering with specimens submitted for drug/alcohol screening shall be grounds for termination from the Program. This includes the use of any adulterant.

TESTING PROCESS

1. **SCOPE**. Drug and alcohol testing of conditional students or students may include a urinalysis, breath analysis and/or blood sample testing as determined by Regional West Medical Center and the testing service provider/laboratory. Testing may include, but may not be limited to, detecting the presence of alcohol, marijuana, cocaine, opiates, amphetamines, and phencyclidine (PCP). Regional West Medical Center may increase or decrease the list of substances for which testing is conducted at any time, with or without notice. In addition, Regional West Medical Center may require separate samples if multiple tests are conducted. Test levels and standards will be established by Regional West Medical Center and the testing service provider/laboratory.

2. **CONFIRMATION.** Initial positive tests shall be confirmed using a second test in accordance with applicable law.

3. **SPECIMEN FOR TESTING**. Conditional students and students selected for testing shall appear at the designated time and place and provide the necessary sample for testing. If the test sample is drawn off-site, a student tested based on a suspicion that the student may be impaired shall be transported to the site by a supervisor or another person designated by Regional West Medical Center. The conditional student and/or student must sign any consent requested and provide any other requested information; failure or refusal to do so may result in discharge from the Program or denial of enrollment.

4. **TESTING AN INJURED STUDENT**. A student who is seriously injured and cannot provide a specimen at the time of the accident shall provide the necessary authorization to obtain hospital reports and other documents that may indicate whether there were any controlled substances or alcohol in his/her system.

5. **NOTIFICATION OF RESULTS**. Students and conditional students will receive notification of positive test results and will be given an opportunity to explain such results. Failure to respond in a timely manner may result in an uncontested positive verification.

REGIONAL WEST MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY

STUDENT CERTIFICATE OF AGREEMENT AND RECEIPT OF DRUG / ALCOHOL TESTING POLICY STATEMENT

I do hereby certify that I have received and read Regional West Medical Center School of Radiologic Technology Drug / Alcohol Testing Plan. I have had the terms and conditions explained to me and freely and voluntarily consent to submit to drug and alcohol screening and testing as set forth in the plan.

I understand that the refusal to submit to screening or testing, or a positive confirmed laboratory test result will affect my continued enrollment and result in disciplinary action as described in the Drug/Alcohol Testing Plan, up to and including discharge. I also understand that it is not the purpose of this test to identify any disability I may have and that all activities will be conducted in accordance with ADA regulations.

I give my consent to Regional West Medical Center and/or its designated representative to collect specimens for screening or testing for the purpose of determining the presence of, and content of, drug and alcohol substances, as well as to obtain results from any alcohol or drug screen or test administered by any law enforcement office or other collector, as set out in the policy statement. I further agree to and hereby authorize the release of the results of said test to Regional West Medical Center, to the Medical Review Officer, in any administrative or judicial proceeding I might initiate, and as set forth in the policy statement.

I further agree that a reproduced copy of this consent form shall have the same force and affect as the original. I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent form is a voluntary act on my part and that I have not been coerced into signing this document by anyone. I understand that this agreement in no way limits my rights to withdraw from the Program or be terminated from the Program and the policy statement is not in any manner contractual in nature.

_____ _____

Student's PRINTED Name Date

_____

Student's Signature

_____ _____

Witness PRINTED Name Witness Signature

(This form is to be signed by student and retained in permanent record)

REGIONAL WEST MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY

PRE-ENROLLMENT SUBSTANCE TESTING CONSENT AND RELEASE FORM

(This form is to be signed by student and retained in permanent record)

I understand that I must freely and voluntarily consent to submit to urinalysis and/or other screening or tests as part of the selection process of final conditional students for enrollment, for the purpose of determining the presence of, and content of, any or all of the following substances:

1. Amphetamines
2. Cannabinoids
3. Cocaine
4. Phencyclidine (PCP)
5. Opiates
6. Methadone
7. Methaqualone
8. Barbiturates
9. Benzodiazepines
10. Propoxyphene
11. Alcohol

- *Conditional students can be tested for all of the above substances and additional substances can be added*

I agree that the Regional West Medical Center representative, test site, physician, or clinic may collect these specimens for screening or testing and may screen them or forward them to a testing laboratory for analysis.

I also understand that, if enrolled in the program, I must freely and voluntarily consent to random screening tests throughout my enrollment.

I further agree to and hereby authorize the release of the results of said tests to the Medical Review Officer (MRO) as provided in the policy statement. I further agree to release and hold harmless Regional West Medical Center and Affiliates and its agents individually and collectively, including each person or business entity involved in the sample request, collecting, screening, testing, evaluation, and reporting; and for any decisions, adverse or otherwise, made concerning my application for employment based on the screening or test result.

I understand that a negative screen or test is a condition of employment and that the refusal to submit to screening or testing, or a positive screen or test result will result in the rejection of my application, or the rescinding of a conditional offer of enrollment. I also understand that it is not the purpose of this screen or test to identify any disability I may have and the employment screening and testing activities are conducted in compliance with the Americans with Disabilities Act (ADA) requirements.

Student's Initials / Date _____

PRE-ENROLLMENT SUBSTANCE TESTING CONSENT AND RELEASE FORM

During the past 24 months, have you tested positive, or refused to test, on any drug or alcohol test administered by an employer or law enforcement officer? ___ YES ___ NO
If YES, please explain: _____
_____
_____

I further agree that a reproduced copy of this enrollment consent and release form shall have the same force and affect as the original. I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

_____ _____
Conditional student's PRINTED Name Social Security Number

_____ _____
Conditional student's Signature Date

_____ _____
Witness PRINTED Name Witness Signature

REGIONAL WEST MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY

REASONABLE CAUSE OBSERVATION CHECKLIST

Must be completed within 24 hours

(Strictly Confidential)

_____

Student Period of Evaluation

_____

Supervisor #1, Name and Telephone

_____

Supervisor #2, Name and Telephone

_____

This checklist is intended to assist a supervisor in referring a person for drug/alcohol testing. Has the student manifested any of the following behaviors? Indicate (D) if documentation exists.

QUALITY AND QUANTITY OF WORK

YES NO

____ ____ 1. Clear refusal to do assigned tasks.
____ ____ 2. Significant increase in errors.
____ ____ 3. Repeated errors in spite of increased guidance.
____ ____ 4. Reduced quantity of work.
____ ____ 5. Inconsistent, “up and down” quantity or quality of work.
____ ____ 6. Behavior that disrupts work flow.
____ ____ 7. Procrastination on significant decisions or tasks.
____ ____ 8. More than usual supervision necessary.
____ ____ 9. Frequent, unsupported explanations for poor work performance.
____ ____ 10. Noticeable change in written or verbal communication.
____ ____ 11. Workplace accidents.
____ ____ 12. Other (please specify) _____
_____

INTERPERSONAL WORK RELATIONSHIPS

YES NO

____ ____ 1. Significant change in relations with co-students, employees, supervisors, others.
____ ____ 2. Frequent or intense arguments.
____ ____ 3. Verbal abusiveness.
____ ____ 4. Physical abusiveness.
____ ____ 5. Persistently withdrawn or less involved with people.
____ ____ 6. Intentional avoidance of supervisor.
____ ____ 7. Expressions of frustration or discontent.
____ ____ 8. Change in frequency or nature of complaints.
____ ____ 9. Complaints by co-workers or subordinates.
____ ____ 10. Cynical, “distrustful of human nature” comments.
____ ____ 11. Unusual sensitivity to advice or critique of work.
____ ____ 12. Unpredictable response to supervision.
____ ____ 13. Passive-aggressive attitude or behavior, doing things “behind your back”.

GENERAL PERFORMANCE

YES NO

____ ____ 1. Excessive unauthorized absences – number in last 12 months _____
____ ____ 2. Excessive authorized absences – number in last 12 months _____
____ ____ 3. Excessive use of sick leave in last 12 months _____
____ ____ 4. Frequent Monday / Friday absence or other pattern
____ ____ 5. Frequent unexplained disappearances
____ ____ 6. Excessive “extension” of breaks or lunch

REASONABLE CAUSE OBSERVATION CHECKLIST

GENERAL PERFORMANCE (continued)

YES NO

____ ____ 7. Frequently leaves work early – number of days per week or month _____
____ ____ 8. Increased concern about, or actual incidents of, safety offenses involving the student
____ ____ 9. Experiences or causes job accidents
____ ____ 10. Major change in duties or responsibilities
____ ____ 11. Interferes with or ignores established procedures
____ ____ 12. Inability to follow through on job performance recommendation
____ ____ 13. Any accidents/incidents involving Regional West Medical Center owned or leased vehicles in which the operator of the Regional West Medical Center vehicle has been deemed "at fault" by a ponderous of the evidence (required).

PERSONAL MATTERS

YES NO

____ ____ 1. Changes in or unusual personal appearance (dress, hygiene)
____ ____ 2. Changes in or unusual speech (incoherent, stuttering, loud)
____ ____ 3. Changes in or unusual physical mannerisms (gesture, posture)
____ ____ 4. Changes in or unusual facial expressions
____ ____ 5. Changes in or unusual level of activity – much reduced ____ much increased____
____ ____ 6. Changes in or unusual topics of conversation
____ ____ 7. Engages in detailed discussions about death, suicide, or harming someone
____ ____ 8. Increasingly irritable or tearful
____ ____ 9. Persistently boisterous or rambunctious
____ ____ 10. Unpredictable or out-of-context displays of emotion
____ ____ 11. Unusual fears
____ ____ 12. Lacks appropriate caution
____ ____ 13. Engages in detailed discussion about obtaining or using drugs and/or alcohol
____ ____ 14. Has personal relationship problems (spouse, girl/boyfriend, children, and in-laws)
____ ____ 15. Has received professional assistance for emotional or physical problems
____ ____ 16. Makes unfounded accusations toward others, i.e., has feelings of persecution
____ ____ 17. Secretive or furtive
____ ____ 18. Memory problems (difficulty recalling instructions, data, past behaviors)
____ ____ 19. Frequent colds, flu, or other illnesses
____ ____ 20. Comes to work with alcohol on breath
____ ____ 21. Excessive fatigue
____ ____ 22. Makes unreliable or false statements
____ ____ 23. Unrealistic self-appraisal or grandiose statements
____ ____ 24. Temper tantrums or angry outbursts
____ ____ 25. Demanding, rigid, inflexible
____ ____ 26. Major change in physical health
____ ____ 27. Concerns about sexual behavior or sexual harassment

Other information / observations (Please be specific and attach additional sheets as needed)

_____
_____
_____
_____
_____
_____
_____

_____ _____

Signature – Supervisor #1 / Date Signature – Supervisor #2 / Date

CORRECTIVE ACTION (Policy 722.8.24.45)

It is the policy of Regional West Medical Center School of Radiologic Technology to provide a consistent process for Program officials to use when addressing issues of poor didactic or clinical performance and/or inappropriate behaviors in the classroom or clinical areas. This policy defines a sequence of early interventions, formal warnings, and corrective actions that are to be used by faculty members, with guidance from the Assistant Department Director for Imaging Services or Vice President of Human Resources, to ensure that issues are addressed in the most effective manner for the benefit of current and future patients.

A. Early Interventions

1. Supervisors (clinical staff, clinical instructors, didactic faculty, or Program Director) encourage students on an on-going basis to engage in satisfactory clinical and didactic performance as defined in the grading policy. Appropriate behaviors, optimal levels of productivity and outstanding performance are expected. This should be accomplished by providing regular feedback about the student's overall performance through on-site counseling, periodic student evaluations, and explanation of policies and standards. This type of communication will generally take care of the minor day to day corrections necessary to maintain satisfactory performance. It is up to the discretion of the supervisor when the written documentation of early intervention becomes necessary.

2. In the event that grades or clinical performance become repeatedly unsatisfactory; if there is a repetitive, ongoing, or critical event violation of clinical educational settings or Program policies or rules, or the student engages in behaviors that are disruptive to the provision of services, or upon recommendation of a supervisor, the Program Director may initiate an early intervention as follows:

    a) The Program Director and student engage in a conversation about the issues either alone or with another relevant person.

    b) The Program Director outlines the unacceptable performance or behavior.

    c) Once the issue has been communicated, the Program Director may ask the student to explain his/her perspective and they jointly determine and document what the student will do to change the level of performance or behavior.

    d) An attempt may be made to develop a mutual understanding of the student's plan for improved performance/behavior, and then the agreed upon behavior or performance change is documented on the Early Intervention Performance Plan form. The Early Intervention Performance Plan must include the designation of an agreed-upon future date for the Program Director and student to review progress toward, or accomplishment of, the plan. If the student is disagreeable, the Program Director may unilaterally develop this plan.
    e) The Early Intervention Performance Plan is signed and dated by both parties, with the student keeping the copy, with the Program Director keeping the original.

f) Once the follow-up meeting has taken place, and satisfactory improved performance has been documented, the Early Intervention Performance Plan is updated. The Program Director keeps a copy of the Early Intervention Performance Plan in the student's permanent file.

3. If the Program Director determines that any specific instance of didactic or clinical performance, behavior, or compliance issues is significantly out of line with acceptable practice, he/she may pursue advanced intervention as described in Section D.2 of this policy, with or without the early intervention process.

B. Formal Warnings

If, following an early intervention initiative as described in section A above, the student is not successful in changing his/her behavior, didactic or clinical performance, or level of productivity, the formal Corrective Action Policy of Regional West Medical Center School of Radiologic Technology will be pursued.

1. Written Warning

A Written Warning is the first formal step of the corrective action process and is initiated by the Program Director when other initiatives to resolve poor didactic or clinical performance, productivity, and/or inappropriate behaviors have not been successful or the situation merits movement to this step immediately.

The issuance of a Written Warning is a clear message to the student that didactic or clinical performance, productivity and/or behaviors must be improved to continue enrollment. It is required that the specifics of the Warning be documented on the Corrective Action Record (see attached form).

a) The Corrective Action Record will be initiated by the Program Director, and will document the specific issue(s) of didactic or clinical performance, productivity, and/or behavior that needs to be improved. The Assistant Director for Imaging Services will review this document prior to presentation to the student.

b) The Program Director and the Assistant Director for Imaging Services or a designee will arrange to meet with the student to discuss the issue of poor didactic or clinical performance, productivity, and/or behavior.

c) Once the issue of performance has been communicated to the student, the Program Director and the student will discuss and attempt to agree upon a plan for improved performance. As with the early intervention process, the student has the primary responsibility for adjusting his/her didactic or clinical performance, productivity, and/or behavior to meet the expectations of the Program. Failure to reach agreement will result in a determination of a plan by the Program Director.

d) The student will be given an opportunity to respond to the issues addressed, including the opportunity to provide written documentation as an attachment to the Corrective Action Record.

e) The Corrective Action Record must be signed and dated by both parties, as well as by the Assistant Director for Imaging Services or a designee, as a witness to the communication of the formal warning. If the student refuses to sign the record, that refusal should be noted on the form by the Assistant Department Director for Imaging Services.

f) The student will receive a photocopy of the signed document, and the original record will be placed in the student's permanent file.

2. Final Written Warning

A final Written Warning is the second formal step for communicating to the student that prior attempts at improving didactic or clinical performance, productivity, and/or behavior issues have not been successful, and that termination of enrollment will be the next step to be taken if the student does not satisfactorily resolve the identified issue(s).

a) The Corrective Action Record will be initiated by the Program Director who will document the issue of didactic or clinical performance, productivity, and/or behavior that needs to be improved. The Program Director will include a reference, specific to date and issue, to any prior formal warnings that are documented in the student's personnel file.

b) The Educational Advisory Committee must review the Corrective Action Record and approve the issuance of the Final Written Warning prior to communication of the Final Written Warning to the student. If the Educational Advisory Committee does not approve the action as written, the committee will edit as necessary to meet the approval of the Committee. (NOTE: If the student has two prior Final Written Warnings for any performance, productivity, or behavioral reasons in the prior twelve months, see Section 6 below.)

c) Upon approval of the Educational Advisory Committee, the Program Director will arrange to meet with the student to deliver the Final Written Warning. The Assistant Director for Imaging Services or a designee will be present for any Final Written Warning meeting to serve as a witness/facilitator.

d) Once the issue of performance has been communicated by the Program Director, he/she and the student will discuss and attempt to agree upon a plan for improved performance. As with the early intervention process and prior Written Warning process, the student

has the primary responsibility for adjusting his/her didactic or clinical performance, productivity, and/or behavior to meet the expectations of the Program. As before, the Program Director may, if necessary, unilaterally set this plan.

e) The student will have an opportunity to respond to the issues addressed, including the opportunity to provide written documentation as an attachment to the Corrective Action Record.

f) The Corrective Action Record must be signed and dated by both parties, as well as by the Assistant Director for Imaging Services or a designee. If the student refuses to sign the record, that refusal should be noted on the record by the Assistant Director for Imaging Services.

g) The student should receive a photocopy of the signed document, and the original of the record will be placed in the student's permanent file.

3. Termination

If, following the formal steps of communicating a Written Warning and Final Written Warning, the student has not resolved the issue of didactic or clinical performance, productivity or behavior to a satisfactory level according to the plan defined in the Corrective Action Record, or if the student fails a course in the Program, the Program Director will take steps to terminate the student from the Program.

a) The Corrective Action Record will be initiated by the Program Director, and will document the issue of didactic or clinical performance, productivity, and/or behavior needing improvement that has been addressed in prior corrective action discussions. The Program Director should include a reference, specific to date and issue, to those prior formal warnings that are documented in the student's file. The Educational Advisory Committee must review and approve the Corrective Action Record for Termination prior to communication of the Termination Notice to the student.

b) Prior to communicating the decision to terminate the student, the Program Director and/or Assistant Director for Imaging Services must review the intended action with the Vice President for Ancillary Services, and the RWHS Vice President of Human Resources or his/her designee. The review should include discussion of prior formal warnings, the steps taken by the student to correct or resolve the issue, and any other relevant issues.

c) Once approval for termination has been granted by the Vice President for Ancillary Services or designee, and the RWHS Vice President of Human Resources or designee, the Program Director will arrange to meet with the student to discuss the issue of poor performance, productivity, and/or behavior. The RWMC Director of

Human Resources (or a designee) will be present for any Termination meeting to serve as a witness/facilitator.

d) The Corrective Action Record for Termination must be signed and dated by both parties, as well as by the representative of Human Resources. If the student refuses to sign the record, that refusal should be noted on the record by the representative of Human Resources.

e) The student should receive a photocopy of the signed document, and the original of the record will be placed in the student's permanent record.

f) The representative of Human Resources will review the Corrective Action Form for Termination with the student and facilitate the return of RWHS property, answer questions, and ensure the student has the opportunity to obtain any personal items from his/her work area or lockers at the main hospital or St Mary's Plaza. The withdrawal form found in Policy 722.8.21.25.01 may use as a checklist to facilitate the process.

C. Grading

Students are required to maintain grades at a level of 80% or above for each class while in the Program. Didactic instructors may or may not allow repeating of quizzes, worksheets, tests or other graded material. Students should reference the course syllabus to determine the instructor's grading expectations. While the instructor for each course will monitor the student's performance to assure the student is not failing the course, it is the student's responsibility to assure that grades are kept at an acceptable level. Each student must also monitor his or her performance since courses are not necessarily of an eight week time frame as may occur in a college setting. This self-monitoring may be accomplished by reviewing grades posted on a secured location on the hospital network or in consultation with the instructor or Program Director.

Failing a course will be sufficient reason to terminate the student from the Program.

Performance in the clinical educational setting requires that students demonstrate progressive improvement of clinical skills. Failure to exhibit the clinical aptitude necessary to perform radiographic procedures for the educational level in the Program or the continued demonstration of poor clinical performance will suffice for the student's termination from the Program.

A student who has failed a course or is terminated from the Program because of continued poor didactic or clinical performance may appeal to the Educational Advisory Committee by referring to the termination portion of this policy.

D. General Issues Related to Corrective Actions

1. Suspension from Program

   A suspension from the Program is an action which has the purpose of removing the student from the didactic and/or clinical education settings (including

suspension from use of any Regional West software applications) while an investigation or review is conducted and a determination made as to the appropriate level of corrective action to take. Based upon the investigation, any level of corrective action, from no action to termination from the Program, may result.

a) Any member of management may initiate a suspension in the event of behavior by a student which requires an immediate response and it is in the best interest of the Program or sponsoring organization to remove the student from the work site. Immediately upon communicating the suspension to the student and ensuring he/she has left the campus, the member of management must contact the Program Director and Vice President for Ancillary Services.

a) All relevant issues will be documented by the member of management initiating the suspension, and the Program Director will then clarify any issues that have a bearing on him/her recommending an appropriate level of corrective action.

b) A decision should generally be reached and communicated to the suspended student in three business days or less (excluding holidays or weekends). A period of suspension lasting longer than 3 business days must have the approval of the RWHS Vice President for Ancillary Services, or his/her designee, and should be communicated to the suspended student at the earliest possible time.

c) A suspended student that is an also an employee of RWHS will not be able to work during the time of the suspension.

2. Formal Review of Corrective Actions

In the event an student feels the Corrective Action taken is not in keeping with RWHS or Program policies, or there was a material error in, or omission of, key information that might have influenced the outcome of the corrective action process, or if it is believed that the level of action was not appropriate under the circumstances, he/she may formally pursue a review and appeal of a Final Written Warning or Termination by the appropriate members of management and/or administration. Typically there will be three levels of review; first by the Educational Advisory Committee, second by Vice President of Ancillary Services, and finally by the President/CEO.

a) The request for an initial review by the student must be submitted in writing on the attached appeal form to the Educational Advisory Committee within five (5) business days or less (excluding holidays or weekends), of the action having been communicated to the student.
    i) The request must include a summary of the action taken and the reasons for the challenge.

    ii) The student must state what he/she would consider an appropriate resolution to the issue, including what actions

he/she is prepared to take in keeping with the corrective action process to ensure the performance issue(s) will not recur.

iii) The Educational Advisory Committee will review the initial review provided by the student and provide a decision about the appeal.

iv) The Educational Advisory Committee will arrange to meet with the student and share the decision reached verbally and in writing within five working days.

v) The Educational Advisory Committee will forward the request for review and the decision of the Educational Advisory Committee to the Vice President for Ancillary Services.

b) If the student is not satisfied with the outcome of the initial review process, he/she may request a second level of review in writing on the attached appeal form. Upon notification of the second level request, the Program Director will forward the request for review to Vice President for Ancillary Services who has up to five business days to research the issue and provide the student with a written response.

i) The individual conducting the review may discuss the issues with the Program Director or other individuals, review the corrective action record and related policies, and seek input from the Assistant Director for Imaging Services who was present for the formal warning meeting.

ii) A written record of the steps taken to review the situation should be completed.

c) The final level of appeal may be made in writing on the attached appeal form to the President/CEO should the student wish to do so if he/she is not satisfied with the outcome of the second level review. Copies of previous reviews will be provided to the President/CEO.

d) The review and decision of the RWHS President/CEO is final.

Students functioning as employees of Regional West Medical Center are subject to Policy 205.0.06 regarding Corrective Action. Any corrective actions taken by RWMC with any employee who is also a student of the Program may affect the employee's status as a student. Corrective actions that include written warnings, final warnings or termination for a student working as an employee will be reviewed by the Educational Advisory Committee regarding the effect on the student's continued enrollment status. Circumstances will be taken into consideration on a case by case basis to determine whether the corrective action by RWHS has jeopardized the student's enrollment.

REGIONAL WEST MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY

EARLY INTERVENTION COUNSELING NOTES

Student's Name: _____

Today's Date: __ /__ / _____

****

Issue to be Addressed:

Student's Response or Comments:

Student's Plan for Improvement Use back of sheet if necessary or may be an attachment:

Expected Completion Date or Date for Follow-up Discussion: _____

_____ _____

Program Director Signature Date

_____ _____

Student's Signature Date

REGIONAL WEST MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY

CORRECTIVE ACTION RECORD

Student Name: _____

Today's Date: __ /___ / ___

Date of Last Discipline/Corrective Action: ___/ __/___

****

Reason(s) for Action:

Specific Policy Violation, Poor Performance, Low Productivity and/or Inappropriate Behavior Identified and Date(s) of occurrence(s):

Student's Response or Comment:(Use back of sheet if necessary or may be an attachment)

Plan for Improvement: (Unless action is Termination from the program):

Action Taken: ___ Written Warning
___ Final Written Warning
___ Termination of Enrollment

_____ _____
Program Director's Signature Date

_____ _____
Student's Signature Date

NOTE: Signing this form means that you acknowledge receipt of this action and have been given the opportunity to provide your written comments and receive a copy of the document. If you refuse to sign this notice, that refusal will be noted.

_____ _____
Witness Signature Date

REGIONAL WEST MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY

CORRECTIVE ACTION APPEAL FORM

STUDENT'S NAME_____ Date_____

Type of Appeal: ____ Final Written Warning Level of Appeal _____1st

____ Termination _____2nd

_____ 3rd

1. Identification of Issue Addressed in the Appeal:

2. Summary of Action Taken by the Program Regarding this Issue:

3. Reason for Student Challenging this Action:

4. Student's Statement of what would be an Appropriate Resolution to the Issue:

5. Actions that the student is prepared to take in keeping with the Corrective Action Process to ensure the performance issues(s) will not reoccur:

_____ _____

Student Signature **Date**

Attach additional pages as needed.
Submit this form to the Program Director for proper routing

GRATUITIES (Policy 722.8.24.50)

Students of Regional West Medical Center School of Radiologic Technology shall not accept tips, fees or gifts from patients, visitors, medical staff members, hospital suppliers, or others for services rendered in the course of hospital duty.

Exceptions are made when gifts are made to whole units, shifts or groups and may be items such as food/bakery trays, plants, flowers, etc.

SOLICITATION AND DISTRIBUTION (Policy 722.8.24.55)

Regional West Medical Center reserves the right to limit the solicitation of Regional West Medical Center employees or students and/or the distribution of literature on Regional West property.

Approved Activities

Regional West Medical Center Administration and/or Human Resources will pre-approve the following activities:

- Activities related to approved hospital employee programs
- Students orally soliciting other employees to join or contribute to any organization, fund, activity or cause during non-school time in the approved areas defined below.
- Students distributing written materials in approved areas during non-school time
- Non-employees who wish to solicit or distribute literature on behalf of any organization, fund or cause
- Fund raising for the Regional West Foundation

Off duty students may engage in solicitation and distribution activities on the exterior premises (e.g., parking lots, sidewalks, and grounds) as long as such activity does not pose a health, littering or safety hazard. For the purpose of this policy, off-duty students are those students who arrive more than fifteen (15) minutes before the start of their school time and/or who remain later than fifteen (15) minutes following the conclusion of their school time and any student not scheduled for the day.

Those areas in which students may engage in solicitation or distribution for **approved activities**, during their non-school time, are the cafeteria, vending machine areas, gift shop, parking lot, employee lounge, and locker room.

The usual times just before reporting for work and just after quitting, as well as break times and lunch times, are not considered working time.

Solicitation and distribution is prohibited anywhere on hospital property if it interferes with patient care, impedes access to patient care areas or results in littering or safety hazards. This includes a manufacturer's representative access to staff in patient care areas. Manufacturer's representatives will check in with Material Management department who will confirm appointments with the respective patient care staff.

Bulletin Boards
Bulletin boards are to be used only for the posting of material related to the operations and objectives of Regional West. Bulletin boards will be maintained in a neat, attractive manner and with only current approved material.

All notices other than job posting and notices required by law must be approved by the Vice President of Support Services. Administration and/or Human Resources will pre-approve personal notices and the date for removal will be indicated.

VOLUNTEERING (Policy 722.8.24.60)

Opportunities may arise for students and Instructors in the Program to pursue volunteer activities.

Volunteering as defined by the Program is the practice of giving one's time and talent to another person or an organization in order to improve the quality of life for the individual or to increase quality of service provided by the organization without expecting compensation.

Volunteering is a component of professionalism where the professional recognizes the importance of connecting with the general public outside the clinical environment. In this giving of oneself, the professional becomes more aware of the needs of others, learns new skills and develops current skills such as interaction with others, ability to communicate, and cultural sensitivity. Volunteering of the students and instructors also helps the community to become more aware of the Program.

The Program supports the practice of volunteering as part of the activities accomplished in the educational process for Radiography students.

The Program has traditional volunteer activities that students and instructors participate in annually. Examples of these yearly activities include:

- Blood donations
- United Way Day of Caring
- Service Excellence luncheons
- Knights of Columbus Toy Wrapping
- Thelma Jones Golf Tournament

On occasion the Program may receive requests by organizations for students and instructors to volunteer for a particular event. Also, students or Instructors may bring to the current students the opportunity for a volunteering event.

As a class, the students need to decide whether to participate in the volunteer activity, however, a student may decide to opt out of volunteering for the event.
When a student declines to volunteer for an event, the student will be assigned to a clinical education setting during the time the other students are performing the volunteer activity.

The student declining to participate in the volunteer activity may not take time off in lieu of participating unless the student wishes to use one of his or her vacation days.

The students are responsible for documenting volunteer events using the Volunteer Check Off Form. The student should indicate the date of event, a description of the event, and obtain the

initials from an organizer of the event or an instructor before submitting the form to the Program Director. Students may submit volunteer activities performed outside a Program designated function.

Students should plan to participate in at least two volunteer activities each year while in the Program.

The submitted volunteer activity form of each student will be maintained in the student's records.

ENVIRONMENT

SAFETY: GENERAL

ORIENTATION TO HEALTH AND SAFETY (Policy 722.8.40.01)

Regional West Medical Center School of Radiologic Technology will orient students to health and safety within the healthcare environment before assigning them to clinical areas.

Students will be oriented to the health care environment prior to clinical assignments. A variety of orientation mechanisms are utilized including:

1. Students entering the Program will attend the first available hospital employee orientation program.

2. Review of Program policies in the 200 Introduction to Technology course.

3. Instruction on patient care in the 210 Patient Care course.

4. Provide a CPR course to students.

5. Completion of Department Orientations as appropriate

PROGRAM EVACUATION PROTOCOL AND SEVERE WEATHER CONDITIONS (Policy 722.8.40.05)

Evacuation of the students and faculty from the physical building of the Program may be necessary due to fire, smoke, flooding, potential exposure to hazardous materials or because of structure damage to the building. Severe weather conditions may cause the cancellation of classes.

The situation and the location of the event will determine the type of evacuation needed. In the event of an immediate emergency, the Hospital Incident Commander may order a partial evacuation of a particular area or the complete evacuation of the Program facility when conditions are life threatening. Individuals physically on campus who are in imminent danger, as the result of an emergency situation will be given priority.

There are three phases of Evacuation

Phase I

- Shelter in Place
- Horizontal Evacuation
- Vertical Evacuation
- Out of building evacuation

Phase II

- On campus evacuation

Phase III

- Off campus evacuations

DEFINITIONS:

Shelter in Place: This type of evacuation involves moving students, faculty and visitors to central protected area. This evacuation is used especially in the event of high wind conditions where the potential for flying debris exists. A blizzard is another possible event where shelter in place is used.

Horizontal evacuation: This type of evacuation involves moving students, faculty and visitors to a location that is secure from immediate danger on the same floor, usually on the opposite side of the building.

Vertical evacuation: This type of evacuation involves moving students, faculty and visitors completely off the effected floor.

Out of Building Evacuation: This type of evacuation is used in the event of a fire, when a potentially hazardous material exists in the building, or when physical damage to the building poses a threat to the inhabitants.

PHASE I:
Evacuation Procedures for the Radiography Program St Mary's Plaza:

St Mary's Plaza has five (5) stairwells and (2) elevators for use during a Vertical evacuation. Elevators are not to be used unless authorized by the Incident Commander, Logistics Chief, Safety Officer, or the Authority having jurisdiction.

In the event an evacuation is required students need to stay with instructors. In the event of a Shelter in Place evacuation, the students and faculty will exit the School and assemble in the main hallway on the Ground floor level

In event of a fire emergency the students and faculty will exit the building using the North-West stairwell, or the East door and assemble outside with the Instructor in the south parking lot. One of the instructors shall assure that all students and other Program Faculty scheduled for the day are accounted for at the outside assembly area.

When in another building the students and faculty will follow the evacuation protocols for that building.

PHASE II (On Campus Evacuation):
In the event that damage to St. Mary's Plaza prevents continuation of class in the building, arrangements will be made to hold class in the North Unit.

PHASE III (Off Campus Evacuation):
In the event that damage to on campus buildings prevent classes from being held on campus, the Program Officials will determine an appropriate location for continuation of classes.

SEVERE WEATHER CONDITIONS:
Tornado:
In the event students are in St. Mary's Plaza when a tornado warning activation occurs students will remain in a safe location until the warning has been lifted. Students may not leave the building during a tornado warning, even if their clinical or didactic class day has ended.

In the event that students are off campus when a tornado warning is activated, students should locate to a safe location and remain in that location until the tornado warning is lifted. If class is cancelled because of tornado conditions, Program Officials will contact student via phone. If a student has a question about whether class will occur, the student should contact the Program

Director. Communications may be compromised during a tornado warning therefore Program Officials and student may not be able to communicate with each other during this time. Safety of students is a priority, therefore, students should not attempt to return to the facility to prevent being late for class or clinical assignment.

Blizzard:
In the event of blizzard conditions, Program Officials may send students home early. If conditions are so severe as to compromise student travel, Program Officials may initiate a shelter in place for students.

In the event that students are off campus during blizzard conditions, students should remain in a safe location until the blizzard conditions have lifted. If class is cancelled because of blizzard conditions, Program Officials will contact student via phone. If a student has a question about whether class will occur, the student should contact the Program Director.

FOOD AND DRINK IN PATIENT CARE AREAS (Policy 722.8.40.20)

Patient care areas are defined in RWMC Imaging Services. No food or drink is allowed in patient care areas.

1. Patient Care Areas are defined:
    - Patient Exam Rooms
    - Patient Waiting Areas
    - Patient RN Assessment and Prep Areas
    - Patient Recovery Areas
    - Patient Restrooms

2. No student food or drink is allowed in the above areas. Patients may need and can have food or drink while in Imaging Services and in these locations.

3. Break rooms, control areas, staff restrooms, offices, classroom, program faculty offices, and other non-patient work areas in Imaging Services that patients do not have access to may have student food and drink.

4. It is recommended that drink cups be covered.

5. Disposable food and drink containers must be discarded promptly in appropriate trash receptacles.

6. Reusable dishes and cups in the break rooms are cleaned after use and placed in cupboards provided. A tray cart is available for return of hospital dishes and silverware.

6. Designated refrigerators are provided for safe keeping of food and drink for staff and students.

Student are expected to follow the policies of the off campus clinical sites as they relate to Food and Drink in the work areas.

RADIATION PROTECTION (Policy 722.8.41.05)

Students entering the Program must be advised of the precautions that should be taken in regards to radiation protection prior to being clinically assigned to a location where ionizing radiation is produced.

No student shall be assigned in an area for clinical education where the student is exposed to ionizing radiation before receiving basic instruction and demonstrating understanding of radiation protection measures. This includes but is not limited to, the following areas of education:

a. Risks of ionizing radiation
b. Exposure limit
c. Radiation monitoring practices
d. Safety precautions
e. Cardinal rules of radiation protection
f. Protection from scatter radiation

Sufficient instruction in this area will be met with successful completion of the course *Health Physics I 260* and successful completion of the laboratory exercises corresponding to this course. All students must strictly observe Imaging Services Department Radiation Safety Policies.

ALARA - As Low As Reasonably Achievable (ALARA) which means making every reasonable effort to maintain exposure to radiation as far below the dose limits as practical, consistent with the purpose for which the licensed activity is undertaken, taking into account the state of technology. This definition recognizes the concept of ALARA to include energies for magnetic resonance and sonographic imaging.

All students must be instructed about and shall practice the concept of ALARA for radiation exposures. This shall be accomplished for patients, visitors, employees, other students, and themselves.

Radiation Monitor Badges:

1. The Program Director shall provide to each student entering the program a radiation monitoring badge request form. This form must be completed and returned to the Program Director. This completed form shall be used to obtain a radiation monitoring badge for the student.

2. Radiation monitoring devices shall be worn between neck and waist level except when wearing a radiation protective apron when it shall be worn at collar level and above the apron.

3. Each student must have the Imaging Services authorized radiation monitoring badge on his/her person at all times while in attendance for clinical education in a clinical assignment.

4. Any student who does not have his/her radiation monitoring badge will not be permitted to attend his/her clinical area and the student will be sent home to get the monitoring badge.

5. If the student loses his/her monitoring badge, the student will notify the diagnostic supervisor so that arrangements may be made for a replacement.

6. A new badge is provided every month. The student shall promptly exchange his/her current badge with the arrival of a new badge.

7. The student shall use the same assigned monitoring badge for the monthly interval for all clinical educational settings.

8. To minimize exposure of the radiation monitoring badge from non-occupational radiation sources, the student should avoid placing the badge near radiation sources. Examples of radiation sources include microwaves, granite counters, smoke and fire detectors, watches with luminescent dials, television and computer monitors, and exposure to sunlight.

Radiation Exposure Report:

1. The effective dose equivalent limit for students is 3.5 Rem/year (35 mSv/year or 3500 mrem/yr). The numerical value of the individual student's lifetime effective dose equivalent in mSv shall not exceed the value of the student's age in years times ten.

2. A current exposure report is available for each badge holder. These reports are available from the Imaging Services Assistant Department Director. Routinely, these reports are kept in the Administrative Offices of the Imaging Services Department.

3. The Radiation Safety Officer (RSO) monitors radiation reports of students and informs a student if the hospital's action level is exceeded.

4. A copy of the monthly radiation monitoring badge report will be provided to the Program Director for review. The Program or Department will make available the report to students upon request.

5. A copy of the monthly report will be given to the students during their monthly evaluations or emailed to them using their rwhs.org email account. Goes to the above statement?

6. The final cumulative badge report will be placed in the student's permanent record.

7. The Program Director shall provide students leaving the Program a record of the final cumulative radiation dose received while in the Program when the final report is available.

Pregnant Radiology Student:

1. A pregnant occupationally exposed student should, but is not required to, make early disclosure of her pregnancy to the Program Director in writing so that proper radiation safety precautions may be observed during the entire pregnancy.

2. If a student declares pregnancy, the student shall be advised of possible hazards from radiation to the fetus as described in the Pregnancy Policy 722.8.41.10.

3. A second monitoring badge will be obtained for the student who declares pregnancy. This designated monitoring badge shall be worn at the waist at all times when in the clinical assignment and beneath the leaded apron when an apron is worn.

4. The effect dose equivalent limits to the fetus from the occupationally exposed mother should not exceed 0.3 Rem (3 mSv or 300 mrem).

5. The RSO will monitor all radiation monitoring reports for pregnant students.

Review of Radiation Exposure Reports:

1. Regional West Medical Center has established investigational levels for occupational external radiation doses, which when exceeded, will initiate review and investigation by the RSO and/or the Radiation Safety Committee (RSC).

2. The RSO shall review the results of the radiation monitoring reports on a monthly basis to determine students are following the principle of ALARA. The investigation levels adopted are listed in Table 1. These levels apply to the exposure of individual students.

3. The following actions will be taken at the levels as stated in Table 1:

    a. Personal doses less than Investigational Level I.

        Except those deemed appropriate by the RSO, no further action will be taken in those cases where a student's dose is less than Table 1 values for the investigation Level I.

    b. A student's dose equal to or greater than Investigational Level I but less than Investigational Level II.

The RSO will review the dose of each student whose monthly dose equals or exceeds Investigational Level I and will report the results of the review at the first RSC meeting following the quarter when the dose was recorded. If the dose does not equal or exceed Investigational Level II, no action related specifically to the exposure is required unless deemed appropriate by the RSC. The RSC will, however, review each such dose in comparison with those of others performing similar tasks as index of ALARA Program quality and will record the review in the RSC minutes.

c. A student's doses greater than Investigational Level II.

The RSO will investigate in a timely manner the causes of a student's dose equaling or exceeding Investigational Level II and, if warranted, will take action. A report of investigation, and action taken, and a copy of the exposure report or the equivalent will be presented to the Radiation Safety Committee at the first meeting following completion of the investigation. The details of the reports will be included in the RSC minutes. A copy of the report will also be placed in the student's permanent record.

TABLE 1

Investigational Levels (mrem) Per Reporting Period			
Description	**Level I**	**Level II**	**Annual Limit**
1. Whole Body (DDE)	125/month	375/month	3500
2. Lens of the Eye (LDE)	150/month	450/month	10,000
3. Extremity (SDE-ME)	500/month	2000/month	45,000
4 . Skin (SDE-WB)	500/month	2000/month	45,000
5. Declared Pregnant Women (DPW)	40/month	50/month	300/ gestational period

2. In the event of accidental exposure to ionizing radiation, the student shall fill out a Risk incident report form and inform the RSO or the Imaging Services Assistant Department Director of such an event so that appropriate action can be taken.

Protection of the Student from Unnecessary Radiation:

1. All energizing switches in fixed units shall be maintained at a distance of thirty inches from the control booth opening so the student cannot be exposed.

2. A student shall be in the radiographic room during radiation exposure only when necessary.

3. Radiation protection apparel shall be worn when in the fluoroscopy room during fluoroscopy, in a radiographic room during an exposure or when making

the exposure or in the vicinity of the portable unit or the patient during the exposure.

4. Technologists are required to observe and correct students on radiation safety practices.

5. Students must not hold image receptors during any radiographic procedure

6. Students should not hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care.

Protection of Patients, Visitors and Other Staff from Unnecessary Radiation:

1. Female patients of child bearing age shall be asked to sign a menstrual history questionnaire prior to exposure to ionizing radiation

2. All doors in radiographic rooms shall be closed during radiation exposure.

3. Proper gonadal shielding shall be used on all patients with reproductive potential whenever the diagnosis of the exam is not compromised.

4. Close collimation of the x-ray beam is required on every exposure. At minimum, the x-ray field must never be larger than the image receptor being used.

5. The minimum distance between the x-ray tube and the patient's skin surface shall not be less than 12 inches (30 centimeters).

6. If no other alternative is available and the student must assist a patient during exposure, student must protect him or herself by wearing radiation protective apparel with the following requirements:

    a. Of the staff or ancillary personnel remaining in the room, no part of the body shall be exposed to the primary beam without protection of at least 0.5 mm of lead equivalent.

    b. Of the staff or ancillary personnel remaining in the room, the body shall be protected by lead apron or whole body barriers of at least 0.25 mm of lead equivalent if not in the primary beam.

    c. When a person is required to hold a patient during an exposure, his or her name and pertinent data shall be entered in the Exposure Holding Log.

7. When portable procedures are performed, the technologist and the student are responsible for proper radiation safety of the patient and other persons. All people in the area must be moved to a safe environment. Patients who cannot be removed from the room shall be protected from scatter radiation by whole body protectors of at least 0.25 mm lead equivalent or shall be positioned at least 2 meters from the tube head and image receptor. Before an exposure is

made, the technologist/student shall inform all people in the area that the exposure is to be made and allow for these individuals to move to a safer distance.

8. When the C-arm or O-arm is in operation, all personnel in the area shall wear lead aprons and lead gloves as applicable. The fluoro time shall be part of the patient's record.

REGIONAL WEST MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY

RADIATION MONITOR REQUEST FORM

PLEASE PROVIDE A RADIATION MONITOR BADGE FOR THE FOLLOWING PERSON:

Name:_____

Social Security Number:_____

Birth date:_____

REGIONAL WEST MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY

RADIATION ACCUMULATION REPORT

Student name: _____

Social Security Number _____

YEAR TO DATE AS OF _____(DATE)	
Dose Description	**Dose in Millirem**
Deep Dose (Whole Body Dose)	
Shallow Dose (Skin Dose)	
Eye Dose	

LIFETIME TO DATE AS OF _____(DATE)	
Dose Description	**Dose in Millirem**
Deep Dose (Whole Body Dose)	
Shallow Dose (Skin Dose)	
Eye Dose	

Method of Monitoring: OSL
Monitoring Company: Landauer

_____

Stephanie Cannon, BSRS, RT(R)(ARRT)
Program Director

PREGNANT RADIOGRAPHY STUDENTS (Policy 722.8.41.10)

To reduce the possible damage to the fetus from exposure to ionizing radiation, a pregnant student is encouraged to voluntarily declare her pregnancy to the Program Director. Upon such a written declaration, the appropriate advisement in reducing fetal dose can be initiated.

If the student chooses to voluntarily disclose her pregnancy, she will complete the attached Declaration of Pregnancy Form and return it to the Program Director. The Program Director will then forward this declaration to Regional West Medical Center's Occupational Safety and Employee Health Department as per sponsoring institution policy.

Following the disclosure of a pregnancy, the student will be counseled as to the potential risks that are associated with radiation exposure to the fetus by either the Radiation Safety Officer or Program Director in addition to the review of this policy. She will be asked to sign a statement acknowledging that the possible danger has been explained to her. It will be recommended that she also consult her own physician on this matter.

Once a declaration of pregnancy is made, a student may withdraw this declaration at any time. This withdrawal must be in writing and can be completed by using the attached Withdrawal of Pregnancy Declaration form. A Withdrawal of Pregnancy Declaration form should also be completed upon delivery of the baby

Following the review of the Pregnant Radiography Students Policy with the Program Director or Radiation Safety Officer, the declared student will determine whether she will remain in the Program, take a pregnancy leave or withdraw from the Program. She will have 14 days after she has declared to make her decision. After that time she must sign the appropriate form indicating her decision

If the student declines to take a Leave for Pregnancy after declaring pregnancy, the student still may, at a later date, decide to take a Pregnancy Leave.

While there are no restrictions placed on a student who has declared pregnancy, the following are recommendations that will reduce the fetal radiation dose:

- During the first trimester, do not remain in the fluoroscopic room while the fluoroscopy unit is producing radiation. After the first trimester the student should remain in the room only as necessary while the fluoroscopy unit is activated.
- Move to a distance of greater than 10 feet perpendicular from the path of the primary beam during portable examinations.
- Use a wraparound apron when involved with fluoroscopic or portable procedures.
- Do not be involved in the preparation of radiopharmaceuticals, or the care of patients receiving therapeutic dosages of radioisotopes.
- Do not hold the patient or the cassette during an exposure.
- Use safe radiation practices to reduce radiation exposure as much as possible.

As described by Program Policy 722.8.41.05, Radiation Protection, during the entire gestational period the fetus shall not be exposed to more than 0.3Rems. To assure fetal dose remains within this limit, a second radiation monitoring badge will be requested after the pregnancy is declared. The second badge, “the baby badge” will be worn at waist level and under radiation protective apparel during the entire pregnancy to estimate fetal dose

The student may return to the Program and complete the Program if a leave of absence is taken for pregnancy. After the birth of the child, the student may be required to extend clinical/didactic education beyond the normally required two years to make up for the missed didactic or clinical classes.

REGIONAL WEST MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY

DECLARATION OF PREGNANCY FORM

NAME _____

I am declaring that I am pregnant. I believe that I became pregnant _____ (month and year only).

By providing this information to the Program Director, in writing, I am making voluntary disclosure of a formal notification to the director that I am pregnant. Under the provision of 10 CFR 835.206, I understand the fetal dose is not allowed to exceed 300 mrem (3 mSv) during my entire pregnancy from occupational exposure to radiation. I understand this limit includes exposure I have already received.

When the pregnancy has termed, I will inform the Program Director as soon as practical. I also understand I have the right to revoke this declaration of pregnancy at any time. I understand that I will be asked to sign a revocation form.

_____

Signature of student Date

I have received notification from the above individual that she is pregnant. I have explained to her the options for reducing her exposure to as low as reasonable achievable (ALARA).

_____

Program Director Date

I have evaluated her prior exposure and established appropriate limits to control the dose to the developing embryo/fetus

_____

Radiation Safety Officer Date

REGIONAL WEST MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY

WITHDRAWAL OF PREGNANCY DECLARATION

I am withdrawing my previous declaration of pregnancy. I understand that as a result of signing and submitting this form, any leave of absence for pregnancy will be discontinued.

Date of Pregnancy Declaration: _____

_____ _____

Signature of Student Date

Acknowledgement of receipt of Pregnancy Withdrawal Document:

_____ _____

Signature of Program Director Date

REGIONAL WEST MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY

FETAL RADIATION EXPOSURE ADVISEMENT FORM

I have been advised of the policy regarding pregnant students in Radiology and I understand I have the option of taking a leave of absence from my education in the Radiology Program.

I understand that there is a potential hazard to the fetus from radiation and that the possibility of future genetic mutations exists. These hazards have been explained to me by _____.

I have read the pregnancy policy and I fully understand the risks involved and I have been given the opportunity to take a leave of absence from my education in the Radiology Program during this pregnancy.

I have been advised to discuss this decision with my personal physician and I will advise the program director/radiation safety officer immediately should I and/or my physician determine that a leave is warranted.

_____ _____

Signature Date

REGIONAL WEST MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY

PREGNANT RADIOLOGY STUDENT'S REQUEST FOR LEAVE OF ABSENCE

I have been advised of the policy regarding pregnant students in Radiology and I understand I have the option of taking a medical leave from my education in the radiography program.

I understand that there is a potential hazard to the fetus from radiation and that the possibility of future genetic mutations exists. These hazards have been explained to me by _____.

I have read the pregnancy policy and I fully understand the risks involved and I have been given the opportunity to take a leave of absence from my education in the Radiography Program during this pregnancy.

I have chosen to take a leave of absence from the program due to my pregnancy.

_____ _____

Signature Date

STUDENT FLUOROSCOPY (Policy 722.8.41.15)

Radiologic technology students shall not independently perform diagnostic fluoroscopic procedures. Students may operate the fluoroscopy unit for patient procedures only under the direct supervision of a physician.

During any fluoroscopy exam or procedure, students are required to wear radiation protective wear.

During any fluoroscopy exam or procedure radiation monitoring device shall be are worn by student at the collar and outside the radiation protection apparel.

RADIATION PROTECTION IN ENERGIZED LABORATORY (Policy 722.8.41.20)

Radiologic technology students shall be supervised when using a radiation producing equipment in laboratory procedures.

Radiologic technology students shall perform procedures that require the production of ionizing radiation in energized laboratory situations only under the supervision or a qualified radiographer who is readily available.

A student who energizes radiation producing equipment without adequate supervision is subject to corrective action.

During any energized laboratory procedure radiation monitoring badges shall be worn by students.

SECURITY MANAGEMENT

SECURITY AND CRIME PREVENTION / NOTIFICATION (Policy 722.8.42.05)

Regional West Medical Center, the sponsoring organization for Regional West Medical Center School of Radiologic Technology, is committed to protecting the health and safety of patients, personnel, physicians, visitors, volunteers, students, and contractors at the various Regional West Medical Center facilities. Therefore, it is Regional West Medical Center's policy that the Security Supervisor or the Administrator On-call (AOC) is authorized to notify members of the Regional West Medical Center campus community of any criminal situation, which in his/her opinion, may present a threat to Regional West Medical Center personnel. This notification is provided to help prevent Regional West Medical Center personnel from becoming a victim of crime.

1. Reporting.

   Potential criminal actions and other emergencies on Regional West Health Services property can be reported to the Communication Center by dialing #1333. The Communications Center will then notify Security by radio and/or call #911, if appropriate. Upon receipt of a call, Regional West Medical Center Security Officers are dispatched to the site and will contact the Scottsbluff Police Department if necessary. Regional West

Medical Center Security Officers will prepare incident reports for Regional West Medical Center Administration, other law enforcement agencies, and city, county, or Federal prosecutors. Offenses committed by staff, students, volunteers, Lessee's and contractors may be referred for criminal prosecution and/or addressed by Regional West Medical Center or other appropriate parties.

When a site is not serviced by Regional West Medical Center Security personnel, the students should contact #911 or the facility's security department.

2.Access to Regional West Health Services' Facilities. Staff at Regional West Medical Center has access to most facilities on campus. Access to some facilities, however, is restricted to selected personnel with proper authorization and identification.

The Regional West Medical Center Security Department will provide after hour access to Regional West Health Services' facilities to staff having proper authorization and identification.

Regional West Health Services owns properties that provide accommodations for a limited number of students, Regional West Medical Center outpatients (and families), guests, and employees.

The main location for accommodations is the Inn Touch at St. Mary's Plaza. The Inn Touch office maintains a hostess from 0600-2200 hours. The hostess can contact Regional West Medical Center Security Officers if necessary. Access doors to Inn Touch are secured during those times when the Inn Touch Hostess is not present.

3. Security on Regional West Health Services property.

The Regional West Medical Center Security Department conducts Regional West Health Services property security checks. Regional West Medical Center Security Officers conduct random foot and vehicular patrols 24 hours a day in an effort to deter criminal acts. In order to help deter theft, Security Officers are authorized to inspect suspicious or questionable materials/possessions exiting Regional West Health Services and Regional West Medical Center properties. If Security Officers observe suspicious behavior or witness a theft, they are authorized to inspect the contents of the individual(s) personal belongings. Members of the staff who refuse such requests may be subject to disciplinary action based upon the Regional West Health Services Corrective Action Policy (205.0.06). Students who refuse such requests may be subject to disciplinary action based upon the Program Corrective Action Policy (722.8.24.45). .

Unsafe conditions noted by Security Officers during internal/external patrols are reported to the Regional West Medical Center Facilities Management Department for appropriate corrective action.

The Regional West Medical Center Security Department works closely with the Scottsbluff Police Department and county, state, and Federal authorities when required. Individuals are encouraged to provide accurate and prompt reports to the Regional West Medical Center Security Department and local law enforcement agencies.

Cameras provide surveillance of parking lots and outside entrances 24 hours per day. Unusual activities shall be reported to and investigated by the Security Department and possibly local law enforcement.

4. Crime Prevention and Information Programs for Students and Employees.
The Regional West Medical Center Security Department and Safety Department provides speakers at student and employee orientations, and upon request, to student and employee groups to provide information about campus security procedures and practices.

Students and employees are encouraged to be responsible for their own security and the security of others. Additionally, Security Officers will provide an escort for persons when requested. For an escort request, please contact 630-1449 or pager 141.

5. Alcohol and Drugs.
Refer to the Regional West Medical Center Drug Free Workplace policy (201.0.03) Refer to the Regional West Medical Center School of Radiologic Technology Drug Free Campus policy (722.8.20.30) and Regional West Medical Center's Standards for Alcoholic Beverages policy (304.5.18) for information regarding alcohol and drugs.

3. Disclosure of Regional West Health Services' Security Policy and Crime Statistics.
In accordance with the Student Right to Know and Campus Security Act of 1990, 20 U.S.C., Section 1092, and Public Law 101-542, as amended by Public Law 102-66, Regional West Medical Center provides information relating to crime statistics to current students, employees, and applicants for enrollment and employment, **if requested**. Regional West Medical Center will also provide this information annually to the United States Department of Education. Crime statistics during the three (3) preceding school years, which reflect offenses reported to, the Regional West Medical Center Security Department are kept in the Security Office. On-line documentation of Crime Statistics for Regional West Medical Center is found at

http://nces.ed.gov/collegenavigator/?q=regional+west+medical+center&s=all&id=181792#crime

7. Disclosure of Regional West Health Services' Fire Statistics
In accordance with the Higher Education Opportunity Act (Public Law 110-315) Regional West Medical Center provides information relating to fire statistics for on-campus student housing (InnTouch), publishes an Annual Fire Safety Report and maintains a "fire log." Regional West Medical Center provides information relating to on-campus housing fire statistics to current students, employees, and applicants for enrollment and employment, **if requested**. Regional West Medical Center will also provide this information to the annually United States Department of Education. On-campus housing fire statistics during the three (3) preceding school years, which reflect offenses reported to, the Regional West Medical Center Security Department are kept in the Security Office. The fire log for the most recent 60-day period is open to the public inspection, upon request, during normal business hours. Any portion of the fire log that is older than 60 days will be available within two business days upon a request for public inspection. The fire log must be kept for three years following the publication of the last annual report to which it applies (7 years).

REGIONAL WEST MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY

CAMPUS SAFETY FORM

ACKNOWLEDGMENT OF RECEIPT OF THE ANNUAL SECURITY REPORT AND LISTING OF PROGRAM THAT PROMOTE CAMPUS SAFETY FOR REGIONAL WEST MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY

I acknowledge that I have received the Annual Security Report for Regional West Medical Center School of Radiologic Technology. In this report, I have received:

1. The statistics on report of on-campus murders, sex offenses, robberies, aggravated assaults, burglaries, and motor vehicle thefts; and arrests for weapons possession and liquor and drug abuse violations. (STUDENT RIGHT TO KNOW INFORMATION SHEET)

2. Policy regarding security, access to campus residences and other faculties, and campus law enforcement. (REGIONAL WEST MEDICAL CENTER SECURITY AND CRIME PREVENTION POLICY)

3. Information on campus sexual assault and rape awareness programs, procedures to follow when sex offense occurs, disciplinary action procedures, counseling opportunities.(TIMELY NOTIFICATION OF STUDENTS)(REGIONAL WEST MEDICAL CENTER SECURITY AND CRIME PREVENTION POLICY)

4. Policies on the use, possession and sale of alcoholic beverages and illegal drugs.(DRUG FREE CAMPUS)

5. Description of programs informing the campus community about alcohol and drug education, crime prevention and campus security policies.(REGIONAL WEST MEDICAL CENTER SECURITY AND CRIME PREVENTION POLICY)(TIMELY NOTIFICATION OF STUDENTS)(DRUG FREE CAMPUS)

_____ _____

Signed Date

TIMELY NOTIFICATION STATEMENT (Policy 722.8.42.10)

The Regional West Medical Center (RWMC) believes security and personal safety begins with an informed community. Only through campus community awareness and the combined efforts of the students, staff, faculty, and campus security department can we hope to provide the safest possible environment to work, study, and reside.

The prompt notification of all members who may be affected by crime is an important part of the pro-active crime prevention efforts on campus. The Director of the RWMC Security Department is authorized to notify members of the campus community of any criminal situation, which, in his opinion, may present a threat to other students, faculty, staff, or employees in the manner deemed most appropriate under the circumstances. Notification is provided to prevent them from becoming a victim of crime.

PROCEDURE:

1. In situations requiring immediate notification, the Director of Security may use personal contacts, phone systems, and other expedient means, with the cooperation of the Program Director of the School of Radiologic Technology, and employee relation representatives, to disseminate the appropriate information.

2. When situations do not require immediate/or personal contacts, the Director of Security may coordinate efforts with the Program Director of the School of Radiologic Technology, public affairs personnel or employee relations personnel to provide necessary information to the affected group(s) of the campus community of RWMC.

   Methods used for this may include, but are not limited to the use of hospital e-mail, bulletin boards, campus and city news media, flyers, faculty/staff newsletters, posted notices, individually addressed correspondence, or other announcements/forum.

Personal security and the prevention of crime is a campus community project. All members of the RWMC community must take an active part in order for security or prevention of crime to succeed.

VEHICLE PARKING (Policy 722.8.42.15)

It is the policy of Regional West Medical Center to regulate vehicle parking to provide optimal parking for patients and visitors, while at the same time, maintaining a safe and secure environment for employees, physicians, tenants, and students to arrive at or depart from the workplace. Vehicle parking is regulated in designated areas at the Medical Center, North and South Plaza and St. Mary's Plaza, and use of those parking areas should be in compliance with the guidelines defined below.

A. GENERAL PARKING AND TRAFFIC REGULATIONS

1. The Regional West Health Service Joint Operating Council will designate lots for use by various individuals or groups of individuals, and such designations will be communicated via signage, maps, this policy, and other general forms of communication.

2. The Regional West Medical Center Security Supervisor has primary responsibility for ensuring the day-to-day attainment of the goals of this policy, and the Vice President

of Human Resources is the administrative representative responsible for facilitating resolution of any conflicts arising from this policy.

3. Vehicles owned and operated by Regional West Health Services, Regional West Physicians Clinic, and Regional West Medical Center employees, non-physician tenants, and students, must display the appropriate parking tag as defined below and must park in the appropriate Regional West Health Services parking lots.

4. Vehicles shall not be parked at any time:
   - Within an intersection
   - On a crosswalk, sidewalk, or on the lawn
   - Along painted yellow or red curbs or lines
   - In any area designated as a "Fire Lane"
   - In any area not designated as a parking area
   - In a space designated by signage, including temporary restrictions
   - In a handicapped zone without proper identification; or
   - In the ambulance bay access areas

5. Freight loading zones are reserved for the exclusive use of commercial vehicles during loading or unloading processes. Any vehicles stopping in these zones shall not remain longer than necessary to load or unload.

6. Passenger loading zones are reserved for the exclusive use of vehicles during the process of loading or unloading of passengers. Vehicles in passenger loading zones shall not be left unattended for longer than ten (10) minutes.

7. If a vehicle is found to be inappropriately parked in a restricted area (as defined in #4, #5 and #6 above), Security staff will make reasonable efforts to locate the owner and have the vehicle moved. Vehicles in these areas that pose an immediate safety or security threat will be subject to towing.

8. Regional West Health Services and affiliates assume no liability or responsibility for damage caused by a third party to any vehicle parked in or on Medical Center parking facilities.

9. Special circumstances that impact availability of parking lots (construction, special events, etc.) may result in short-term changes to these parking guidelines; such variations will be communicated via normal Regional West Health Services, Regional West Physicians Clinic, and Regional West Medical Center communication processes, in advance when possible.

B. STUDENT PARKING GUIDELINES

1. Students who enter into education affiliations with Regional West Health Services, Regional West Physicians Clinic or Regional West Medical Center are expected to park in employee designated parking areas at all times. Students who will be at Regional West Health Services facilities for more than thirty days - (30) will be expected to obtain and display a Student Parking Permit.

2. Each student meeting the above criteria will, as part of the orientation to, and/or initial affiliation with, Regional West Health Services and affiliates, obtain a parking permit on or before the first day of the education affiliation.

    a) To obtain a parking permit, the student must furnish the following information via his/her education affiliation contact person to the Human Resources Department:

        - Student Identifying Number (Social Security Number, State Issued Driver License Number, etc.)
        - Vehicle Year and Make
        - Vehicle Model
        - Vehicle Color

    b) If a student routinely uses more than one (1) vehicle to drive to work, an additional permit(s) may be issued.

    c) If a student has any change in the information provided (e.g. a new vehicle, change in color, etc.) he/she must notify the Human Resource Office immediately.

    d) The Regional West Health Services Human Resource staff is responsible for entering the vehicle information provided by students into the appropriate software application for use in administering the provisions of this policy.

3. Students are required to keep a Regional West Parking Permit attached to the inside rear-view mirror of their vehicle, or displayed on the left-hand side of the dashboard, with the barcode facing outward at all times when parking at the hospital during their work time.

4. If a student loses his/her parking permit, it is the student's responsibility to contact the Human Resources office immediately to obtain a new permit; there will be a $5.00 charge for each replacement permit issued.

5. At the time the student affiliation ends, the student must turn in all parking permits issued to him/her prior to the final day of the affiliation.

    a) If a student does not turn in the issued parking permit(s) to the Human Resource Office, a charge of $5.00 per permit will be invoiced to the school with which the student is affiliated.

    b) If the student turns in the permit(s) following the generation of the invoice, the $5.00 will not be returned.

6. It is the responsibility of each student to obtain, maintain, and properly display a Regional West parking permit as defined above; failure to do so will not exempt the student from enforcement guidelines defined below.

C. SHORT OR LONG TERM DISABILITY PARKING

1. Individuals requiring parking assignments close to the hospital for medical reasons, on a temporary basis (12 weeks or less), should contact the Regional West Medical Center Security Department at #1449, who will verify such requests and issue a permit consistent with the documented physician-ordered restrictions. Students with a short-term disability permit must park in the spaces designated for such use (see attached map), or in regular student designated parking lots.

   Any student requesting a special parking assignment on a permanent basis (generally 12 weeks or more) due to a medical disability must qualify for a state-issued handicapped permit.

2. Students in possession of a state-issued permit must park in a blue handicap parking space, or in regular employee designated parking lots.

D. DESIGNATED PARKING AREAS

1. Employee/student parking areas include:
   a) West Employee/student Parking Lot
      That area East of Avenue B, south of 42nd Street and north of the Ambulatory Surgery Center. There are designated parking areas are restricted to physician use and for Regional West Medical Center-owned vehicles.

   b) North Employee/student Perimeter Parking
      The perimeter row only of north-facing parking spaces located in the lot that extends from Avenue B on the west to the spaces designated for RV parking on the east end of that same lot.

   c) North Plaza North Parking Lot
      The lot located north of the North Plaza and which is adjacent to the RV parking on the west, and which extends towards Rugger Drive on the east. Note: This lot is a dual-purpose lot; north-facing spaces only may be used by employees, and south-facing spaces are for medical staff use only.

   d) East Employee/student /Tenant Parking Lot
      That area east of Rugger Drive and north of the Air Link hangar/Regional West Medical Center warehouse. The east portion of this lot will also be used for parking of Regional West Medical Center vehicles, including trailers.

   e) South Plaza/South Main Lot Perimeter Employee/student /Tenant Parking
      The perimeter row of east- and south-facing parking spaces from Dock Drive on the east to Avenue B on the south.

   f) South Employee/student/Tenant Parking
      The area south of Rugger Drive and east of Avenue B.

g) St Mary's Plaza Employee/student Parking

The two north rows of parking in the lower-level are reserved for guests and visitors of departments/units housed in St Mary's Plaza. Employees and/or student working/studying in St Mary's Plaza building must park in upper level (north) lot. Overflow parking for employees and/or students is designated as the parking spaces along 36th Street, and/or parking next to the driveway located southwest of St Mary's Plaza.

h). Ambulatory Surgery Center Parking Lot

Students are not allowed to park in the lot east and south of the Ambulatory Surgery Center (ASC).

E. SHIFT CHANGE SECURITY

If students are concerned about their security when walking to, or from, the parking lots, they are encouraged to call the Regional West Medical Center Security Department and ask for an escort or monitoring via the campus camera system.

F. ENFORCEMENT PROCEDURES

1. Enforcement of the provisions of this policy will be carried out by Security officers at such times, and in a manner, that best ensures the attainment of the goal of providing the best experience for patients and visitors.

2. Although discretion will be utilized regarding enforcement activities, students are expected to comply with the parking guidelines at all times.

3. Students are encouraged to monitor parking and take informal steps to hold each other accountable for compliance; beyond those efforts any violation should be reported to Security by calling #1449. Security officers will also monitor the parking lots as part of their regular rounds and take steps to enforce the policy accordingly.

4. Violations of this policy include:

    a) Failure to park in the designated parking area, or;

    b) Failure to properly display the appropriate parking permit.

    NOTE: Failure to properly display parking permit and parking in an unapproved area will result in an advanced level of discipline for a single violation.

5. In cases where a **student** is found to be in violation of the provisions of this policy, the following steps will be taken:

    a. **First Offense**: The security officer will notify the Human Resource Assistant, who will contact the student's Program Director and/or Department Director, who will in turn instruct the student to move

his/her vehicle to the appropriate parking area at the earliest possible time.

b. **Second Offense**: The security officer will notify the Human Resource Assistant, who will contact the student's Program Director and/or Department Director, who will in turn instruct the student to move his/her vehicle to the appropriate parking area at the earliest possible time. The student's school will be formally notified of the policy violation via the Regional West Health Services Human Resources Department.

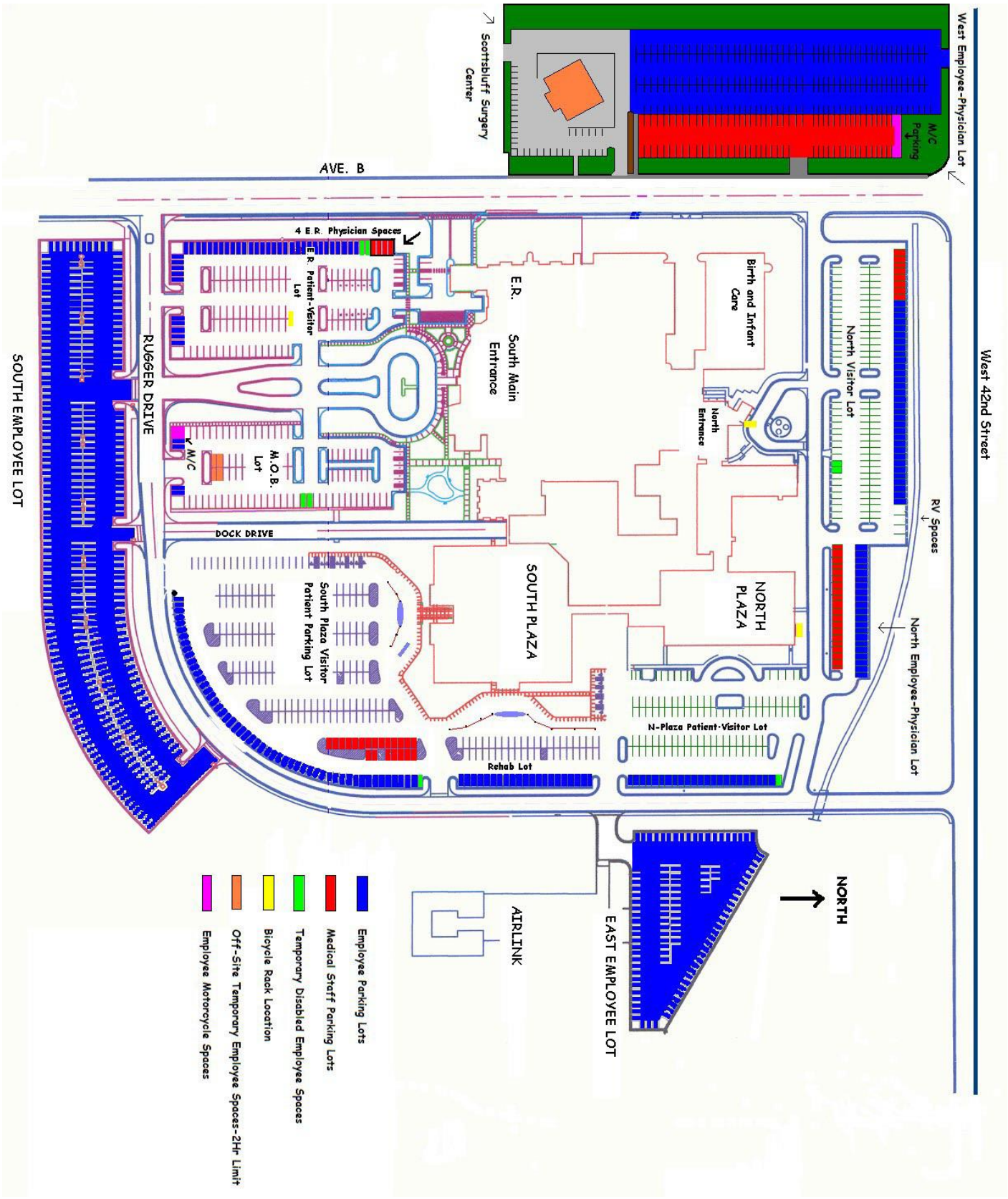
c. **Third and Subsequent Offense**: The security officer, with approval from the Vice President of Human Resources, will make arrangements to have the student's vehicle towed by a commercial service. The student and his/her school will be notified of the action and the student will be responsible for towing and storage charges resulting from this action.

G. OFF CAMPUS PARKING

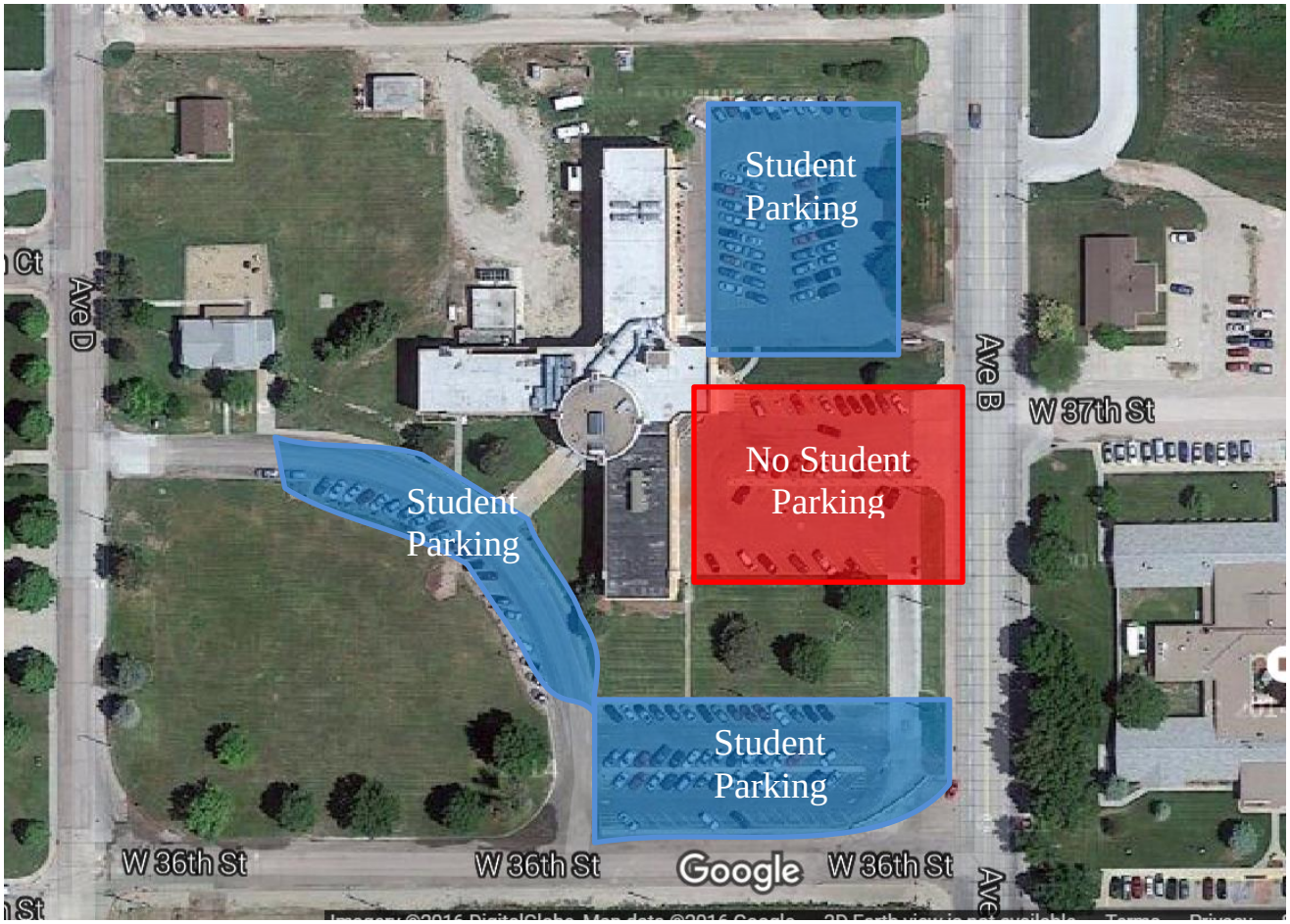
1. Each student is expected to follow the parking policy of the clinical educational setting while at that clinical educational setting.

REGIONAL WEST MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY

VEHICLE PARKING MAIN CAMPUS MAP



VEHICLE PARKING ST. MARY PLAZA MAP



EDUCATIONAL SETTING VIOLENCE (Policy 722.8.42.20)

The safety and security of Regional West Medical Center School of Radiologic Technology personnel, students, and individuals encountered in the education setting such as employees, patients, and visitors, is of vital importance. Regional West Medical Center School of Radiologic Technology has a zero tolerance plan for workplace violence. Any acts or threats of physical violence, including intimidation, harassment, or coercion, which involve or affect Regional West Medical Center School of Radiologic Technology, the sponsoring organization, or any clinical educational settings or which occurs on Regional West Medical Center or on any clinical educational setting property, including parking areas, will not be tolerated.

This prohibition against threats and acts of violence applies to all persons involved in the operation of Regional West Medical Center School of Radiologic Technology, including but not limited to, Regional West Medical Center personnel, patients, students, and visitors or any clinical educational setting personnel, patients, students or visitors. Therefore, violation of the policy by any individual on Regional West Medical Center property or any clinical educational setting is considered misconduct and will lead to Corrective Action and/or legal action as appropriate.

Events occurring on Regional West Health Services Property:

1. Persons who believe they are subject to, or are aware of threats, harassment, intimidation, physical abuse, verbal abuse or coercion from employees, patients, guests, visitors, supervisory personnel, physicians, students, or others will report all specific occurrences and circumstances to their supervisor, next level manager, or Human Resources representative.

   All threats direct and imminent in nature should be reported to Security immediately. At facilities without on-site security, local law enforcement should be contacted immediately by calling 911.

   Security will coordinate all necessary investigations and follow-up, forwarding all findings to the Director of Human Resources.

2. MANAGEMENT RESPONSE TEAM

   Regional West Medical Center has established a Management Response Team (MRT) who is responsible for the overall implementation and maintenance of Regional West Medical Center's Workplace Crisis Response Plan.

   MRT members are management level representatives from the following departments: Human Resources, Security, Risk Management, Corporate Legal Counsel, and Behavioral Health.

   The MRT may assign all or some of these tasks to other individuals within Regional West Medical Center. Nevertheless, the MRT remains ultimately responsible for the implementation and maintenance or Regional West Medical Center's Workplace Crisis Response Plan. The MRT will review cases and investigate findings if warranted.

3. VICTIMS OF VIOLENCE

   School personnel will notify Security of any victims of violence that may be enrolled in the Program. Security will maintain a current list of the location of victims of violence and make frequent checks of those areas.

4. THREAT MANAGEMENT PROCESS

Each occurrence will be investigated with appropriate action taken. If threatening behavior occurs, all personnel should follow the Threat Management Process as illustrated in the following process:

5. THREAT MANAGMENT PROCESS DETAIL

Step 1: Threatening statement or incident is made or witnessed.
A threat is an expression of intent to inflict pain, injury or other harm. The expression may be verbal or non-verbal. The harm may be explicit or vague.

Step 2: Document and report incident to Supervisor, next level manager, or Security immediately. Facilities without on-site security should contact local law enforcement or call Emergency 911.

6. THREATS MADE BY STUDENTS

Step 1: Supervisor substantiates and confirms threat with a management representative or Security if necessary.

Explicit threat – If a student makes a threat that is explicit, the supervisor can move to suspend with immediate notification to Security and Human Resources and the Educational Advisory Committee (EAC).

Vague or Insinuated Threat – Sometimes, however, the supervisor will face a situation where the threat is vague or insinuated. This optional confirmation step provides the supervisor with a second opinion or consultation.

It allows the supervisor to check his or her perceptions and logic with a colleague and proceed to act with confidence in their judgment.

Step 2: Is threat by student confirmed?
If YES, follow steps 3-7
If NO, follow steps 5-7

Step 3: Threatening student is suspended from the Program and escorted from the building by Security, if necessary, to ensure the immediate safety of the clinical or didactic environment.

Any student who makes an imminent threat should be suspended immediately pending an investigation. Suspension at this point is a precautionary, not a disciplinary action. If, after investigation, it is determined that the student was not culpable, he or she will be able to return to class.

Tell the student in clear terms that he/she is being suspended for threatening behavior. You may say, for example, “I understand that you may have behaved in a threatening manner, (or “I think the statements and gestures you made could be considered as a threat”). As you know, Regional West Medical Center has a zero-tolerance policy regarding threats. I must suspend you from the Program pending an investigation.

You will be contacted to provide information to help us clarify the situation."

Step 4: Security takes written statements and investigates the incident. Findings are reported to the Director of Human Resources and the EAC.

Step 5: Human Resources advises supervisor regarding disciplinary action where appropriate.

Step 6: Program Officials takes Corrective Action where appropriate.

Step 7: Program Officials and Human Resources maintain all documents relating to the incident.

7. PROTECTION, RESTRAINING, AND NO TRESPASSING ORDERS

All judicial orders for protection, restraining or trespassing concerning students, employees, patients, visitors, or volunteers will be copied and supplied to Security immediately. Security will enforce said orders on Regional West Medical Center property for the indicated effective dates.

Events occurring at a Clinical Educational Facility that is not on Regional West Health Services Property:

1. Persons who believe they are subject to, or are aware of threats, harassment, intimidation, physical abuse, verbal abuse or coercion from employees, patients, guests, visitors, supervisory personnel, physicians, students, or others will report all specific occurrences and circumstances to their supervisor, next level manager, or Human Resources representative.

   All threats direct and imminent in nature should be reported to Security immediately. At facility with no on-site security, local law enforcement should be contacted immediately by calling 911.

   Security will coordinate all necessary investigations and follow-up, forwarding all findings to the Director of Human Resources.

2. The response to the threat or violent event will follow the policies of the Clinical Educational Setting for workplace violence.

MISSING STUDENT NOTIFICATION (Policy 722.8.42.25)

In accordance with the Higher Education Opportunity Act (Public Law 110-315) Regional West Medical Center School of Radiologic Technology has established the following procedure for use in the event that a student is reported as missing from on-campus housing.

Regional West Medical Center currently has one on-campus student housing facility referred to as InnTouch. InnTouch personnel are available to assist students daily from 6:00 am to 10:00 pm. After hours hospital security personnel are available to assist students residing at InnTouch.

The Program will identify which students are residing in the on-campus student housing facility (InnTouch) during each term.

The Program will monitor the student presence during week days by the reported attendance in the clinical or didactic setting. If the student does not report to the assigned area, the Program will investigate the reason of nonattendance by a phone call or visiting the student's room. The student has the responsibility of reporting nonattendance to Program faculty. In the event that the student is scheduled for a clinical rotation on one of the weekend days, the student is responsible for notifying department technologists of nonattendance.

On the weekends, the student will communicate with InnTouch personnel at least once each day. If the student will be away from the housing facility over the weekend, the student should inform the InnTouch personnel. Each Regional West Medical Center School of Radiologic Technology student residing at InnTouch has an option to register a confidential contact person that will be notified in the case that the student is determined to be missing. Only authorized campus officials and law enforcement officers will have access to this information in the event of a missing person investigation.

In the event that a student does not select a contact person, the local law enforcement department will still be contacted if the student is identified as missing.

While these procedures may be used when a student is reported missing for 24 hours, any individual may initiate the missing student procedure quicker if the individual feels the circumstances warrant a faster implementation.

Procedure for determining that a student residing at InnTouch is missing:

1. Initial investigation will occur when the student who is assigned to clinical education setting or didactic class is absent but does not report inability to attend.

2. A Program Official will attempt to contact the student by phone or by visiting the student's room.

3. On days when the student is not scheduled for didactic class or attendance at a clinical educational setting and the student will be on campus, the student shall be in contact with InnTouch personnel at least once a day.

4. If the student is not scheduled for didactic class or attendance at a clinical educational setting and the student will not be on campus, the student shall notify InnTouch personnel the number of days the student plans to be off campus.

5. If the student does not communicate with InnTouch personnel on the days when the student is not scheduled in a didactic or clinical setting, the InnTouch personnel shall attempt to contact the student by phone or visiting the student's room.

6. In the event the InnTouch personnel are unable to communicate with the student, the InnTouch personnel will contact one of the Program officials to follow up on the possibility of a missing student. The Program official will attempt to contact the student by phone. On the rare occasion the InnTouch personnel cannot reach the Program Official, the InnTouch

personnel will directly communicate with the RWMC Security about the possibility of a missing student.

7. Any other individual who cannot contact the student and is concerned about the possibility of a missing student should contact the RWMC Security office or Program officials.

8. Once the Program official determines that the student cannot be contacted, the Program official will immediately contact RWMC Security about the possibility that the student is missing.

Contacts:

Name	Office Number	Cell Number
Stephanie Cannon, Program Instructor	(308)630-1153	(308)765-5009
Randy Prouty, Chief Clinical Instructor	(308)630-1142	(308)225-1497
Sylvia Dolberg, Imaging Services Assistant Director	(308)630-1144	(308)631-7257
Inn Touch	(308)630-1222	
Regional West Medical Center Campus Security	(308)630-1449	
Scottsbluff Police Department	(308)632-7176	

REGIONAL WEST MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY

STUDENT RESIDING AT INNTOUCH CONFIDENTIAL CONTACT PERSON

Student Name: _____

Contact Name: _____

Contact Phone Number: _____

Contact Cell Phone Number:_____

Contact E-mail Address: _____

Only authorized campus officials and law enforcement officers will have access to this information in the event of furtherance of a missing person investigation.

CONCEALED WEAPONS POLICY (Policy 722.8.42.30)

In order to provide a safe and secure environment for all Regional West Medical Center personnel, patients and visitors, weapons of any kind are strictly forbidden from all Regional West Medical Center property and designated educational clinical settings.

DEFINITION

Weapon: Any object defined as a dangerous weapon by State or Federal law: a gun, rifle, revolver, pistol, dagger, dirk, stiletto, knife with a blade over four (4) inches in length, pocketknife opened by a mechanical device, iron bar, or brass knuckles.

Firearms and other deadly weapons of any kind are strictly forbidden on all Regional West Medical Center properties or designated educational clinical setting. This restriction includes all Regional West Medical Center employees, students, and any other person entering Regional West Medical Center property for any reason. This prohibition shall not prevent firearms/other deadly weapons to be kept in locked vehicles in Regional West Medical Center owned parking areas.

This policy shall not prohibit the following persons from carrying a firearm/other deadly weapon on hospital premises:

1) Sworn Law Enforcement Officers
2) Forensic Agencies/Guards
3) Security/designated alternative guards employed by or contracted with the hospital or who have been granted express permission by the hospital to carry a firearm while on duty.

Signs will be posted at all entrances of Regional West Medical Center, including entrances for students, employees and clinical practitioners, announcing Regional West Medical Center's policy prohibiting firearms and other deadly weapons on Regional West Medical Center property. English and Spanish signage shall state:

REGIONAL WEST MEDICAL CENTER PROHIBITS ANY PERSON FROM CARRYING A FIREARM OR OTHER DEADLY WEAPON ONTO THESE PREMISES.

Patients

Any permit-holding patient carrying a firearm/other deadly weapon is required by law to inform the Emergency Department/Admitting personnel that they are carrying a concealed weapon (Section 69-2427 et seq. Neb. Rev. Stat.) If the permit-holder is transported for treatment, Emergency Department personnel are authorized to turn custody of the weapon over to any law enforcement officer with the authority to arrest.

If a patient is discovered to be in possession of a firearm or other deadly weapon, the student discovering the firearm or deadly weapon should immediately inform the patient of Regional West Medical Center's policy and then contact the House Supervisor who will in turn contact Security who will retrieve the firearm/weapon and secure within the Security safe.

If the patient refuses to allow Security/designated individual to take control of the firearm/other deadly weapon, Scottsbluff Police Department will be notified.

Visitors/Vendors

No visitor or vendor will be allowed to possess a firearm or other deadly weapon on campus. All students are to notify Security if a visitor or vendor is believed to have a firearm or other deadly weapon. Security staff will respond and inform the visitor or vendor of Regional West Medical Center's policy and ask the visitor or vendor to remove the firearm/weapon from Regional West Medical Center's premises immediately or return it to his or her vehicle. If the visitor/vendor refuses, Scottsbluff Police Department will be notified.

Employees / Students/ Volunteers / Medical Staff Personnel/Student

No volunteer, employee, student, medical staff member, clinical practitioner, independent contractor or lessee shall be allowed to possess a firearm or other deadly weapon while on Regional West Medical Center property. Individuals are to notify Security immediately if any employee, student, medical staff member, clinical practitioner, independent contractor or lessee is believed to be carrying a firearm or other deadly weapon.

Security staff will respond and inform the individual of Regional West Medical Center's policy and ask the individual to remove the firearm/weapon from hospital premises immediately or return it to his or her vehicle. If the person refuses, Scottsbluff Police Department will be notified.

Any employee, student, volunteer, medical staff member, clinical practitioner, independent contractor or lessee who violates this policy shall be subject to discipline according to Hospital Corrective Action Policy #205.0.06. A violation of this policy shall become grounds for immediate dismissal. Violation of this policy by Medical Staff shall be grounds for corrective action under the Medical Staff Bylaws. All individuals who violate this policy may also face charges based on local, state or federal regulations.

Any student who violates this policy shall be subject to discipline according to Corrective Action Policy. A violation of this policy shall be grounds for immediate dismissal. Students who violate this policy may also face charges based on local, state or federal regulations.

Safety

Students should be aware that the enforcement of this policy deals with confronting individuals carrying loaded firearms or other deadly weapons. Under no circumstances should any student take any unnecessary risk or compromise his/her safety in enforcing this policy. Local law enforcement should be contacted immediately, if deemed necessary.

Off-Site Areas

Upon the discovery of any unauthorized firearm or other deadly weapon, student at off-campus facilities should contact the security officer or an appropriate member of management at the off-site facility. If the individual refuses to comply, management will contact local law enforcement immediately by calling 911.

FIRE SAFETY MANAGEMENT

REPORTING OF FIRE SAFETY (Policy 722.8.43.05)

The Program Official will obtain from Regional West Medical Center Campus Security information regarding fire safety. Regional West Medical Center's on-campus student housing is located at InnTouch.

In accordance with the Higher Education Opportunity Act (Public Law 110-315) Regional West Medical Center must collect fire statistics, publish an Annual Fire Safety Report and maintain a "fire log."

Fire Statistics
Regional West Medical Center must collect and report the following fire statistics:

- The number of fires
- The cause of each fire
- The number of deaths related to the fire
- The number of injuries related the fire that resulted in treatment at a medical facility
- The value of the property damage related to the fire
- Reporting of these fire statistics will occur in the annual fire safety report to the Department of Education's web-based data collection system.

Annual Fire Safety Report
The report must contain the following information:

- Fire statistics as identified above
- A description of the fire safety system for on-campus student housing facility (InnTouch)
- The number of fire drills held during the previous calendar year
- Regional West's policies on portable electrical appliances, smoking and open flames in student housing facilities
- Procedures for student housing evaluation
- Policies for fire safety education and training program for students, faculty, and staff
- A list of titles of each person or organization to which individuals should report that a fire has occurred.
- Plans for future improvements in fire safety, if determined necessary by the institution

Fire Log
A record of the fire event shall be maintained. The fire should be recorded by the date the fire was reported. For each fire:

- Nature of the fire
- The date the fire occurred
- The time of day the fire occurred
- The general location of the fire
- A hard copy or electronic copy may be maintained. Either format must be accessible on-site. The fire log for the most recent 60-day period must be open to the public inspection, upon request, during normal business hours.

- Any portion of the log that is older than 60 days must be available within two business days upon a request for public inspection.
- Information in the fire log should be used to gather the statistics that are required for the Annual Fire Safety Report.
- The fire log must be kept for three years following the publication of the last annual report to which it applies (7 years).

TOBACCO FREE CAMPUS (Policy 722.8.43.10)

Regional West Medical Center and Regional West Medical Center School of Radiologic Technology does not permit smoking anywhere on campus by any individual.

Regional West Medical Center and Regional West Medical Center School of Radiologic Technology have been a smoke-free campus since March 1, 2006. Smoking is not allowed anywhere on the campus. This includes all hospital property, hospital vehicles, grounds, buildings, parking lots and roadways. This policy includes all people anywhere within Regional West Medical Center owned or leased property.

Smoking is defined as carrying or using of any lighted cigarette, cigar, pipe or other type of tobacco product. The sale of tobacco and related materials on hospital premises is prohibited. Violations will be handled in accordance with Corrective Action Policy.

Regional West Medical Center School of Radiologic Technology

Summary of Most Recent Information

6/2/2017

		Recent Data		Historic Mean		Benchmark
Program Effectiveness Goal:	The program will graduate entry-level technologists					
Outcome # 1:	Students will complete the program within 36 months.					
	Program Completion Rate	100.00		79.96		75.00
Outcome # 2:	Graduates will indicate that they are satisfied with their educational program.					
	Graduate Satisfaction Alumni Evaluation #25 A #25 B	97.50		97.89		90.00
Outcome # 3:	Employers will indicate that they are satisfied with the graduate's performance.					
	Employer Satisfaction Employer Evaluation #11	90.00		97.50		90.00
Outcome # 4:	Students will pass the ARRT certification exam on the first attempt.					
	ARRT Pass Rates	100%		100%		75%
Outcome # 5:	Graduates seeking employment will be employed within 12 months of graduation.					
	Employment Rate Alumni Evaluation #23	100%		100%		75%

		Recent Data		Historic Mean		Benchmark
Goal # 1:	Demonstrate the skills necessary to perform as an entry-level radiographer					
Outcome # 1:	The student will comprehend and apply the principles of ALARA for patients and others.					
	Clinical Staff Evaluations	98.59		97.00		90.00
	ARRT Radiation Protection Section Test Results	8.60		9.20		9.00
Outcome # 2:	The student will demonstrate knowledge of anatomy and pathology.					
	Case Studies - section covering knowledge about anatomy and pathology	95.96		95.56		90.00
	Test scores from 365 Radiographic Pathophysiology Courses	90.24		93.71		90.00
	Test scores on cross-sectional anatomy form Course 380 Advanced Procedures	89.21		93.38		90.00
	Lab checkouts from Course 285-A and Course 285-B - section on identifying anatomy and pathology	99.99		100.00		90.00
Outcome # 3:	The student will consistently demonstrate quality patient care skills.					
	Completion of Venipuncture, EKG, phlebotomy performances	99.10		99.36		80.00
	Clinical Staff Evaluations	98.69		97.14		90.00
	Employer evaluations	86.67		97.33		90.00
Outcome # 4:	The student will consistently operate the radiographic equipment to optimize the quality of images produced.					
	Clinical Instructors Evaluations	97.46		95.01		90.00
	Clinical Staff Evaluations	98.71		96.44		90.00
	Grades from Competency Checks from Clinical Courses 295, 390, 395	99.91		99.37		90.00

Goal # 2:	The student upon graduation will demonstrate critical thinking and problem solving skills.	*Recent Data*	*Historic Mean*	*Target*
Outcome # 1:	The student will demonstrate appropriate critical thinking and problem solving skills in the care of patients.			
	Clinical Staff Evaluations	98.71	96.59	90.00
	Clinical Instructor Evaluations	97.53	95.91	90.00
	Employer Evaluations	86.67	96.33	90.00
	Upper Extremities, Trauma Lower Extremities, Cross table lateral hip	99.07	98.44	90.00
Outcome # 2:	The student will demonstrate appropriate critical thinking and problem solving skills in performing radiographic procedures.			
	Clinical Staff Evaluations	98.58	97.46	90.00
	Clinical Instructor Evaluations	97.38	95.63	90.00
	Employer Evaluations	90.00	96.10	90.00

Goal # 3:	The student upon graduation will demonstrate effective communication skills.	*Recent Data*	*Historic Mean*	*Target*
Outcome # 1:	The student will use appropriate oral and written communication in discourse with patients, peers, and medical staff.			
	Clinical Staff Evaluations	99.15	97.46	90.00
	Clinical Instructor Evaluations	97.70	96.22	90.00
	Case Studies - Communication Section	92.42	94.00	90.00
Outcome # 2:	The student will accurately read and actively listen to understand and comprehend presented information.			
	Employer Evaluations	82.22	94.28	90.00
	Clinical Instructors Evaluations	97.53	95.79	90.00

Goal # 4:	The student upon graduation will demonstrate attitudes and actions that promote the professional attributes of a ra	*Recent Data*	*Historic Mean*	*Target*
Outcome # 1:	The student will investigate opportunities for professional growth.			
	Alumni Evaluations	97.50	98.36	90.00
	Employer Evaluations	80.00	93.43	90.00
	Course 380 Advanced Imaging Procedures – NSRT paper	81.00	84.14	75.00
	Course 377 - Quality Assurance - QA Project and Presentation.	90.08	90.69	75.00
	Course 399 Preview and Presentation - NSRT Poster	83.63	84.41	75.00
Outcome # 2:	The student will demonstrate appropriate professional and ethical attributes.			
	Employer Evaluations	91.11	97.22	90.00
	210 Medical Ethics – Tests Scores	84.80	87.54	80.00
	Clinical Instructor Evaluations	97.63	96.53	90.00
	Clinical Staff Evaluations	99.30	99.51	90.00
Outcome # 3:	The student will demonstrate professional and community involvement.			
	Employer Evaluations	86.67	89.33	90.00
	Course 295 Clinical Education and Course 399 Review and Presentation Community Service reflection essay	94.52	93.70	80.00
	Course 390 Clinical Education II-A - Student Leadership Essay	89.63	91.26	80.00

*Started Tracking for Cohort Graduating Aug 2016

JRCERT STANDARDS OF AN ACCREDITED EDUCATIONAL PROGRAM FOR THE RADIOGRAPHER

Standards for an Accredited Educational Program in Radiography

EFFECTIVE JANUARY 1, 2014

Adopted by:

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

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

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

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Introductory Statement

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 **STANDARDS** require a program to articulate its purposes; to demonstrate that it has adequate human, physical, and financial resources effectively organized for the accomplishment of its purposes; to document its effectiveness in accomplishing these purposes; and to provide assurance that it can continue to meet accreditation standards.

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.

There are six (6) standards. Each standard is titled and includes a narrative statement supported by specific objectives. Each objective, in turn, includes the following clarifying elements:

- **Explanation** - provides clarification on the intent and key details of the objective.

- **Required Program Response** - requires the program to provide a brief narrative and/or documentation that demonstrates compliance with the objective.

- **Possible Site Visitor Evaluation Methods** - identifies additional materials that may be examined and personnel who may be interviewed by the site visitors at the time of the on-site evaluation to help determine if the program has met the particular objective. Review of additional materials and/or interviews with listed personnel is at the discretion of the site visit team.

Following each standard, the program must provide a **Summary** that includes the following:

- Major strengths related to the standard
- Major concerns related to the standard
- The program's plan for addressing each concern identified
- Describe any progress already achieved in addressing each concern
- Describe any constraints in implementing improvements

The submitted narrative response and/or documentation, together with the results of the on-site evaluation conducted by the site visit team, will be used by the JRCERT Board of Directors in determining the program's compliance with the STANDARDS.

Standards for an Accredited Educational Program in Radiography

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Standard One
Integrity

Standard One: **The program demonstrates integrity in the following:**

- **Representations to communities of interest and the public,**
- **Pursuit of fair and equitable academic practices, and**
- **Treatment of, and respect for, students, faculty, and staff**.

Objectives:

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

1.1 Adheres to high ethical standards in relation to students, faculty, and staff.

1.2 Provides equitable learning opportunities for all students.

1.3 Provides timely, appropriate, and educationally valid clinical experiences for each admitted student.

1.4 Limits required clinical assignments for students to not more than 10 hours per day and the total didactic and clinical involvement to not more than 40 hours per week.

1.5 Assures the security and confidentiality of student records, instructional materials, and other appropriate program materials.

1.6 Has a grievance procedure that is readily accessible, fair, and equitably applied.

1.7 Assures that students are made aware of the JRCERT **Standards for an Accredited Educational Program in Radiography** and the avenue to pursue allegations of non-compliance with the **STANDARDS**.

1.8 Has publications that accurately reflect the program's policies, procedures, and offerings.

1.9 Makes available to students, faculty, and the general public accurate information about admission policies, tuition and fees, refund policies, academic calendars, clinical obligations, grading system, graduation requirements, and the criteria for transfer credit.

1.10 Makes the program's mission statement, goals, and student learning outcomes readily available to students, faculty, administrators, and the general public.

1.11 Documents that the program engages the communities of interest for the purpose of continuous program improvement.

1.12 Has student recruitment and admission practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.

1.13 Has student recruitment and admission practices that are consistent with published policies of the sponsoring institution and the program.

1.14 Has program faculty recruitment and employment practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.

1.15 Has procedures for maintaining the integrity of distance education courses.

1.1 Adheres to high ethical standards in relation to students, faculty, and staff.

Explanation:
High ethical standards help assure that the rights of students, faculty, and staff are protected. Policies and procedures must be fair, equitably applied, and promote professionalism.

Required Program Response:
- Describe the procedure for making related policies and procedures known.
- Provide copies of policies and procedures that assure equitable treatment of students, faculty, and staff.

Possible Site Visitor Evaluation Methods:
- Review of student handbook
- Review of employee/faculty handbook
- Review of course catalog
- Review of student records
- Interviews with faculty
- Interviews with students
- Interviews with staff

1.2 Provides equitable learning opportunities for all students.

Explanation:
The provision of equitable learning activities promotes a fair and impartial education and reduces institutional and/or program liability. The program must provide equitable learning opportunities for all students regarding learning activities and clinical assignments. For example, if an opportunity exists for students to observe or perform breast imaging, then all students must be provided the same opportunity. If evening and/or weekend rotations are utilized, this opportunity must be equitably provided for all students.

Required Program Response:
Describe how the program assures equitable learning opportunities for all students.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
- Review of master plan of education
- Review of course objectives
- Review of student clinical assignment schedules
- Interviews with faculty
- Interviews with clinical instructors
- Interviews with clinical staff
- Interviews with students

1.3 Provides timely, appropriate, and educationally valid clinical experiences for each admitted student.

Explanation:
Programs must have a process in place to provide timely, appropriate, and educationally valid clinical experiences to all students admitted to the program. Students must have sufficient access to clinical settings that provide a wide range of procedures for competency achievement including mobile, surgical, and trauma examinations. Clinical settings may include hospitals, clinics, specialty/imaging centers, orthopedic centers, and other facilities. With the exception of observation site assignments, students must be provided the opportunity to complete required program competencies during clinical assignments. Clinical placement must be non-discriminatory in nature and solely determined by the program.

A meaningful clinical education plan assures that activities are educationally valid and prevents the use of students as replacements for employees. The maximum number of students assigned to a clinical setting must be supported by sufficient human and physical resources. The number of students assigned to the clinical setting must not exceed the number of clinical staff assigned to the radiography department. The student to radiography clinical staff ratio must be 1:1. However, it is acceptable that more than one student may be temporarily assigned to one technologist during uncommonly performed procedures.

Students assigned to advanced imaging modalities, such as computed tomography, magnetic resonance, angiography, and sonography, are not included in the calculation of the authorized clinical capacity (unless the clinical setting is recognized exclusively for advanced imaging modality rotations). Once the students have completed the advanced imaging assignments, the program must assure that there are sufficient clinical staff to support the students upon reassignment to the radiography department.

The utilization of clinical assignments such as file room, reception area, and patient transportation should be limited.

Additionally, traditional programs that require students to participate in clinical education during evenings and/or weekends must assure that:

- students' clinical clock hours spent in evening and/or weekend assignments must not exceed 25% of the total clinical clock hours.
- program total capacity is not increased through the use of evening and/or weekend assignments.

The JRCERT defines the operational hours of traditional programs as Monday - Friday, 5:00 a.m. - 7:00 p.m.

Programs may permit students to make up clinical time during term or scheduled breaks; however, they may not be assigned to clinical settings on holidays that are observed by the sponsoring institution. Program faculty need not be physically present; however, students must be able to contact program faculty during makeup assignments. Also, the program must assure that its liability insurance covers students during these makeup assignments.

Required Program Response:

- Describe the process for student clinical placement.
- Provide current student assignment schedules in relation to student enrollment.
- Describe how the program assures a 1:1 student to radiography clinical staff ratio at all clinical settings.
- Describe how the program assures that all students have access to a sufficient variety and volume of procedures to achieve program competencies.
- Submit evening and/or weekend rotation(s) calculations, if applicable.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
- Review listing of enrolled students in relation to clinical assignments, including evening and/or weekend, if applicable
- Review of clinical placement process
- Review of student clinical records
- Interviews with faculty
- Interviews with clinical instructors
- Interviews with students

1.4 Limits required clinical assignments for students to not more than 10 hours per day and the total didactic and clinical involvement to not more than 40 hours per week.

Explanation:
This limitation helps assure that students are treated ethically. For the safety of students and patients, not more than ten (10) clinical hours shall be scheduled in any one day. Scheduled didactic and clinical hours combined cannot exceed forty (40) hours per week. Hours exceeding these limitations must be voluntary on the student's part.

Required Program Response:
- Describe the process for assuring that time limitations are not exceeded.
- Provide documentation that required student clinical assignments do not exceed ten (10) hours in any one day and the total didactic and clinical involvement does not exceed forty (40) hours per week.

Possible Site Visitor Evaluation Methods:
- Review of master plan of education
- Review of published program materials
- Review of student schedules
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with clinical staff
- Interviews with students

1.5 Assures the security and confidentiality of student records, instructional materials, and other appropriate program materials.

Explanation:
Appropriately maintaining the security and confidentiality of student records and other program materials protects the student's right to privacy. Student records must be maintained in accordance with the Family Education Rights and Privacy Act (Buckley Amendment). If radiation monitoring reports contain students' dates of birth and/or social security numbers, this information must be maintained in a secure and confidential manner.

Required Program Response:
Describe how the program maintains the security and confidentiality of student records and other program materials.

Possible Site Visitor Evaluation Methods:

- Review of institution's/program's published policies/procedures
- Review of student academic and clinical records
- Tour of program offices
- Tour of clinical setting(s)
- Interviews with administrative personnel
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with clinical staff
- Interviews with students

1.6 Has a grievance procedure that is readily accessible, fair, and equitably applied.

Explanation:
A grievance is defined as a claim by a student that there has been a violation, misinterpretation, or inequitable application of any existing policy, procedure, or regulation. The program must have procedures to provide students an avenue to pursue grievances. The procedure must outline the steps for formal resolution of any grievance. The final step in the process must not include any individual(s) directly associated with the program (e.g., program director, clinical coordinator, clinical instructors, diagnostic imaging department director). The procedure must assure timely resolution. The program must maintain a record of all formal grievances and their resolution. Records must be retained in accordance with the institution's/program's retention policies/procedures. The records must include information on how the grievance was resolved and assurance that there are no trends that could negatively affect the quality of the educational program.

Additionally, the program must have a procedure to address any complaints apart from those that require invoking the grievance procedure. The program must determine if a pattern of complaint exists that could negatively affect the quality of the educational program (e.g., cleanliness of the classroom).

Required Program Response:
Describe the nature of any formal grievance(s) that would jeopardize the program's ability to meet its mission.
Describe the nature of any complaint(s) that would jeopardize the program's ability to meet its mission.
Provide a copy of the grievance procedure.
Provide a copy of any formal grievance(s) resolution.

Possible Site Visitor Evaluation Methods:
- Review of institutional catalog
- Review of student handbook
- Review of formal grievance(s) record(s), if applicable
- Review of complaint(s) record(s), if applicable
- Interviews with faculty
- Interviews with students

1.7 Assures that students are made aware of the JRCERT Standards for an Accredited Educational Program in Radiography and the avenue to pursue allegations of non-compliance with the STANDARDS.

Explanation:
The program must assure students are cognizant of the **STANDARDS** and must provide contact information for the JRCERT.

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

Contact of the JRCERT should not be a step in the formal institutional/program grievance procedure. The individual must first attempt to resolve the complaint directly with institution/program officials by following the grievance procedures provided by the institution/program. If the individual is unable to resolve the complaint with institution/program officials or believes that the concerns have not been properly addressed, he or she may submit allegations of non-compliance directly to the JRCERT.

Required Program Response:
- Describe the procedure for making students aware of the **STANDARDS**.
- Describe how students are provided contact information for the JRCERT.

Possible Site Visitor Evaluation Methods:
- Review of program publications
- Interviews with faculty
- Interviews with students

1.8 Has publications that accurately reflect the program's policies, procedures, and offerings.

Explanation:
Maintaining published information regarding the program's current policies, procedures, and offerings provides interested parties with an accurate overview of program requirements and expectations.

Required Program Response:
Provide program publications that reflect program policies, procedures and offerings.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student handbook
- Interviews with faculty
- Interviews with students

1.9 Makes available to students, faculty, and the general public accurate information about admission policies, tuition and fees, refund policies, academic calendars, clinical obligations, grading system, graduation requirements, and the criteria for transfer credit.

Explanation:
The institutional and/or program policies must be published and made readily available to students, faculty, and the general public on the institution's/program's Web site to assure transparency and accountability of the educational program. For example, requiring the general public to contact the institution/program to request program information is not adequate. Policy changes must be made known to students, faculty, and the general public in timely fashion. It is recommended that revision dates be identified on program publications.

The institution and/or program must establish and publicly disclose the criteria used when determining the transfer of credit earned from other institutions and/or programs. Also, programs must publicly disclose a list of institutions with which the program has established an articulation agreement.

The program's academic calendar must be published and, at a minimum, identify specific start and end dates for each term, holidays recognized by the sponsoring institution, and breaks.

Student clinical obligations (e.g., drug screening, background checks, and associated fees) must be clearly identified in appropriate program publications. Additionally, if evening and/or weekend clinical assignments are required or if students must travel to geographically-dispersed clinical settings, this information must also be included.

Required Program Response:
- Describe how institutional and/or program policies are made known to students, faculty, and the general public.
- Provide publications that include these policies.

Possible Site Visitor Evaluation Methods:
- Review of institutional materials
- Review of published program materials
- Review of institutional and/or program Web site
- Interviews with faculty
- Interviews with Admissions personnel
- Interviews with Registrar
- Interviews with students

1.10 Makes the program's mission statement, goals, and student learning outcomes readily available to students, faculty, administrators, and the general public.

Explanation:
Program accountability is enhanced by making its mission statement, goals, and student learning outcomes available to the program's communities of interest on the institution's/program's Web site to assure transparency and of the educational program. Requiring the general public to contact the institution/program to request program information is not adequate.

Example:

Mission:
The mission of the radiography program is to prepare competent, entry-level radiographers able to function within the healthcare community.

Goal: Students will be clinically competent.
Student Learning Outcomes: Students will apply positioning skills.
Students will select technical factors.
Students will utilize radiation protection.

Goal: Students will demonstrate communication skills.
Student Learning Outcomes: Students will demonstrate written communication skills.
Students will demonstrate oral communication skills.

Goal: Students will develop critical thinking skills.
Student Learning Outcomes: Students will adapt standard procedures for non-routine patients.
Students will critique images to determine diagnostic quality.

Goal: Students will model professionalism.
Student Learning Outcomes: Students will demonstrate work ethics.
Students will summarize the value of life-long learning.

Required Program Response:
- Describe how the program makes its mission statement, goals, and student learning outcomes available to students, faculty, administrators, and the general public.
- Provide copies of publications that contain the program's mission statement, goals, and student learning outcomes.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of institutional and/or program Web site
- Interviews with administrative personnel
- Interviews with faculty
- Interviews with students

1.11 Documents that the program engages the communities of interest for the purpose of continuous program improvement.

Explanation:
Communities of interest are defined as institutions, organizations, groups, and/or individuals interested in educational activities in radiography. Obtaining formal feedback on program operations, student progress, employer needs, etc. from communities of interest allows the program to determine if it is meeting expectations and assures continuous program improvement. The program can use a variety of tools to obtain this feedback.

Required Program Response:
- Describe the process of obtaining feedback.
- Provide representative samples of appropriate meeting minutes, evaluations (e.g., course and faculty), and surveys (e.g., graduate and employer).

Possible Site Visitor Evaluation Methods:
- Review of meeting minutes
- Review of evaluations
- Review of surveys
- Interviews with members of various communities of interest

1.12 Has student recruitment and admission practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.

Explanation:
Non-discriminatory practices assure applicants have equal opportunity for admission. Statistical information such as race, color, religion, gender, age, disability, national origin, and any other protected class may be collected; however, this information must be voluntarily provided by the student. Use of this information in the student selection process is discriminatory.

Required Program Response:
- Describe how admission practices are non-discriminatory.
- Provide institutional and/or program admission policies.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Interviews with faculty
- Interviews with Admissions personnel
- Interviews with students

1.13 Has student recruitment and admission practices that are consistent with published policies of the sponsoring institution and the program.

Explanation:
Defined admission practices facilitate objective student selection. In considering applicants for admission, the program must follow published policies and procedures.

Required Program Response:
- Describe the implementation of institutional and program admission policies.
- Provide institutional and program admission policies.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Interviews with faculty
- Interviews with Admissions personnel
- Interviews with students

1.14 Has program faculty recruitment and employment practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.

Explanation:
Recruitment and employment practices that are non-discriminatory assure fairness and integrity. Equal opportunity for employment must be offered to each applicant. Employment practices must be applied equitably to all faculty.

Required Program Response:
- Describe how non-discriminatory employment practices are assured.
- Provide copies of employment policies and procedures that assure non-discriminatory practices.

Possible Site Visitor Evaluation Methods:
- Review of employee/faculty handbook
- Review of employee/faculty application form
- Review of institutional catalog
- Interviews with faculty

1.15 Has procedures for maintaining the integrity of distance education courses.

Explanation:
Programs that offer distance education must have processes in place that assure that the students who register in the distance education courses are the same students that participate in, complete, and receive the credit. Programs must verify the identity of students by using methods such as, but not limited to: secure log-ins, pass codes, and/or proctored exams. These processes must protect the student's privacy. Student costs associated with distance education must be disclosed.

Required Program Response:
- Describe the process for assuring the integrity of distance education courses.
- Provide published program materials that outline procedures for maintaining integrity of distance education courses.
- Provide published program materials that identify associated fees for students enrolled in distance education courses.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review the process of student identification
- Review of student records
- Interviews with faculty
- Interviews with students

Summary for Standard One

1. List the major strengths of **Standard One**, in order of importance.

2. List the major concerns of **Standard One**, in order of importance.

3. Provide the program's plan for addressing each concern identified.

4. Describe any progress already achieved in addressing each concern.

5. Describe any constraints in implementing improvements.

Standard Two:
Resources

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

Objectives:

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

Administrative Structure

2.1 Has an appropriate organizational structure and sufficient administrative support to achieve the program's mission.

2.2 Provides an adequate number of faculty to meet all educational, program, administrative, and accreditation requirements.

2.3 Provides faculty with opportunities for continued professional development.

2.4 Provides clerical support services, as needed, to meet all educational, program, and administrative requirements.

Learning Resources/Services

2.5 Assures JRCERT recognition of all clinical settings.

2.6 Provides classrooms, laboratories, and administrative and faculty offices to facilitate the achievement of the program's mission.

2.7 Reviews and maintains program learning resources to assure the achievement of student learning.

2.8 Provides access to student services in support of student learning.

Fiscal Support

2.9 Has sufficient ongoing financial resources to support the program's mission.

2.10 For those institutions and programs for which the JRCERT serves as a gatekeeper for Title IV financial aid, maintains compliance with United States Department of Education (USDE) policies and procedures.

2.1 Has an appropriate organizational structure and sufficient administrative support to achieve the program's mission.

Explanation:
The program's relative position in the organizational structure helps facilitate appropriate resources and assures focus on the program. To operate effectively, the program must have sufficient institutional administrative support. Both organizational structure and administrative support enable the program to meet its mission and promote student learning.

Required Program Response:

- Describe the program's relationship to the organizational and administrative structures of the sponsoring institution and how this supports the program's mission.
- Provide institutional and program organizational charts.

Possible Site Visitor Evaluation Methods:

- Review of organizational charts of institution and program
- Review of meeting minutes
- Review of published program materials
- Review of master plan of education
- Interviews with faculty and institutional officials
- Interviews with clinical instructor(s)

2.2 Provides an adequate number of faculty to meet all educational, program, administrative, and accreditation requirements.

Explanation:
An adequate number of faculty promotes sound educational practices. A full-time program director is required. Faculty teaching loads and release time must be consistent with those of comparable faculty in other health science (allied health) programs in the same institution.

Additionally, a full-time equivalent clinical coordinator is required if the program has more than five (5) active clinical settings or more than thirty (30) students enrolled in the clinical component. The clinical coordinator position may be shared by no more than four (4) appointees. If a clinical coordinator is required, the program director may not be identified as the clinical coordinator. The clinical coordinator may not be identified as the program director.

The program director and clinical coordinator may perform clinical instruction; however, they may not be identified as clinical instructors.

A minimum of one clinical instructor must be designated at each recognized clinical setting. The same clinical instructor may be identified at more than one site as long as a ratio of one full-time equivalent clinical instructor for every ten (10) students is maintained.

Required Program Response:
- Provide, if available, institutional policies in relation to teaching loads and release time.
- Describe faculty teaching loads and release time in relation to a comparable health science (allied health) program within the institution.
- Describe the adequacy of the number of faculty and clinical staff to meet identified accreditation requirements and program needs.

Possible Site Visitor Evaluation Methods:
- Review institutional policies in relation to teaching loads and release time
- Review of master plan of education
- Review of position descriptions
- Review of clinical settings
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with students

2.3 Provides faculty with opportunities for continued professional development.

Explanation:
Continued professional development results in more knowledgeable, competent, and proficient faculty. Opportunities that enhance and advance educational, technical, and professional knowledge must be available to program faculty.

Required Program Response:
Describe how continued professional development opportunities are made available to faculty.

Possible Site Visitor Evaluation Methods:

- Review of institutional and program policies
- Review of program budget or other fiscal appropriations
- Review of evidence of faculty participation in professional development activities
- Interviews with administrative personnel
- Interviews with faculty

2.4 Provides clerical support services, as needed, to meet all educational, program, and administrative requirements.

Explanation:
Clerical support services necessary to assist in meeting educational, program, and administrative requirements of the program must be provided as appropriate.

Required Program Response:
Describe the availability and use of clerical support services.

Possible Site Visitor Evaluation Methods:

- Review of program's staffing plan
- Interviews with administrative personnel
- Interviews with faculty
- Interviews with students

2.5 Assures JRCERT recognition of all clinical settings.

Explanation:
JRCERT recognition helps assure an appropriate learning environment for student clinical education. All clinical settings must be recognized by the JRCERT. Recognition of a clinical setting must be obtained prior to student placement. A minimum of one (1) clinical instructor must be identified for each recognized clinical setting.

An observation site is used for student observation of the operation of equipment and/or procedures. If the program uses observation sites, these sites do not require recognition by the JRCERT. These sites provide opportunities for observation of clinical procedures that may not be available at recognized clinical settings. Students may not assist in, or perform, any aspects of patient care during observational assignments.

Facilities where students are participating in service learning projects or community-based learning opportunities do not require recognition.

Required Program Response:
- Assure all clinical settings are recognized by the JRCERT.
- Describe how observation sites, if used, enhance student clinical education.

Possible Site Visitor Evaluation Methods:
- Review of JRCERT database
- Review of clinical records
- Interviews with faculty
- Interviews with clinical instructors
- Interviews with clinical staff
- Interviews with students

2.6 Provides classrooms, laboratories, and administrative and faculty offices to facilitate the achievement of the program's mission.

Explanation:
Learning environments are defined as places, surroundings, or circumstances where knowledge, understanding, or skills are studied or observed such as classrooms and laboratories. Learning environments must be consistent with those of comparable health science programs in the same institution. Provision of appropriate learning environments facilitates achievement of the program's mission. Although a dedicated classroom and/or laboratory are not required, scheduled accessibility to facilities conducive to student learning must be assured. Faculty office space should be conducive to planning and scholarly activities. Space should be made available for private student advisement.

Required Program Response:
Describe how classrooms, laboratories, and administrative and faculty offices facilitate the achievement of the program's mission.

Possible Site Visitor Evaluation Methods:

- Tour of the classroom, laboratories, and administrative and faculty offices
- Interviews with faculty
- Interviews with students

2.7 Reviews and maintains program learning resources to assure the achievement of student learning.

Explanation:
The review and maintenance of learning resources promotes student knowledge of current and developing imaging technologies. The program must provide learning resources to support and enhance the educational program. These resources must include:

- a print or electronic library with a variety of materials published within the last five years,
- computer access, and
- additional learning aids (e.g., educational software, classroom/laboratory accessory devices, etc.).

The JRCERT does not endorse any specific learning resources.

Required Program Response:

- Describe the available learning resources.
- Describe the procedure for review and maintenance of learning resources.

Possible Site Visitor Evaluation Methods:

- Tour of learning facilities
- Review of learning resources
- Review of surveys
- Review of meeting minutes
- Interviews with faculty
- Interviews with students

2.8 Provides access to student services in support of student learning.

Explanation:
The provision of appropriate student services promotes student achievement. At a minimum, the program must provide access to information for:

- personal counseling,
- requesting accommodations for disabilities as defined by applicable federal (Americans with Disabilities Act) and state laws, and
- financial aid.

Additional student services may be provided at the discretion of the program. These services should be sufficient to assure student learning.

All services provided must be made known to students and the general public.

Required Program Response:

- Describe the students' access to student services.
- Provide published program materials that outline accessibility to student services.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
- Interviews with faculty
- Interviews with students

2.9 Has sufficient ongoing financial resources to support the program's mission.

Explanation:
Adequate, ongoing funding is necessary to accomplish the program's mission and to support student learning. The sponsoring institution must demonstrate ongoing financial commitment to the program and its students by providing adequate human and physical resources.

Required Program Response:
- Describe the adequacy of financial resources.
- Provide copies of the program's budget and/or expenditure records.

Possible Site Visitor Evaluation Methods:
- Review of program budget and/or other fiscal appropriations
- Interviews with administrative personnel
- Interviews with faculty

2.10 For those institutions and programs for which the JRCERT serves as gatekeeper for Title IV financial aid, maintains compliance with United States Department of Education (USDE) policies and procedures.

Explanation:
A gatekeeper is defined as an agency holding responsibility for oversight of the distribution, record keeping, and repayment of Title IV financial aid. The program must comply with USDE requirements to participate in Title IV financial aid.

If the program has elected to participate in Title IV financial aid and the JRCERT is identified as the gatekeeper, the program must: maintain financial documents including audit and budget processes confirming appropriate allocation and use of financial resources, have a monitoring process for student loan default rates, have an appropriate accounting system providing documentation for management of Title IV financial aid and expenditures, and inform students of responsibility for timely repayment of Title IV financial aid.

Required Program Response:
- Provide evidence that Title IV financial aid is managed and distributed according to the USDE regulations to include:
    - recent student loan default data and
    - results of financial or compliance audits.
- Describe how the program informs students of their responsibility for timely repayment of financial aid.

Possible Site Visitor Evaluation Methods:
- Review of records
- Interviews with administrative personnel
- Interviews with faculty
- Interviews with students

Summary for Standard Two

1. List the major strengths of **Standard Two**, in order of importance.

2. List the major concerns of **Standard Two**, in order of importance.

3. Provide the program's plan for addressing each concern identified.

4. Describe any progress already achieved in addressing each concern.

5. Describe any constraints in implementing improvements.

Standard Three
Curriculum and Academic Practices

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

Objectives:

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

3.1 Has a program mission statement that defines its purpose and scope and is periodically reevaluated.

3.2 Provides a well-structured, competency-based curriculum that prepares students to practice in the professional discipline.

3.3 Provides learning opportunities in current and developing imaging and/or therapeutic technologies.

3.4 Assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.

3.5 Measures the length of all didactic and clinical courses in clock hours or credit hours.

3.6 Maintains a master plan of education.

3.7 Provides timely and supportive academic, behavioral, and clinical advisement to students enrolled in the program.

3.8 Documents that the responsibilities of faculty and clinical staff are delineated and performed.

3.9 Evaluates program faculty and clinical instructor performance and shares evaluation results regularly to assure instructional responsibilities are performed.

3.1 Has a program mission statement that defines its purpose and scope and is periodically reevaluated.

Explanation:
The program's mission statement should be consistent with that of its sponsoring institution. The program's mission statement should clearly define the purpose or intent toward which the program's efforts are directed. Periodic evaluation assures that the program's mission statement is effective.

Required Program Response:
- Provide a copy of the program's mission statement.
- Provide meeting minutes that document periodic reevaluation of the mission statement.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of meeting minutes
- Review of master plan of education
- Interviews with faculty

3.2 Provides a well-structured, competency-based curriculum that prepares students to practice in the professional discipline.

Explanation:
The well-structured curriculum must be comprehensive, appropriately sequenced, include current information, and provide for evaluation of student achievement. A competency-based curriculum allows for effective student learning by providing a knowledge foundation prior to performance of procedures. Continual refinement of the competencies achieved is necessary so that students can demonstrate enhanced performance in a variety of situations and patient conditions. In essence, competency-based education is an ongoing process, not an end product.

Programs must follow a JRCERT-adopted curriculum. An adopted curriculum is defined as:

- the latest American Society of Radiologic Technologists professional curriculum and/or
- another professional curriculum adopted by the JRCERT Board of Directors following review and recommendation by the JRCERT Standards Committee.

Use of a standard curriculum promotes consistency in radiography education and prepares the student to practice in the professional discipline. At a minimum, the curriculum should promote qualities that are necessary for students/graduates to practice competently, make good decisions, assess situations, provide appropriate patient care, communicate effectively, and keep abreast of current advancements within the profession. Expansion of the curricular content beyond the minimum is at the discretion of the program.

The program must submit the latest curriculum analysis grid (available at www.jrcert.org).

Required Program Response:

- Describe how the program's curriculum is structured.
- Describe the program's competency-based system.
- Submit current curriculum analysis grid.
- Describe how the program's curriculum is delivered, including the method of delivery for distance education courses.
- Identify which courses, if any, are offered via distance education.
- Describe alternative learning options, if applicable (e.g., part-time, evening and/or weekend curricular track).

Possible Site Visitor Evaluation Methods:

- Review of master plan of education
- Review of didactic and clinical curriculum sequence
- Review of analysis of graduate and employer surveys
- Interviews with faculty
- Interviews with students
- Observation of a portion of any course offered via distance delivery
- Review of part-time, evening and/or weekend curricular track, if applicable

3.3 Provides learning opportunities in current and developing imaging and/or therapeutic technologies.

Explanation:
The program must provide learning opportunities in current and developing imaging and/or therapeutic technologies. It is the program's prerogative to decide which technologies should be included in the didactic and/or clinical curriculum. Programs are not required to offer clinical rotations in developing imaging and/or therapeutic technologies; however, these clinical rotations are strongly encouraged to enhance student learning.

Required Program Response:
Describe how the program provides opportunities in developing technologies in the didactic and/or clinical curriculum.

Possible Site Visitor Evaluation Methods:
- Review of master plan of education
- Interviews with faculty
- Interviews with students

3.4 Assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.

Explanation:
Program length must be consistent with the terminal award. The JRCERT defines program length as the duration of the program, which may be stated as total academic or calendar year(s), total semesters, trimesters, or quarters.

Required Program Response:
Describe the relationship between the program length and the terminal award offered.

Possible Site Visitor Evaluation Methods:
- Review of course catalog
- Review of published program materials
- Review of class schedules
- Interviews with faculty
- Interviews with students

3.5 Measures the length of all didactic and clinical courses in clock hours or credit hours.

Explanation:
Defining the length of didactic and clinical courses facilitates student transfer of credit and the awarding of financial aid. The formula for calculating assigned clock/credit hours must be consistently applied for all didactic and all clinical courses, respectively.

Required Program Response:
- Describe the method used to award credit hours for lecture, laboratory and clinical courses.
- Provide a copy of the program's policies and procedures for determining credit hours and an example of how such policy has been applied to the program's coursework.
- Provide a list of all didactic and clinical courses with corresponding clock or credit hours.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of class schedules
- Interviews with faculty
- Interviews with students

3.6 Maintains a master plan of education.

Explanation:
A master plan provides an overview of the program and allows for continuity among, and documentation of, all aspects of the program. In the event of new faculty and/or leadership to the program, the master plan provides the information needed to understand the program and its operations.

The plan should be evaluated annually, updated, and must include the following:

- course syllabi (didactic and clinical courses) and
- program policies and procedures.

While there is no prescribed format for the master plan, the component parts should be identified and readily available. If the components are not housed together, the program must list the location of each component. If the program chooses to use an electronic format, the components must be accessible by all program faculty.

Required Program Response:

- Identify the location of the component parts of the master plan of education.
- Provide a Table of Contents for the program's master plan.

Possible Site Visitor Evaluation Methods:

- Review of master plan of education
- Interview with program director
- Interviews with faculty

3.7 Provides timely and supportive academic, behavioral, and clinical advisement to students enrolled in the program.

Explanation:
Appropriate advisement promotes student achievement. Student advisement should be formative, summative, and must be shared with students in a timely manner. Programs are encouraged to develop written advisement procedures.

Required Program Response:
- Describe procedures for advisement.
- Provide sample records of student advisement.

Possible Site Visitor Evaluation Methods:
- Review of students' records
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with students

3.8 Documents that the responsibilities of faculty and clinical staff are delineated and performed.

- Full-time Program Director:

  Assures effective program operations,

  Oversees ongoing program assessment,

  Participates in budget planning,

  Maintains current knowledge of the professional discipline and educational methodologies through continuing professional development, and

  Assumes the leadership role in the continued development of the program.

- Full-time Clinical Coordinator:

  Correlates clinical education with didactic education,

  Evaluates students,

  Participates in didactic and/or clinical instruction,

  Supports the program director to help assure effective program operation,

  Coordinates clinical education and evaluates its effectiveness,

  Participates in the assessment process,

  Cooperates with the program director in periodic review and revision of clinical course materials,

  Maintains current knowledge of the discipline and educational methodologies through continuing professional development, and

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

- Full-time Didactic Program Faculty:

  Prepares and maintains course outlines and objectives, instructs and evaluates students, and reports progress,

  Participates in the assessment process,

  Supports the program director to help assure effective program operation,

  Cooperates with the program director in periodic review and revision of course materials, and

  Maintains appropriate expertise and competence through continuing professional development.

- Part-time Didactic Program Faculty:

Prepares and maintains course outlines and objectives, instructs and evaluates students, and reports progress,

Participates in the assessment process, when appropriate,

Cooperates with the program director in periodic review and revision of course materials, and

Maintains appropriate expertise and competence through continuing professional development.

- Clinical Instructor(s):

  Is knowledgeable of program goals,

  Understands the clinical objectives and clinical evaluation system,

  Understands the sequencing of didactic instruction and clinical education,

  Provides students with clinical instruction and supervision,

  Evaluates students' clinical competence,

  Maintains competency in the professional discipline and instructional and evaluative techniques through continuing professional development, and

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

- Clinical Staff:

  Understand the clinical competency system,

  Understand requirements for student supervision,

  Support the educational process, and

  Maintain current knowledge of program policies, procedures, and student progress.

Explanation:
The clear delineation of responsibilities facilitates accountability. Faculty and clinical staff responsibilities must be clearly delineated and must support the program's mission.

Full- and part-time status is determined by, and consistent with, the sponsoring institution's definition. At all times when students are enrolled in didactic and/or clinical components, the program director and/or clinical coordinator must assure that their program responsibilities are fulfilled.

Required Program Response:
Provide documentation that faculty and clinical staff positions are clearly delineated.

Possible Site Visitor Evaluation Methods:
- Review of position descriptions
- Review of handbooks
- Interviews with faculty and clinical staff to assure responsibilities are being performed

- Interviews with students

3.9 Evaluates program faculty and clinical instructor performance and shares evaluation results regularly to assure instructional responsibilities are performed.

Explanation:
The performance of program faculty and clinical instructor(s) must be evaluated minimally once per year. Evaluation assures that instructional responsibilities are performed and provides administration and faculty with information to evaluate performance. Evaluation promotes proper educational methodology and increases program effectiveness. Evaluation results must be shared minimally once per year with the respective program faculty and clinical instructor(s) being evaluated to assure continued professional development. Any evaluation results that identify concerns must be discussed with the respective individual(s) as soon as possible.

Required Program Response:
- Describe the evaluation process.
- Describe how evaluation results are shared with program faculty and clinical instructor(s).
- Provide samples of evaluations of program faculty.
- Provide samples of evaluations of clinical instructor(s).

Possible Site Visitor Evaluation Methods:
- Review of program evaluation materials
- Review of clinical instructor evaluation
- Interviews with administrative personnel
- Interviews with program faculty
- Interviews with clinical instructor(s)
- Interviews with students

Summary for Standard Three

1. List the major strengths of **Standard Three**, in order of importance.

2. List the major concerns of **Standard Three**, in order of importance.

3. Provide the program's plan for addressing each concern identified.

4. Describe any progress already achieved in addressing each concern.

5. Describe any constraints in implementing improvements.

Standard Four
Health and Safety

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

Objectives:

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

4.1 Assures the radiation safety of students through the implementation of published policies and procedures that are in compliance with Nuclear Regulatory Commission regulations and state laws as applicable.

4.2 Has a published pregnancy policy that is consistent with applicable federal regulations and state laws, made known to accepted and enrolled female students, and contains the following elements:

- Written notice of voluntary declaration,
- Option for student continuance in the program without modification, and
- Option for written withdrawal of declaration.

4.3 Assures that students employ proper radiation safety practices.

4.4 Assures that medical imaging procedures are performed under the direct supervision of a qualified radiographer until a student achieves competency.

4.5 Assures that medical imaging procedures are performed under the indirect supervision of a qualified radiographer after a student achieves competency.

4.6 Assures that students are directly supervised by a qualified radiographer when repeating unsatisfactory images.

4.7 Assures sponsoring institution's policies safeguard the health and safety of students.

4.8 Assures that students are oriented to clinical setting policies and procedures in regard to health and safety.

4.1 Assures the radiation safety of students through the implementation of published policies and procedures that are in compliance with Nuclear Regulatory Commission regulations and state laws as applicable.

Explanation:
Appropriate policies and procedures help assure that student radiation exposure is kept as low as reasonably achievable (ALARA). The program must maintain and monitor student radiation exposure data. This information must be made available to students within thirty (30) school days following receipt of data. The program must have a published protocol that identifies a threshold dose for incidents in which dose limits are exceeded. Programs are encouraged to identify a threshold dose below those identified in NRC regulations.

Required Program Response:
- Describe how the policies are made known to enrolled students.
- Describe how radiation exposure data is made available to students.
- Provide copies of appropriate policies.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Review of student dosimetry reports
- Interviews with faculty
- Interviews with students

4.2 Has a published pregnancy policy that is consistent with applicable federal regulations and state laws, made known to accepted and enrolled female students, and contains the following elements:

- **Written notice of voluntary declaration,**
- **Option for student continuance in the program without modification, and**
- **Option for written withdrawal of declaration.**

Explanation:
Appropriate radiation safety practices help assure that radiation exposure to the student and fetus are kept as low as reasonably achievable (ALARA). The policy must include appropriate information regarding radiation safety for the student and fetus. The program must allow for student continuance in the clinical component of the program without modification. The program may offer clinical component options such as: (1) clinical reassignments and/or (2) leave of absence.

Required Program Response:

- Describe how the pregnancy policy is made known to accepted and enrolled female students.
- Provide a copy of the program's pregnancy policy.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
- Review of student records
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with students

4.3 Assures that students employ proper radiation safety practices.

Explanation:
The program must assure that students are instructed in the utilization of imaging equipment, accessories, optimal exposure factors, and proper patient positioning to minimize radiation exposure to patients, selves, and others. These practices assure radiation exposures are kept as low as reasonably achievable (ALARA).

Students must understand basic radiation safety practices prior to assignment to clinical settings. Students must not hold image receptors during any radiographic procedure. Students should not hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care. As students progress in the program, they must become increasingly proficient in the application of radiation safety practices.

The program must also assure radiation safety in energized laboratories. Students' utilization of energized laboratories must be under the supervision of a qualified radiographer who is readily available. If a qualified radiographer is not readily available to provide supervision, the radiation exposure mechanism must be disabled. Programs are encouraged to develop policies regarding safe and appropriate use of energized laboratories by students.

Required Program Response:
- Describe how the curriculum sequence and content prepares students for safe radiation practices.
- Provide the curriculum sequence.
- Provide policies/procedures regarding radiation safety.

Possible Site Visitor Evaluation Methods:
- Review of program curriculum
- Review of radiation safety policies/procedures
- Review of student handbook
- Review of student records
- Review of student dosimetry reports
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with clinical staff
- Interviews with students

4.4 Assures that medical imaging procedures are performed under the direct supervision of a qualified radiographer until a student achieves competency.

Explanation:
Direct supervision assures patient safety and proper educational practices. The JRCERT defines direct supervision as student supervision by a qualified radiographer who:

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

Students must be directly supervised until competency is achieved.

Required Program Response:

- Describe how the direct supervision requirement is enforced and monitored in the clinical setting.
- Provide documentation that the program's direct supervision requirement is made known to students, clinical instructors, and clinical staff.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
- Review of student records
- Review of meeting minutes
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with clinical staff
- Interviews with students

4.5 Assures that medical imaging procedures are performed under the indirect supervision of a qualified radiographer after a student achieves competency.

Explanation:
Indirect supervision promotes patient safety and proper educational practices. The JRCERT defines indirect supervision as that supervision provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement. "Immediately available" is interpreted as the physical presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use on patients.

Required Program Response:
- Describe how the indirect supervision requirement is enforced and monitored in the clinical setting.
- Provide documentation that the program's indirect supervision requirement is made known to students, clinical instructors, and clinical staff.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Review of meeting minutes
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with clinical staff
- Interviews with students

4.6 Assures that students are directly supervised by a qualified radiographer when repeating unsatisfactory images.

Explanation:
The presence of a qualified radiographer during the repeat of an unsatisfactory image assures patient safety and proper educational practices. A qualified radiographer must be physically present during the conduct of a repeat image and must approve the student's procedure prior to re-exposure.

Required Program Response:
- Describe how the direct supervision requirement for repeat images is enforced and monitored in the clinical setting.
- Provide documentation that the program's direct supervision requirement for repeat images is made known to students, clinical instructors, and clinical staff.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Review of meeting minutes
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with clinical staff
- Interviews with students

4.7 Assures sponsoring institution's policies safeguard the health and safety of students.

Explanation:
Appropriate sponsoring institutional policies and procedures assure that students are protected. These policies must, at a minimum, address emergency preparedness, harassment, communicable diseases, and substance abuse. Policies and procedures must meet federal and/or state requirements as applicable. Enrolled students must be informed of policies and procedures.

Required Program Response:
Provide program policies that safeguard the health and safety of students.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Interviews with faculty
- Interviews with students

4.8 Assures that students are oriented to clinical setting policies and procedures in regard to health and safety.

Explanation:
Appropriate orientation assures that students are cognizant of clinical policies and procedures. The policies and procedures must, at a minimum, address the following: hazards (fire, electrical, chemical), emergency preparedness, medical emergencies, HIPAA, and Standard Precautions.

Required Program Response:
- Describe the process for orienting students to clinical settings.
- Provide documentation that students are apprised of policies and procedures specific to each clinical setting.

Possible Site Visitor Evaluation Methods:
- Review of orientation process
- Review of student records
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with students

Summary for Standard Four

1. List the major strengths of **Standard Four**, in order of importance.

2. List the major concerns of **Standard Four**, in order of importance.

3. Provide the program's plan for addressing each concern identified.

4. Describe any progress already achieved in addressing each concern.

5. Describe any constraints in implementing improvements.

Standard Five
Assessment

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

Objectives:

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

Student Learning

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

Program Effectiveness

5.2 Documents the following program effectiveness data:

- Five-year average credentialing examination pass rate of not less than 75 percent at first attempt within six months of graduation,
- Five-year average job placement rate of not less than 75 percent within twelve months of graduation,
- Program completion rate,
- Graduate satisfaction, and
- Employer satisfaction.

5.3 Makes available to the general public program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.

Analysis and Actions

5.4 Analyzes and shares student learning outcome data and program effectiveness data to foster continuous program improvement.

5.5 Periodically evaluates its assessment plan to assure continuous program improvement.

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

Explanation:
Assessment is the systematic collection, review, and use of information to improve student learning and educational quality. An assessment plan helps assure continuous improvement and accountability. Minimally, the plan must include a separate goal in relation to each of the following: clinical competence, critical thinking, professionalism, and communication skills. The plan must include student learning outcomes, measurement tools, benchmarks, and identify timeframes and parties responsible for data collection.

For additional information regarding assessment, please refer to www.jrcert.org.

Required Program Response:
Provide a copy of the program's current assessment plan.

Possible Site Visitor Evaluation Methods:
- Review of assessment plan
- Review of assessment tools
- Interviews with faculty

5.2 Documents the following program effectiveness data:

- **Five-year average credentialing examination pass rate of not less than 75 percent at first attempt within six months of graduation,**
- **Five-year average job placement rate of not less than 75 percent within twelve months of graduation,**
- **Program completion rate,**
- **Graduate satisfaction, and**
- **Employer satisfaction.**

Explanation:

Credentialing examination, job placement, and program completion data must be reported annually to the JRCERT. Graduate and employer satisfaction data must be collected as part of the program's assessment process.

Credentialing examination pass rate is defined as the number of student graduates who pass, on first attempt, the American Registry of Radiologic Technologists (ARRT) certification examination or an unrestricted state licensing examination compared with the number of graduates who take the examination within six months of graduation.

Job placement rate is defined as the number of graduates employed in the radiologic sciences compared to the number of graduates actively seeking employment in the radiologic sciences. The JRCERT has defined not actively seeking employment as: 1) graduate fails to communicate with program officials regarding employment status after multiple attempts, 2) graduate is unwilling to seek employment that requires relocation, 3) graduate is unwilling to accept employment due to salary or hours, 4) graduate is on active military duty, and/or 5) graduate is continuing education.

Program completion rate is defined as the number of students who complete the program within 150% of the stated program length. The program must establish a benchmark for its program completion rate. The program specifies the entry point (e.g., required orientation date, final drop/add date, final date to drop with 100% tuition refund, official class roster date, etc.) used in calculating program's completion rate.

Graduate and employer satisfaction may be measured through a variety of methods. The methods and timeframes for collection of the graduate and employer satisfaction data are the prerogative of the program.

Required Program Response:

Provide actual outcome data in relation to program effectiveness.

Possible Site Visitor Evaluation Methods:

- Review of program effectiveness data
- Interviews with faculty

5.3 Makes available to the general public program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.

Explanation:
Program accountability is enhanced by making its effectiveness data available to the program's communities of interest and the general public. In efforts to increase accountability and transparency, the program must publish, at a minimum, its five -year average credentialing examination pass rate, five-year average job placement rate, and program completion rate data on its Web site to allow the public access to this data. The program effectiveness data should clearly identify the sample size associated with each associated measure (i.e., number of first time test takers, number of graduates actively seeking employment, number of graduates).

Additionally, the JRCERT will post five-year average credentialing examination pass rate, five-year average job placement rate, and program completion rate data at www.jrcert.org. The program must publish the JRCERT URL (www.jrcert.org) to allow the public access to this data.

Required Program Response:
- Provide copies of publications that contain the program's program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate).
- Provide samples of publications that document the availability of program effectiveness data via the JRCERT URL address from the institution's/program's Web site.

Possible Site Visitor Evaluation Methods:
- Review of program publications
- Review of institutional and/or program Web site
- Interviews with faculty
- Interviews with students

5.4 Analyzes and shares student learning outcome data and program effectiveness data to foster continuous program improvement.

Explanation:
Analysis of student learning outcome data and program effectiveness data allows the program to identify strengths and areas for improvement to bring about systematic program improvement. This analysis also provides a means of accountability to communities of interest. It is the program's prerogative to determine its communities of interest.

The analysis must be reviewed with the program's communities of interest. One method to accomplish this would be the development of an assessment committee. The composition of the assessment committee may be the program's advisory committee or a separate committee that focuses on the assessment process. The committee should be used to provide feedback on student achievement and assist the program with strategies for improving its effectiveness. This review should occur at least annually and must be formally documented.

For additional information regarding assessment, please refer to www.jrcert.org.

Required Program Response:
- Describe how the program analyzes student learning outcome data and program effectiveness data to identify areas for program improvement.
- Describe how the program shares its student learning outcome data and program effectiveness data with its communities of interest.
- Describe examples of changes that have resulted from the analysis of student learning outcome data and program effectiveness data and discuss how these changes have led to program improvement.
- Provide a copy of the program's actual student learning outcome data since the last accreditation award. This data may be documented on previous assessment plans or on a separate document.
- Provide documentation that student learning outcome data and program effectiveness data has been shared with communities of interest.

Possible Site Visitor Evaluation Methods:
- Review of student learning outcome data and program effectiveness data to support the assessment plan
- Review of representative samples of measurement tools used for data collection
- Review of aggregate data
- Review of meeting minutes related to the assessment process
- Interviews with faculty

5.5 Periodically evaluates its assessment plan to assure continuous program improvement.

Explanation:
Identifying and implementing needed improvements in the assessment plan leads to programmatic improvement and renewal. As part of the assessment cycle, the program should review its assessment plan to assure that assessment measures are adequate and that the assessment process is effective in measuring student learning outcomes. At a minimum, this evaluation must occur at least every two years and be documented in meeting minutes.

For additional information regarding assessment, please refer to www.jrcert.org.

Required Program Response:
- Describe how this evaluation has occurred.
- Provide documentation that the plan is evaluated at least once every two years.

Possible Site Visitor Evaluation Methods:
- Review of meeting minutes related to the assessment process
- Review of assessment committee meeting minutes, if applicable
- Interviews with faculty

Summary for Standard Five

1. List the major strengths of **Standard Five**, in order of importance.

2. List the major concerns of **Standard Five**, in order of importance.

3. Provide the program's plan for addressing each concern identified.

4. Describe any progress already achieved in addressing each concern.

5. Describe any constraints in implementing improvements.

Standard Six

Institutional/Programmatic Data

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

Objectives:

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

Sponsoring Institution

6.1 Documents the continuing institutional accreditation of the sponsoring institution.

6.2 Documents that the program's energized laboratories are in compliance with applicable state and/or federal radiation safety laws.

Personnel

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

Clinical Settings

6.4 Establishes and maintains affiliation agreements with clinical settings.

6.5 Documents that clinical settings are in compliance with applicable state and/or federal radiation safety laws.

Program Sponsorship, Substantive Changes, and Notification of Program Officials

6.6 Complies with requirements to achieve and maintain JRCERT accreditation.

6.1 Documents the continuing institutional accreditation of the sponsoring institution.

Explanation:
The goal of accreditation is to ensure that the education provided by institutions meets acceptable levels of quality. The sponsoring institution must be accredited by:

- an agency recognized by the United States Department of Education (USDE) and/or Council for Higher Education Accreditation (CHEA),
- The Joint Commission (TJC), or
- equivalent standards.

Required Program Response:
Provide documentation of current institutional accreditation for the sponsoring institution. This may be a copy of the award letter, certificate, or printout of the institutional accreditor's Web page.

6.2 Documents that the program's energized laboratories are in compliance with applicable state and/or federal radiation safety laws.

Explanation:
Compliance with applicable laws promotes a safe environment for students and others. Records of compliance must be maintained for the program's energized laboratories.

Required Program Response:
Provide certificates and/or letters for each energized laboratory documenting compliance with state and/or federal radiation safety laws.

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

- Full-time Program Director:

  Holds, at a minimum, a master's degree,

  Is proficient in curriculum design, program administration, evaluation, instruction, and academic advising,

  Documents three years clinical experience in the professional discipline,

  Documents two years of experience as an instructor in a JRCERT-accredited program, and

  Holds American Registry of Radiologic Technologists current registration in radiography or equivalent (i.e., unrestricted state license for the state in which the program is located).

- Full-time Clinical Coordinator:

  Holds, at a minimum, a baccalaureate degree,

  Is proficient in curriculum development, supervision, instruction, evaluation, and academic advising,

  Documents two years clinical experience in the professional discipline,

  Documents a minimum of one year of experience as an instructor in a JRCERT-accredited program, and

  Holds American Registry of Radiologic Technologists current registration in radiography or equivalent (i.e., unrestricted state license for the state in which the program is located).

- Full-time Didactic Program Faculty:

  Holds, at a minimum, a baccalaureate degree,

  Is qualified to teach the subject,

  Is knowledgeable of course development, instruction, evaluation, and academic advising,

  Documents two years clinical experience in the professional discipline, and

  Holds American Registry of Radiologic Technologists current registration in radiography or equivalent (i.e., unrestricted state license for the state in which the program is located).

- Part-time Didactic Program Faculty

  Holds academic and/or professional credentials appropriate to the subject content area taught and

  Is knowledgeable of course development, instruction, evaluation, and academic advising.

- Clinical Instructor(s):

  Is proficient in supervision, instruction, and evaluation,

  Documents two years clinical experience in the professional discipline, and

  Holds American Registry of Radiologic Technologists current registration in radiography or equivalent (i.e., unrestricted state license for the state in which the clinical setting is located).

- Clinical Staff:

  Holds American Registry of Radiologic Technologists current registration in radiography or equivalent (i.e., unrestricted state license for the state in which the clinical setting is located).

Explanation:
Appropriate knowledge, proficiency, and certification (if appropriate) provide a foundation that promotes a sound educational environment.

Faculty and staff must possess academic and professional qualification(s) appropriate for their assignment. Clinical instructors and clinical staff supervising students' performance in the clinical component of the program must document ARRT registration (or equivalent) or other appropriate credentials. Appropriate credentials, other than ARRT registration (or equivalent), may be used for qualified health care practitioners supervising students in specialty areas (e.g., registered nurse supervising students performing patient care skills, phlebotomist supervising students performing venipuncture, etc.).

Required Program Response:
- For all program officials not previously identified on the program's database , submit a request for recognition of program officials including a current curriculum vitae and documentation of current registration by the American Registry of Radiologic Technologists* or equivalent.
- For all currently recognized program officials [program director, educational coordinator (if applicable), full-time didactic faculty, and all clinical preceptors], submit a current registration by the American Registry of Radiologic Technologists* or equivalent.

*These may be copies of current registration cards or "ARRT Identification" page available at www.arrt.org.

6.4 Establishes and maintains affiliation agreements with clinical settings.

Explanation:
Formalizing relations between the program and the clinical setting helps assure the quality of clinical education by delineating appropriate responsibilities of the program and the clinical setting. An appropriate termination clause assures that students will have an opportunity to complete the clinical education component. The JRCERT defines an affiliation agreement as a formal written understanding between an institution sponsoring the program and an independent clinical setting.

An affiliation agreement must identify the responsibilities of all parties and, specifically, must address student supervision, student liability, and provide adequate notice of termination of the agreement. An affiliation agreement is not needed for clinical settings owned by the sponsoring institution; however, a memorandum of understanding between the clinical setting and the sponsoring institution is recommended. At a minimum, the memorandum should address responsibilities of both parties and student supervision.

Required Program Response:
Provide copies of current, signed affiliation agreements with each clinical setting.

6.5 Documents that clinical settings are in compliance with applicable state and/or federal radiation safety laws.

Explanation:
Compliance with applicable laws promotes a safe environment for students and others. Records of compliance must be maintained for each clinical setting. Clinical settings may be recognized by The Joint Commission (TJC), DNV Healthcare, Inc., Healthcare Facilities Accreditation Program (HFAP), or an equivalent agency, or may hold a state-issued license.

Required Program Response:
Provide letters, certificates, or printouts of Web pages demonstrating the current recognition status of each clinical setting.

6.6 Complies with requirements to achieve and maintain JRCERT accreditation.

Explanation:
Programs must comply with JRCERT policies and procedures to maintain accreditation. JRCERT accreditation requires that the sponsoring institution has primary responsibility for the educational program and grants the terminal award.

Sponsoring institutions may include educational programs established in vocational/technical schools, colleges, universities, hospitals, or military facilities. The JRCERT also recognizes a consortium as an appropriate sponsor of an educational program. A consortium is two or more academic or clinical institutions that have formally agreed to sponsor the development and continuation of an educational program. The consortium must be structured to recognize and perform the responsibilities and functions of a sponsoring institution.

The JRCERT does not recognize branch campuses. The JRCERT requires that each program location have a separate accreditation award.

Additionally, the JRCERT will not recognize a healthcare system as the program sponsor. A healthcare system consists of multiple institutions operating under a common governing body or parent corporation. A specific facility within the healthcare system must be identified as the sponsor.

The JRCERT requires programs to maintain a current and accurate database. Updates should be reflected within thirty (30) days of effective change date. Additionally, the JRCERT requires notification of substantive changes within thirty (30) days of implementation.

Required Program Response:
- Report any database changes.
- Report any substantive change not previously submitted.

Summary for Standard Six

1. List the major strengths of **Standard Six**, in order of importance.

2. List the major concerns of **Standard Six**, in order of importance.

3. Provide the program's plan for addressing each concern identified.

4. Describe any progress already achieved in addressing each concern.

5. Describe any constraints in implementing improvements.

Awarding, Maintaining, and Administering Accreditation

A. Program/Sponsoring Institution Responsibilities

1. Applying for Accreditation

The accreditation review process conducted by the Joint Review Committee on Education in Radiologic Technology (JRCERT) can be initiated only at the written request of the chief executive officer or an officially designated representative of the sponsoring institution.

This process is initiated by submitting an application and self-study report, prepared according to JRCERT guidelines, to:

Joint Review Committee on Education in Radiologic Technology
20 North Wacker Drive, Suite 2850
Chicago, IL 60606-3182

2. Administrative Requirements for Maintaining Accreditation

a. Submitting the self-study report or a required progress report within a reasonable period of time, as determined by the JRCERT.

b. Agreeing to a reasonable site visit date before the end of the period for which accreditation was awarded.

c. Informing the JRCERT, within a reasonable period of time, of changes in the institutional or program officials, program director, clinical coordinator, full-time didactic faculty, and clinical instructor(s).

d. Paying JRCERT fees within a reasonable period of time.

e. Returning, by the established deadline, a completed Annual Report.

f. Returning, by the established deadline, any other information requested by the JRCERT.

Programs are required to comply with these and other administrative requirements for maintaining accreditation. Additional information on policies and procedures is available at www.jrcert.org.

Program failure to meet administrative requirements for maintaining accreditation will lead to being placed on Administrative Probationary Accreditation and result in Withdrawal of Accreditation.

B. JRCERT Responsibilities

1. Administering the Accreditation Review Process

   The JRCERT reviews educational programs to assess compliance with the **Standards for an Accredited Educational Program in Radiography**.

   The accreditation process includes a site visit.

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

   The JRCERT is responsible for recognition of clinical settings.

2. Accreditation Actions

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

   JRCERT accreditation actions for Accreditation Withheld or Accreditation Withdrawn may be appealed following the established procedure. Procedures for appeal are available at www.jrcert.org.

   All other JRCERT accreditation actions are final.

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

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

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

curriculum:
American Society of Radiologic Technologists
15000 Central Avenue, S.E.
Albuquerque, NM 87123-3909
(505) 298-4500
www.asrt.org

certification:
American Registry of Radiologic Technologists
1255 Northland Drive
St. Paul, MN 55120-1155
(651) 687-0048
www.arrt.org

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